

Instructions for filling the form:

Fill the form clearly in capital letters | Any overwriting and/or words struck out must be confirmed by signature.

1. Date:

2. Deposit Account No.: _____

REQUEST FOR ENCASHMENT

Please encash the above mentioned deposit/scheme.

3. I would like to withdraw: Total Encashment Amount Principal Amount Interest Amount 4. Tk. _____/-

5. Please adjust my loan balance: Total Amount Partial Amount: 6. Tk. _____/-; 7. Loan Agreement No. _____

8. Please renew the balance amount: As per Terms & Conditions of existing deposit scheme
 Create new deposit scheme; *please fill up relevant forms*

9. Encash the amount through: BEFTN; 10. if **BEFTN**, then mention the following:

First Depositor Second Depositor

11. Bank Account Name: _____

12. Account No. _____

13. Bank Name: _____ 14. Branch: _____

Cheque; 15. if **Cheque**, then mention the following:

First Depositor Second Depositor

REQUEST FOR QUICK LOAN

16. Please sanction a loan against the above mentioned deposit/scheme, for an amount of Tk. _____/-

If not adjusted within the tenure; the outstanding balance of the Quick Loan will be adjusted from the deposit/scheme proceeds at maturity.

17. Issue cheque in the name of: First Depositor Second Depositor

REQUEST FOR QUICK LOAN ADJUSTMENT

18. Please adjust my Quick Loan against the above mentioned deposit/scheme, for an amount of Tk. _____/-

19. Vide cheque no. _____ 20. dated _____ 21. drawn on _____ bank.

REQUEST FOR REISSUE

22. Please reissue the above mentioned deposit/scheme: Instrument Cheque

23. It has been: Damaged; *please attach original instrument* Lost; *please attach GD copy*

REQUEST FOR ISSUANCE OF CERTIFICATE

24. Please issue the following certificate:

Account Statement Balance Certificate Tax Certificate QLF Balance/Interest

25. Embassy Letter; for _____

REQUEST FOR MISSING PAYMENT THROUGH BEFTN

26. I have not received payment against the above mentioned deposit/scheme.

Monthly Interest Quarterly Interest Encashment Proceeds

DECLARATION

I agree to abide by the Service Request Terms and Conditions and understand that I may have to pay the charges that may be applicable as per the prevailing Schedule of Fees & Charges of United Finance.

27. Signature of Sole/First Depositor Authorized Signatory-1

29. Signature of Second Depositor Authorized Signatory-2

28. Name: _____

30. Name: _____

FOR OFFICE USE ONLY

The application is received on: 31. ____/____/____ and the applicant is assigned with the Account no: 32. _____

Service Request Received By

33. Name: _____ 34. ID No. _____

Service Request Delivered By

36. Name: _____ 37. ID No. _____

35. Date: ____/____/____

38. Date: ____/____/____