



## Credit Card Application Form

Applicant's Full Name				
Personal Number (BA/BSS/PN/BD/Others)				
Client ID (Bank use only)				
Applying for (v )	Visa Signature		Visa Platinum	
	Visa Gold		Visa Classic	
	Union Pay		Master Card	
Limit applied for		BDT		USD
Application Source (v )	Employee ID		Sales Team	
Branch Name		Branch/sales Code		

## Customer's General Information

Full name as in passport or national id card: Mr. ☐ Ms. ☐ Mrs. ☐ Other

Name

Gender ☐ Male ☐ Female

Card Group (for Bank use only) ☐ Defence ☐ Corporate ☐ Payroll ☐ Banker ☐ General ☐ FC/ERQ ☐ Other

Name to appear on card (leave one space between names, do not use title and nickname, maximum 18 characters)

Name

Father's name

Mother's Name

Date of Birth ( as per NID)         Nationality ( √ ): ☐ Bangladeshi ☐ Others (Please Specify)

NID No

TIN  Tax Zone  Tax Circle

Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Other (Specify)

Number of Dependents  Adult  Children

Educational Qualification ☐ Bachelor ☐ Masters ☐ Other (Specify)

<p><b><u>Applicant's Photo</u></b></p> <p>Please attach a recent color passport size photograph in the box, write your name on the back of the photograph</p> <p>(Please do not staple)</p> <p><input type="text"/></p> <p>Signature of Applicant</p>	<p><b><u>Supplementary Card-1 Applicant's Photo</u></b></p> <p>Please attach a recent color passport size photograph in the box, write your name on the back of the photograph</p> <p>(Please do not staple)</p> <p><input type="text"/></p> <p>Signature of Supplementary</p>	<p><b><u>Supplementary Card-2 Applicant's Photo</u></b></p> <p>Please attach a recent color passport size photograph in the box, write your name on the back of the photograph</p> <p>(Please do not staple)</p> <p><input type="text"/></p> <p>Signature of Supplementary</p>	<p><b><u>Supplementary Card-3 Applicant's Photo</u></b></p> <p>Please attach a recent color passport size photograph in the box, write your name on the back of the photograph</p> <p>(Please do not staple)</p> <p><input type="text"/></p> <p>Signature of Supplementary</p>
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## My Contact Details/ Communication information

Office Phone  Extension No.  Fax

Resident Phone  E - Mail  Mobile

## Residential Details

Residential Status: Own ☐ Company Provided ☐ Family owend ☐ Rented ☐ if rented, per month. (Tk.)

Other (please specify)  Resident for  Month's

Current Residential Address: Flat No.  Building name  Building Number  Road Number

Road Name  Area  District

Permanent Address (Village home) in details

## Applicant's Work Information

I am ☐ Salaried ☐ Self- employed ☐ Others (Please Specify)

Nature of Business (if self employed) ☐ Manufacturing ☐ Trading ☐ Others (Please Specify)

Name of Company  Designation

Department  Employee No.  Job Status : ☐ Permanent ☐ Contractual

Current Employer/Business Address

City & Post Code  Area  Date of Joining

Business Established On (if self employed)         Office E-Mail

### Applicant's Previous Employment Details

1.Name of Previous Organization	<input type="text"/>	Designation	<input type="text"/>	Date of Joining	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.Name of Previous Organization	<input type="text"/>	Designation	<input type="text"/>	Date of Joining	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Retirement/release	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Career Work Experience	<input type="text"/>	Year's	<input type="text"/>	Month's	<input type="text"/>	Phone No. (previous job 1)	<input type="text"/>				
						Phone No. (previous job 2)	<input type="text"/>				

