

**ABOUT YOUR APPLICATION**

**Customer Type**  New  Existing CBBL A/C

NID Number .....

BP Number ..... Applicable for Bangladesh Police Employees

**I am applying for a**  Credit Card  Prepaid Card  Others    Types of Card  Visa Classic  Visa Gold  Visa Platinum  Visa Signature

**ABOUT YOURSELF**

Mr.  Ms.  Mrs.  Others

Applicant's Name (as in Passport/NID) .....

Name on Card 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

  
Name to appear on the Card (19 Character's, Please keep one blank space between each part of your name)

কার্ড মেম্বারের নাম (বাংলায়) .....

Nationality  Bangladeshi  Others (please specify) .....

Profession ..... Date of Birth .....

E-TIN Number ..... Gender  Male  Female  Third Gender

Mobile Number: ..... Other Photo ID  Passport  Others

Passport Number ..... ID Issue Country .....

Date of Issue ..... Date of Exp. ....

Father's Name .....

Mother's Name .....

Spouse Name .....

Spouse Mobile Number: .....

Marital Status  Single  Married  Others ..... No. of Dependents .....

Highest Education Level  SSC  HSC  Graduate  Post Graduate  Others. ....

**ABOUT YOUR RESIDENCE**

Residential Status  Owned  Family Owned  Rented  Company Provided  Others.

Residential Address .....

Nearest Landmark ..... PS. ....

Post Code ..... District ..... Country .....

Permanent Address .....

Nearest Landmark ..... PS. ....

Post Code ..... District ..... Country .....

Applicant's Signature

**ABOUT YOUR WORK**

\*You Are  Service Holder  Businessman  Salaried  Others .....

\*Company/Firm Name .....

Designation ..... Department .....

Nature of Business ..... Employee ID .....

Office Address .....

P.S ..... Post Code ..... District ..... Country .....

Employee Status  Permanent  Contractual Business Established on(if businessman) .....

Duration In Current Job Year ..... Months ..... Total Work Experience Year ..... Months .....

Office Phone No. (s) ..... Mobile No. ....

**Previous Organization Details:**

Organization Name	Designation	Service Length

**MAILING INSTRUCTION**

Communication Address (Please select anyone)  Office Address  Residential Address  Permanent Address

How do you want to receive the card?  Communication Address  CBBL Branch .....

**STATEMENT MAILING ADDRESS**

**\*E-Statement**

Your Monthly Statements will be sent in the form of e-statements: .....

Facebook ID or FB Name (for promotional activities purpose) .....

**FINANCIAL INFORMATION**

For Salaried

Gross Salary (Monthly)	Total Deduction (Monthly)	Net Income (Monthly)
TK.	TK.	TK.

For Non Salaried

Gross (Monthly)	Expense (Monthly)	Net Income (Monthly)
TK.	TK.	TK.

Additional Income (If any, Please attach relevant documents) Tk. ....

Income of Spouse (If any, Please attach relevant documents) Tk. ....

**ABOUT YOUR OTHER BANK LIABILITY POSITION (PLEASE USE EXTRA PAGE IF ) DO YOU HAVE ANY LIABILITIES?  YES  NO**

Loan Type	Name of Financial Institution	Loan A/C No./ Card No.	Sanction Limit	Validity	Present Outstanding (as on .....	EMI (If Applicable)

Applicant Signature

Date: ...../...../.....

**ABOUT YOUR OTHER BANK ACCOUNT DETAILS. DO YOU HAVE ANY OTHER ACCOUNT?**  YES  NO

Title of Account	Bank Name	Branch Name	Account No.

**REFERENCES(AT LEAST ONE FROM A CLOSE RELATIVE)**

**Reference 1 (close relative)**

Name .....  
 Relationship with Applicant ..... Profession  Service  Self Employed  Business  Other  
 Name of Organization ..... Designation .....  
 Work/Residence Address .....  
 Telephone ..... Mob. .... Email .....

