

To

Date:

Manager

\_\_\_\_\_ Branch.

Community Bank Bangladesh PLC.

Subject: Application for BP Personal Overdraft Facility.

Dear Sir/Madam,

I, the undersigned, would like to apply for a BP Personal Overdraft facility for BDT.....  
to meet personal financial needs. The relevant details are as follows:

Name of the Applicant	
Designation	
BP ID	
Account Number	
CIF ID	
Gross Monthly Income	BDT.
GPF Balance as on date	BDT.

I assure you to repay the loan as per the terms and conditions of the facility. I do hereby authorize the bank to debit my above-mentioned account to realize any excess amount over the approved limit or payment of interest charged thereon.

This is for your kind consideration.

Sincerely,

.....

Name:

Mobile:

## Demand Promissory Note

Date:

Taka.....

On Demand I/we, .....Son/daughter  
of.....of.....  
..... do hereby irrevocably and unconditionally promise to pay  
Jointly and severally to or to the order of Community Bank Bangladesh PLC, the sum of taka  
BDT.....(.....only)  
received with interest thereon from this date @.....% per annum.

All payment under this note shall be made free and clear of and without any deductions and  
withholdings of any kinds whatsoever.

.....

Signature of the Borrower

Name:

Date:

Left thumb impression	Right thumb impression

## Letter of Continuity

To  
The Manager  
Community Bank Bangladesh PLC  
.....Branch.  
.....

Dear sir,

I/We enclose herewith a demand promissory note for Tk. ....  
(Taka.....only) signed by me which is given as security for the  
repayment of any financing facility extended to me. The said Promissory Note shall serve as continuing  
security for the repayment of the ultimate balance remaining unpaid in the .....  
account. The said account may, from time to time, be reduced or extinguished.

My liability under the Promissory Note shall remain continuous, and I/We shall not be absolved from such  
liability until full adjustment of the financing facility is made, even if no formal claim is lodged during this  
period. I forego any benefit to which I may be entitled under the laws of limitation.

Your faithfully

.....  
Signature of the Borrower

Left thumb impression	Right thumb impression

## UNDERTAKING

(BB Annex-K)  
(Attachment-ka)

To  
The Manager

.....  
.....  
.....

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

Dear Sir

I,.....owner/partner/director/guarantor of.....  
am applying for sanctioning/renewal/rescheduling of a loan in my own name/ aforementioned company's name.  
My father's name:....., mother's name....., spouse's name  
....., Permanent address: Street No/Village .....  
Street Name/PS/Upazilla ..... District..... Postal Code.....  
Country....., Business address: Street No/Village..... Street Name/PS/Upazilla  
....., District.....Postal Code.....Country..... Date  
of Birth ..... District of Birth....., Country of Birth..... National ID  
Number....., Other ID documents (Passport/Driving License /Birth Registration  
Certificate) ID number.....ID issue date.....ID issue country .....,  
TIN..... Gender: Male/Female, Telephone Number .....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. No	Name of the Company	Main Address	Additional Address	Whether the company is availing any loan or not		
				Yes		No
				Name of the bank/Fl	Name of the branch	

Apart from the information 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/renewal/rescheduling of the loan applied for and I will be punishable by law for providing this false or fabricated information.

Seal and Signature of the bank official who certified the borrower	Customer's Signature: Name: Name of the Borrowing Organization
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\*If necessary, extra paper could be used for list of companies.

Bank Copy

To  
 Mr./Ms.: .....  
 BP ID:  
 Designation:  
 Department Name:  
 Address:

Subject: Sanction of BP Personal Overdraft Facility.

Dear Mr./Ms. ....

We are pleased to inform you that your application for a BP Personal Overdraft Facility has been approved under the following terms and conditions:

**Loan Details:**

Facility Type	: BP Personal Overdraft Facility.
Purpose	: To meet short-term personal financial needs
Account No	:
Limit Sanctioned:	: BDT.
Tenure	: 1 year (Renewable as per bank's policy)
Interest Rate	: _____% (As per bank policy)
Repayment	: Interest to be serviced quarterly; principal repayable on demand
Security	: Payroll Salary account with CBBL.

**Other Terms & Conditions:**

1. The facility shall be operated through your overdraft account maintained with Community Bank Bangladesh PLC.
2. In the event of resignation/retirement/termination, the entire outstanding amount shall be adjusted from service end benefits or from your own sources.
3. The Bank reserves the right to revise, suspend, or cancel the facility at any time without any prior notification
4. You shall be bound by all terms & conditions stated in the executed loan/charge documents.

Yours faithfully

-----  
 Authorized Signature

-----  
 Authorized Signature

I, the undersigned do hereby confirm that the limit(s) of the facility/facilities and the terms and conditions mentioned in this sanction letter are fully acknowledged, understood, and accepted by me. As a token of my acceptance, I sign this document as acknowledgment

.....  
 Signature of the Borrower  
 Name:

To  
 Mr./Ms.: .....  
 BP ID:  
 Designation:  
 Department Name:  
 Address:

Customer Copy

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.....  
 Signature of the Borrower  
 Name:

## **Application Process and Eligibility Criteria for 'OD Against Salary' Facility**

### **Section A: Documents Checklist**

- Duly filled-in Application Form, Undertaking Form, and Sanction Letter, all signed and sealed by the competent authority.
- One recent studio photograph (signed by the applicant and attested by a competent authority).
- Photocopy of NID/Smart ID card.
- Photocopy of BP ID card.
- Salary Certificate (from iBAS++).
- Up-to-date GPF Balance Statement (from iBAS++).

### **'OD Against Salary' Facility Details:**

- Pre-approved by Community Bank for eligible applicants.
- Facility amount: Up to 3 times your monthly salary.
- Interest rate: 14.25% (floating).
- Interest charged quarterly, with annual renewal.
- Withdrawals can be made via Salary Account Debit Card or the Community Cash App.

### **Eligibility Criteria:**

- CIB report must be regular.
- Salary must be deposited through Community Bank.