### Applicant's Spouse Information

Name of Spouse	<input type="text"/>					Spouse Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's mobile number <small>(not same as customer's #)</small>	<input type="text"/>		Mother's Name of spouse	<input type="text"/>			Father's Name of spouse	<input type="text"/>					
Parent's permanent address (of spouse)	<input type="text"/>												
Is your spouse employed ? ( V )	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Current Employer/Business Address	<input type="text"/>							
Date of Joining	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
					Designation	<input type="text"/>		Job Status:	<input type="checkbox"/>	Permanent	<input type="checkbox"/>	Contractual	
Business Established On <small>(if self employed)</small>	<input type="text"/>		Name of company/shop	<input type="text"/>			Business Address	<input type="text"/>					
Office phone No.	<input type="text"/>				Office E-Mail	<input type="text"/>							

### Applicant's Annual Income & expenditure Details

Salaried Employed (Annual Income) : Basic Salary Tk.	<input type="text"/>	Allowance Tk.	<input type="text"/>	Total Salary Tk.	<input type="text"/>
Self Employed (Annual Income) : Gross Income Tk.	<input type="text"/>	Expenses Tk.	<input type="text"/>	Net Tk.	<input type="text"/>
Additional Income (If any, attach relevant document) Tk.	<input type="text"/>	Sources of Additional Income	<input type="text"/>		
Annual Income of Spouse Tk.	<input type="text"/>	Other Annual Income Tk.	<input type="text"/>		
Average Monthly expenditure	<input type="text"/>	Number of Dependents	<input type="text"/>		

### I Would Like to Receive The Card and PIN from

Trust Bank PLC. Branch <small>(Please Specify The Branch Name)</small>	<input type="text"/>	Trust Bank PLC. Card Division	<input type="text"/>
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### Statement will be provided through E-Mail (Provide E-Mail in BLOCK letters)

E-Mail Address	<input type="text"/>
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### Auto Debit Instruction

My Trust Bank PLC. A/C No.	<input type="text"/>		
Branch Name	<input type="text"/>	Account Type:	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Other (Please Specify) <input type="text"/>
<b>Auto Debit My Trust Bank PLC. Account:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
I would like to have my above Trust Bank PLC. account automatically debited each month for payment of my credit card dues as follows :			
Debit Monthly Full payments	<input type="checkbox"/>	Debit Monthly minimum payment	<input type="checkbox"/>

Signature	<input type="text"/>	Signature verified by (Branch)	<input type="text"/>
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### My Other Bank Account Details

Name Of Bank	Name of Branch	Account Number	Date (Account opened)
1			
2			
3			
4			

Loan Details							
Sl No.	Bank & Branch	Loan Type	Unsecured/secured	Loan Amount/Limit	Current Outstanding	Monthly Installment	Date of expiry
1							
2							
3							
4							

Details of Other Cards							BDT
1. Bank Name	<input type="text"/>	Card Number (masking)	<input type="text"/>	Credit Limit	<input type="text"/>	Present Outstanding	<input type="text"/>
2. Bank Name	<input type="text"/>	Card Number (masking)	<input type="text"/>	Credit Limit	<input type="text"/>	Present Outstanding	<input type="text"/>
3. Bank Name	<input type="text"/>	Card Number (masking)	<input type="text"/>	Credit Limit	<input type="text"/>	Present Outstanding	<input type="text"/>
4. Bank Name	<input type="text"/>	Card Number (masking)	<input type="text"/>	Credit Limit	<input type="text"/>	Present Outstanding	<input type="text"/>

Personal Information for Security Purpose	
Favourite Colour	<input type="text"/> Name of First School <input type="text"/>
Owner of Vehicle	<input type="checkbox"/> No <input type="checkbox"/> Yes; please mention vehicle Registration Number <input type="text"/>
If member of social club, name of club	<input type="text"/> Membership number <input type="text"/>
Other Information (If any)	<input type="text"/>

Reference (Relative/Colleague/Friend) not living with you	
1. Name of Reference	<input type="text"/>
His/Her Residence Address	<input type="text"/>
Office/ Business Address	<input type="text"/>
Relation With that Person	<input type="text"/> Residence Phone No. <input type="text"/>
Office Phone No.	<input type="text"/> Mobile No. <input type="text"/>
2. Name of Reference	<input type="text"/>
His/Her Residence Address	<input type="text"/>
Office/ Business Address	<input type="text"/>
Relation With that Person	<input type="text"/> Residence Phone No. <input type="text"/>
Office Phone No.	<input type="text"/> Mobile No. <input type="text"/>