**SECURITY DETAILS(APPLICABLE ONLY FOR SECURED CARDS AGAINST TD/RFC/ERQ ETC.)**

SL	Security Type	Beneficiary	Rate	A/C Instrument No.	Bank Name	Issue Date	Face value	Present Value

**STANDING INSTRUCTION FOR AUTO DEBIT**

Are you a Community Bank Bangladesh Limited Account Holder?  Yes  No

I Would like to have my community bank account automatically debited each month for the payment of my card dues as follows;

Account No. 

BDT Portion

USD Portion

Title of Account ..... Auto Pay Instruction  Yes  No

Full Payment  Minimum Payment

Full Payment  Minimum Payment

**Signature of Account Holder**  
 (Signature verified by Respective Branch  
 Authorized Officer mentioning PA No.)

**Signature of Account Holder-  
 Joint**  
 (Signature verified by Respective Branch  
 Authorized Officer mentioning PA No.)

**SUPPLEMENTARY APPLICATION FORM**

Name of Supplementary Card Applicant Mr./Mrs./Ms .....

Name to appear on the Card (19 Characters, Please keep one blank space between each part of your name)

Relationship with the Principal Card applicant  Spouse  Parents  Brother/Sister  Child  Other(Please specify)

Gender  Male  Female Date of Birth .....

Occupation  Service  Business  Self Employed  Others

Father's Name .....

Mother's Name .....

Spouse Name .....

Present Address .....

Permanent Address .....

Mobile Number : ..... Email .....

NID Number .....

Passport Number ..... Date of Exp. ....

Would you like to set up a spending limit to your supplementary card?  Yes  No

If yes, amount per month (BDT) ..... USD ..... Or ..... % of the total credit limit

**PHOTO**

**Primary Card Applicant**

Please attach recent 2 color passport size photograph in this box, write your name on the back of the photograph

**Supplementary Card Applicant No. 1**

Please attach recent color passport size photograph in this box, write your name on the back of the photograph

**SIGNATURE**

Primary Card Applicant

Supplementary Card Applicant No. 1

Sign within area, use black ink only

**SUPPLEMENTARY CARD APPLICATION DECLARATION**

I, the Supplementary Card applicant, agree to be jointly and separately liable to all transactions processed by the use of the Card applied for and issued by CBBL to the Primary Card applicant and/or to myself, and to be bound by all terms and conditions of the Bank's Card Agreement

Date .....

Signature of Supplementary Card Applicant

**DOCUMENTS SUBMITTED**

<input type="checkbox"/> Photo	<input type="checkbox"/> TIN Certificate
<input type="checkbox"/> Salary Certificate/Payslip	<input type="checkbox"/> Memorandum/Articles of Association
<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Copy of Valid Passport
<input type="checkbox"/> Trade License	<input type="checkbox"/> BP ID
<input type="checkbox"/> National ID	<input type="checkbox"/> Others.....(Please specify)

**DEMAND PROMISSORY NOTE**

Taka ..... Date ..... Place .....

I promise to pay on demand to Community Bank Bangladesh Limited or order the sum of BDT .....

Taka .....only. For value received with interest rate of.....percent per annum with monthly rates or at such rate as may be fixed by Community Bank Bangladesh Limited from time to time.

**DECLARATION ON CIB UNDERTAKING**

I/We would like to authorise the bank to retrieve my/our CIB online system based on the CIB undertaking provided with this application. This undertaking is valid until we inform the bank to disregard this instruction. You are also authorised to search CIB report online as and when by the bank for the purpose of applied loan or credit card. Please note that for any change in personal information or directorship (where applicable), we will notify the bank in writing to update the CIB database and obtain fresh CIB report.

