

IL CAPITAL LIMITED

Hossain Tower(2nd floor) 116
Bir protik gazi golam dastogir road (Calvert road)
Purana palton, Dhaka-1000

ACCOUNT CLOSING REQUEST FORM

To: The Head of Operations/ The portfolio Manager

Account Type :	<input type="text"/>	Date :	<input type="text"/>
Account No :	<input type="text"/>	Client Branch :	<input type="text"/>
Name :	<input type="text"/>		
Contact No :	<input type="text"/>	Res. Phone :	<input type="text"/>
Amount in Taka:	<input type="text"/>	Maximum	<input type="text"/>
Amount in word :	<input type="text"/>		
Client Bank Name :	<input type="text"/>		
Bank Account No. :	<input type="text"/>	Withdrawal Mode :	Cheque <input type="checkbox"/>
Bank Routing No. :	<input type="text"/>		BEFTN <input type="checkbox"/>

* Bank Charge may be applicable for BEFTN (where necessary)

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Principal Applicant

.....
Joint Applicant

FOR AUTHORIZATION TO COLLECT CHEQUE (IF ANY):

Please deliver the cheque to my/our authorized person Mr./Ms.....

Attested:

.....
Signature of the Authorized Person(S)

.....
Signature of the Account Holder(S)

OFFICE USE ONLY

CHECKED BY		APPROVED BY	
..... Compliance & Risk Management Manager Finance Chief Executive Officer Director