Supplementary Card Application	
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other (Please Specify) <input type="text"/>
Name	<input type="text"/> Date of Birth <input type="text"/>
Name to appear on card (leave one space between names, do not use title and nickname, maximum 18 characters)	<input type="text"/>
Relationship With Primary Card Applicant (Please Specify)	<input type="text"/>
Personal mobile No.	<input type="text"/> Occupation <input type="text"/> Name of organisation/business <input type="text"/>
His/Her Present Address	<input type="text"/> Office Phone <input type="text"/>
Father's Name	<input type="text"/>
Mother's Name	<input type="text"/>
Type of Supplementary Car (Same as Pimary Card)	<input type="text"/>
Would you like to set up a spending limit per billing cycle for your Supplementary Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Amount per Month (BDT/USD)	<input type="text"/> BDT% <input type="text"/> USD% of the credit limit.
I request and authorize you to issue a supplementary card to the above person. I agree to pay and be liable for all dues in respect of the card issues as above.	

[Note: For additional supplementary card, please use a separate page]

I/We the Supplementary Card Applicant(s) agree to be jointly and seperately liable for all transactions processed by the use of the card(s) applied for and issued by Trust Bank Limited to the Principal Card Applicant and/or myself (ourselves), and to be bound by all the terms and conditions of the Bank's Credit Card Agreement.

Signature of the Principal Card Applicant

Signature of the Supplementary Card Applicant

## Nominee Information

Name of Nominee:

Date of Birth:         Relationship with Nominee:

Nominee's recent  
passport size colour  
photo

a. I agree that in the event of my death, the nominee shall receive insurance benefit under Risk Assurance Program

b. That in the event, the nominee who is also authorized above remains a minor at the time of my death

Mr./Ms. \_\_\_\_\_ is authorized to receive insurance benefits under Risk Assurance Program

### ☐ Risk Assurance Program

Risk Assurance Program from Trust Bank PLC. is a precious insurance benefit, protecting you from the setbacks brought about by accident, extended illness or injury or death. With Risk Assurance Program of Trust Bank PLC. Credit Card you can easily protect yourself and enjoy total peace of mind for as little as 35 paisa for every Tk. 100/- of your Credit Card statement balance. You will be automatically enrolled in the program & can not be cancelled in the first month of card issuance.

## Secured Card

If you are applying for a secured card, please complete the below:

Type of Security ☐ Trust Bank PLC. FDR ☐ RFCD A/C ☐ ERQ ☐ Others (Please specify)

Account Number

FDR Number

Account/ FDR/ERQ Value

FDR Maturity Date

FDR Renewal Date

## For Bank Use Only

Instruction Processed By  Date:

Instruction Checked By  Date:

Primary Card No

Supplementary Card No 1.

Supplementary Card No 2.

Supplementary Card No 3.

Supplementary Card No 4.

Total Limit  BDT Credit Limit (BDT/USD)  BDT  USD

USD Limit Type ☐ TQ ☐ ERQ ☐ RFCD ☐ Others (Please specify)

Checked By (Seal & sign)  Authorized By (Seal & sign)

## Documents Submitted [Please Tick ( ✓ )]

Salary Slip/ Pay slip/Salary Certificate- updated	<input type="checkbox"/>
Copy of Passport /Driving License /Others (Please Specify)	<input type="checkbox"/>
Copy of National ID	<input type="checkbox"/>
Passport Size Photograph	<input type="checkbox"/>
Copy of Utility Bill	<input type="checkbox"/>
Risk Assurance Form	<input type="checkbox"/>
Personal Bank Statement for the last 6/12 Months	<input type="checkbox"/>
IT-88/TIN Certificate/Tax Return Copy	<input type="checkbox"/>
Copy of Latest Pay Slip	<input type="checkbox"/>
Trade License	<input type="checkbox"/>
Memorandum/Article of Association	<input type="checkbox"/>
Business Card	<input type="checkbox"/>