**PRIMARY CARD APPLICANT DECLARATION**

By signing below, I hereby apply for the issuance of Community Bank Bangladesh Ltd Card without any undue influence as I have filled the application form myself and furnished all supporting documents along with the application. I declare that the information provided in the application is true, complete and correct and I shall advise Community Bank Bangladesh Ltd. of any changes thereto. I hereby authorize Community Bank Bangladesh Limited to verify the information from whatever sources it may consider appropriate. I accept that Community Bank Bangladesh Limited is entitled in its absolute discretion to accept or reject this application without assigning any reason whatsoever and that the application and its supporting documents shall become part of the bank's records and shall not be returned to me. I acknowledge and agree that the use of the primary card and /or supplementary Card(s) issue on my account shall be deemed as an acceptance of the Terms and Conditions of the Bank's card agreement (which may be amended from time to time). If the card is issued in my favor, I agree to pay the fees and charges of Community Bank Bangladesh limited as may be amended from time to time (www.communitybankbd.com). Where requested, I authorize Community Bank Bangladesh Ltd. to issue supplementary card(s) for use on my account to the person named who I understand is or over 18 years of age and is a resident of Bangladesh and agree that Community Bank Bangladesh Ltd. may provide information to him/her about the account. I agree to get enrolled into the SMS , Transaction alert service and credit shield insurance program automatically upon the opening of my Credit Card account and I understand that this insurance is not applicable to the consequences of a sickness or of an accident incurred prior to my enrollment in the policy. I also agree to indemnify Community Bank Bangladesh Ltd. against any loss, damage, liability or cost incurred by the bank on account of any act, negligence, unauthorized use and/or breach by me or the supplementary card holder(s) of the aforesaid conditions or any other terms and conditions contained in the bank's card agreement. I also understand that the supplementary card's transactions and Fees & Charges shall be billed in my statement and it shall be dependent on the continuation of my membership. I assume full responsibility for complying with the provisions of the Foreign Exchange 1947, and rules, orders and directives issued under. I understand this card can be used for Internet transaction in compliance with Bangladesh bank regulations as effective and amended from time to time. I hereby declare that I agree to have my security items (i.e. card, PIN, card cheque and other security items) delivered to my mailing address and also understand that card chq and card will be delivered with deactivated status for security reason. I am aware that the card and PIN should not be given away to anyone in any situation.

In consideration of the bank agreeing to accept my request for sending my card monthly statement to my e-mail address in lieu of paper statements, I hereby agree that all statements (whether through e-statement service or other means of transmission) sent by the bank shall be accepted and upheld by me as correct as authentic. The bank doesn't warrant against any external factors affecting the privacy and/or security of e-mails during Internet transmission. I also agree to keep the bank fully indemnified against all action, proceedings, liabilities and claims, cases, damages, costs and expenses in relation to or arising out of transmission of statement and information via E-mail.

I irrevocably authorize and permit the Community Bank Bangladesh to disclose and furnish such information that it deems fit concerning my application, my business, accounts held with Bank or my relationship with the bank to the Bank's associates, branches, assignees, agents or other parties. I also irrevocably authorize and permit the Bank to disclose information about application/ account to any credit rating /reference agency, bank, financial institution, any government regulatory agency or to anyone else when the Bank deems it in its interest to do so. The Bank will immediately comply with the disclosure of information to any authority under any law. The Bank shall have the right to check my credit standing any time as and when the Bank may deem fit without reference to me. I authorize Community Bank Bangladesh Limited to increase credit limit/upgrade credit card type applying Community Bank's internal policies and other terms and conditions.

Date .....

Applicant's Signature

**BANK USE ONLY**

Employee ID ..... Branch Name ..... SOL ID .....

Yes I have checked the completely filled up application and attached appropriate document as per requirement.

Geo Location  Office Address (Latitude), (Longitude) .....

Geo Location  Residential Address (Latitude), (Longitude) .....

Comments by Source(if any):

.....

Employee Signature

Date .....



# LETTER OF UNDERTAKING FOR CIB

To, The Manager

Subject: Provision of information on the ownership of companies and their bank liabilities.

Dear Sir, I

owner/partner/director/gurantor of

am applying for sanction/renewal/rescheduling of a loan in my own name/aforementioned company's name.

Father's Name

Mother's Name

Spouse Name

Permanent Address

District

Street Name

Street Number

Postal Code

Country

Business Address

District

Street Name

Street Number

Postal Code

Country

NID Number

Date of Birth

ETIN Number

Gender

Male  Female

District of Birth

Country of Birth

ID Type

Passport

Driving License

Birth Registration

Telephone No

ID Number

ID Issue Date

ID Issue Country

are given for your kind consideration. The list of companies under the ownership of mine along with their bank liability status is given in the following table:

SL	Name of the Company	Main Address	Additional Address	Whether the company is availing any loan or not		
				Yes	No	
				Name of the bank/FI	Name of the branch	

Apart from stated above, if any liability in my own name or my company's name is found, I will be bound to obey any decision made by the authority concerned relating to sanctioning/rescheduling of the loan applied for and I will be punishable by law for providing this false or fabricated information.

Customer's Signature:

Name:

Name of the Borrowing Organization:

Seal and signature of the bank official who certified the borrower

\* If necessary, extra paper could be used for list of companies

# CIB ONLINE INQUIRY FORM - 1

## Individual's (Borrower/Co-borrower/Guarantor/Owner) information

Bank Code: 053

Name of Bank/FI	.....	Trade Name	.....
FI Code	.....	Branch Code	.....
<b>*Type of Financing</b>	CREDIT CARD	<b>*Total Requested Amount/Credit Limit</b>	.....
Installment contract date	.....	Installment Amount	.....
Number of Installment	.....	Periodicity of Payment	.....

**Role in the Institution:** Chairman/ Managing Director/ Sponsor Director/ Elected Director/ Nominated Director (by Govt.)/ Nominated Director (by Pvt. institution)/ Shareholder/ Partner/ Owner of Proprietorship/ Others. (if the individual is an owner/ director/ partner of any company then select a role)

### Individual Subject Data:

\*Name .....  
 \*Father's Name .....  
 \*Mother's Name .....  
 \*Spouse Name .....  
 NID Number ..... \*Date of Birth .....  
 \*ETIN Number ..... \*Gender  Male  Female  
 \*District of Birth ..... \*Country of Birth .....

### \*Permanent Address

\*District ..... \*Street Name .....  
 Street Number ..... Postal Code ..... \*Country .....

### Present Address

District ..... Street Name .....  
 Street Number ..... Postal Code ..... Country .....

### Other ID

ID Type  Passport  Driving License  Birth Registration ID Issue Date .....  
 ID Number ..... \*Sector Type  Public  Private  
 ID Issue Country ..... \*Sector Code .....  
 Mobile Number : ..... Date .....

\*Indicates mandatory field

Seal and signature of the Manager

Signature of the Customer

Seal and signature of the authorized officer



**KYC PROFILE FORM**

**BANK USE ONLY**

CIF : .....

Applicant's Name  
Mr./Mrs./Ms. ....

Source Of Fund ..... Monthly Income .....

Spouse's Employment Status  Salaried  Self-employed  Others

1. MemberShip of club?(if yes mention the name)  Yes  No .....

2. Has the address of the customer been verified?  Yes  No

3. House rent range .....

4. Does the customer own a car?(Brand \_\_\_\_\_)  Yes  No

5. Number of foreign travel yearly? .....

6. Identification Document

(a) Passport Number(If Applicable) .....  Copy Obtained  Verified

(b) NID (If Applicable) .....  Copy Obtained  Verified

(c) E-TIN ID (If Applicable) .....  Copy Obtained  Verified

7. Is the customer, his/her family member or close associate a Politically Exposed Person (PEP)/Influential Person (IP)/Chief of High Official of an International Organization (as per the definition in the circular issued by BFIU) ?  Yes  No

If yes, has the approval been taken from the senior management ?  Yes  No

8. Has a face to face interview of the client been taken ?  Yes  No

9. While screening , in light of relevant acts, rules, and circulars, has the customer's name matched with the suspected individuals or entities as listed under various resolutions of the United Nations Security Council for terrorist activities, financing of terrorism and financing the proliferation of weapons of mass destruction and banned list individuals of entities by the government of the people's republic of Bangladesh ?  Yes  No

If yes step taken in this regard: .....

**Exception details (if any):**

.....

Asking limit ..... Recommended limit .....

**RECOMMENDATIONS FROM BRANCH**

**Recommended By**

I do hereby certify that I have verified the information given above and do here by acknowledge and affirm that all the information given above are true and accurate. I do understand that I shall be held accountable and be responsible if there is any KYC related discrepancy ever found or later with regard to this particular borrower

**Recommended By**

I am confirming that client(s) has been met my team member (details in the left column) and all the documentation for this application has been collected from the client(s).

Source who interviewed the applicant on this form

.....

Name, Date & Signature

Manger/Unit Head/Branch

.....

Name, Date & Signature