Others (Please specify)

Signature of Applicant

### Credit Card KYC Profile form

Name of the Applicant:			
Father's Name:		Father's Last Occupation:	
Mother's Name:		Mother's Last Occupation:	
Spouse's Name:		Spouse's Occupation:	
Nationality:			
Educational Qualification:		Last Educational Institution:	

### Job Standing (Applicable for Salaried Personnel)

Name of the Organization:			
Job Designation:		Employee ID:	
Job Status:	<input type="checkbox"/> Permanent <input type="checkbox"/> Contractual <input type="checkbox"/> On-probation <input type="checkbox"/> Part-time <input type="checkbox"/> Other (specify) .....		
Job experience with present organization (years/month):		Total job experience (years/month):	

### Business Standing (Applicable for Self-Employed Personnel)

Name of the Organization:			
Nature of Business:	<input type="checkbox"/> Trader <input type="checkbox"/> Supplier <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other (specify) .....		
Trade License No:		Validity:	
Item manufactured/traded:			
Initial investment in business (BDT):		Total investment in business (BDT):	
Estimated Annual Turnovers (BDT):		Business premise ownership:	<input type="checkbox"/> Owner <input type="checkbox"/> Rented <input type="checkbox"/> Lease

### Income

Monthly Income:			
Source of Fund:			
List of income Proof document: 1.		2.	
Where the customer's source of fund is verified or not:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### Identity Proof

Any one of below documents (1. NID or 2. Passport) should be verified

1. NID no.:		Verified or not:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Passport no.:		Original Verified or not:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. E-TIN no.:		Verified or not:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Birth Registration Certificate with photo ID:		Original Verified or not:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Where copy of Utility Bill (Not more than 3 months old) with name and address (Landline Telephone Bill, Mobile Bill, Electricity Bill, Water or Gas Bill) was obtained:				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

### (In case of foreign nationals and non-resident Bangladeshi)

Passport no.:		Issuing Country:		Expiry Date:	
Nature of Visa:		Expiry of Visa:			
Whether work permit obtained:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	if yes Expiry of Work permit:		

### Credit Worthiness

Has loan or credit card with any other bank or FI:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Please specify:	
Loan/Credit card Details:				
Repayment status of the said loan/card:	<input type="checkbox"/> Fully Regular	<input type="checkbox"/> Partially Regular	<input type="checkbox"/> Irregular	

## Net Worth of the Applicant

Residential Status: ☐ Owned ☐ Rented ☐ Parents ☐ Company-provided ☐ Others (please specify)

Has fixed deposit with any bank or FI: ☐ Yes ☐ No If yes, Name of the Bank/FI:

Value of total fixed deposit (BDT):

Has Savings Bond (Sanchaypatra / Bond): ☐ Yes ☐ No If yes, value of Savings Bond:

Whether owns any vehicle: ☐ Yes ☐ No If yes, name of the brand:

Name of the model:

Whether owns land, building or residential property: ☐ Yes ☐ No If yes, total value of the property (BDT):

Other Income information (please specify):

## Living Standard and Social Standing

Club Membership: ☐ Yes ☐ No If yes, Club name and Membership no.:

Foreign travelling Frequency (Annually):

Education of kids: ☐ Applicable ☐ Not Applicable If yes, name of the institution:

## Screening

Whether customer is a ☐ Politically Exposed Person (PEP) ☐ Influential Persons (IP) ☐ Chief / High Officials of International Organizations (IP) ☐ Family Member of Close Associate of PEP / IP / COIO(s) ☐ None ☐ Other (specify)

If PEP/IP/COIO(s) whether approval from the senior management has been obtained: ☐ Yes ☐ No

Whether AML and CFT sanction screening of individual or entities has been done under banned list by the Government of the People's Republic of Bangladesh and United Nations: ☐ Yes ☐ No

## Office Use Only

Applied Card Type:  Recommended Limit:

Balance Transfer: ☐ Yes ☐ No Waiver Sought (if any):

.....  
Name & Signature of Employee

RM/DST

(Please affix stamp with Emp. ID

.....  
Name & Signature of Employee:

SSM/Head of Sales/Sales Manager

(Please affix stamp with Emp. ID

## Customer Declaration

	YES	NO
I am aware of all fees and charge applicable to Trust Bank PLC.		
I am aware of Credit Card's monthly payment requirements		
I am aware that the Bank may seek to verify or confirm the validity of my information		
I have filled out the application myself and have signed it		
I have applied for a Trust Bank Credit Card without any undue influence		
I have furnished all supporting document along with the application form duly signed by me		
I am aware that shall be automatically enrolled into Risk Assurance Program-Insurance facility which cannot be cancelled in the first month of Credit Card Issuance		
I am aware that Trust Bank holds the right to decline my application without defining any reason		
I am aware that the assignment of credit limit is at the sole discretion of the Bank		
I am aware of all benefits and issues of Trust Bank Credit Cards		
I am aware that my Credit Card & Pin should not be given away to anyone in any circumstances		
I am aware that while cancelling/replacing the card, it is to be handed over the Bank official after cutting it diagonally in half.		
I am confirming that I currently am not the defaulter of any bank/banks or any financial institutions		
I am aware that the Bank reserves the right to revise/impose fees and charges time to time		
I do hereby undertake the Bank to collect CIB information before sanction or extension of credit limit		
I have read all and fully understand all the terms and conditions of Trust Bank PLC. Credit Card		

"By signing below, I hereby apply for the issue of a Trust Bank PLC. Credit Card. I accept Trust Bank PLC. 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 my Primary Card and/or supplementary card(s) (if issued) on my account shall be deemed as an acceptance of the terms & conditions of Bank's Credit Card Agreement (which may be amended from time to time) accompanying the card. Upon approval I agree to pay the prevailing fees. By mentioned in the Banks Credit Card agreement. Where requested, I authorize Trust Bank PLC. to issue supplementary Card for use on my account to the person (s) named who I understood is/or over 18 years of age and resident Bangladeshi and agree that you may provide information to him/her about the account. In case the supplementary card applicants between years hereby understand that the use of such card shall be made under my supervision and control. I understand that Bank may, on its absolute discretion, accept from me any stop instructions (either orally or in writing) in case where I have lost the relevant card or in other circumstances which shall be allowed by the law and agreed by the Bank. The Bank should accept any such instruction from me or person authorized by me. I hereby undertake to indemnify the Bank against any loss, damage, cost (including any legal cost) or demand incurred by it is a result of, or in connection herewith. I hereby agree to indemnify the Bank against loss, damage, liability or cost incurred by the bank on account of any breach by me or the supplementary card holder (s) of the aforesaid conditions or any other terms and conditions contained in the Banks Credit Card Agreement or by reason of any legal disability or incapacity of the supplementary card holder. I also understand that the supplementary card fees shall be billed in my statement and it shall be my primary responsibility to honor all charges incurred on the supplementary card. The continuation of the membership of the supplementary card holder (s) shall be dependent on the continuation of my membership. I hereby authorize Trust Bank PLC. to send me Credit Card related information, or any promotional news related to banking products/services through E-mail, SMS. If not required to receive such communication, I will notify Trust Bank PLC. in writing.

I agree to be joint and severally liable for all transactions processed by the use of the Base Card/Supplementary Card applied for and issued by Trust Bank PLC. and to be bound by all the terms and conditions of the Bank's Credit Card Agreement which accompanies the card.

Signature Of Applicant

I, \_\_\_\_\_ have read and understood the above mentioned statements and contents mentioned overleaf. Information declared above by me is true and correct. I confirm that, I have not given any cash or cheque for the approval of this credit card or regarding any other purposes in relation to this application.

I declare that, I shall inform the Bank immediately in writing of any change in my contact number, address (residence & office) and professional status.

I do hereby acknowledge the Bank or its appointed representatives/agents, at its sole discretion, may at any time follow up through phone call(s), SMS, reminder letter(s) agent(s) visits and/or legal notice(s) for collecting payment against charges earlier incurred & pending on the Card.

I declare that, the information provided in the application is true and correct and I shall advise you of any changes thereafter. I hereby authorize Trust Bank PLC. and the insurance company to verify the information from whatever sources it may consider appropriate.

Date 

d	d	m	m	y	y	y	y
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Signature Of Applicant



### Demand Promissory Note

Taka :- \_\_\_\_\_

Date :- \_\_\_\_\_

Place :- \_\_\_\_\_

On demand, I/We \_\_\_\_\_ of \_\_\_\_\_ jointly/severally do hereby irrevocably and unconditionally promise to pay to the Trust Bank PLC. or order the sum of BDT ..... Taka ..... only together with interest@ ..... % per annum or as may be revised from time to time till the date of eventual payment/quarterly/half yearly rests for value received.

All payments under this Note shall be made free and clear of and without any deduction for or on account of (a) any set-off or counter claim and (b) any taxes, levies, imposts, duties, charges, fees or assessments of any kind whatsoever.

I/We hereby waive diligence, presentment, demand, protest and notice of any kind in the enforcement of this Note. I/We agree to reimburse the holder of this Note for all costs of collection and enforcement of this Note including, without limitation fees of counsel.

Revenue Stamp

Full Name of Applicant

Signature of Applicant



## Letter Of Continuity

To  
Manager  
Trust Bank PLC.

\_\_\_\_\_ Branch

Date :- \_\_\_\_\_

Adhesive Stamp

Dear Sir,

I / We enclose herewith a Demand Promissory Note for \_\_\_\_\_  
signed by me/us which is given to you as security for the repayment of any overdraft/cash credit  
which is at present outstanding in my/our name or in the name of either of us and also for the  
repayment of any overdraft / cash to the extent of \_\_\_\_\_  
\_\_\_\_\_ which I/we or either of us may avail of hereafter  
and the said Promissory Note is to be a security to you for the repayment of the ultimate balance  
amount remaining unpaid on the overdraft/cash credit account and I/we am / are to remain  
liable on the said Promissory Note notwithstanding the fact that by payments made into the said  
overdraft/cash credit card account from time to time the said overdraft/cash credit account may  
from time to time be reduced or extinguished or even that the balance in the said account may  
be at credit.

Although the said overdraft/cash credit account is in the name of \_\_\_\_\_  
and will be operated upon only by the said \_\_\_\_\_  
all of us shall be liable jointly and severally as aforesaid.

Yours Faithfully

Full Name of Applicant

Applicant's Signature



## DECLARATION ON RIGHT TO SET-OFF

To  
Manager  
Trust Bank PLC.

\_\_\_\_\_ Branch

In consideration of your granting or continuing to make available credit or banking facilities or other accommodation, for so long as you may think fit, to the undersigned and/or at the request of the undersigned, to any other person, firm, corporation or customer of any kind, the undersigned hereby agrees and undertakes that:

The undersigned agrees that the Bank may in its discretion at any time and without notice to the undersigned, combine and consolidate all or any account(s) held either the undersigned with the Bank of whatsoever nature/description and wherever located and whether in Taka or in any other currency and whether or not subject to notice and set off or transfer or debit any sum standing to the credit of any such account(s) including a joint account with the undersigned along with any of its Supplementary account(s) in or towards discharge of all sums due to the Bank under any account(s) of the undersigned with the Bank of whatsoever nature/description or wherever located and whether in Taka or any other currency and whether or not subject to notice or in any other respect, whether as principal, or surety or otherwise, including liabilities under facilities or accommodation for an unexpired fixed term or in respect of foreign exchange dealings or under guarantees or indemnities or other instruments whatsoever given or assumed by the Bank at the request of the undersigned, whether such liabilities be present or future, actual or contingent, primarily or collateral and several or joint and may do so notwithstanding that the balances on such account(s) and the undersigned hereby authorizes the Bank to offset any such combination, consolidation, set off or transfer with the necessary conversion at the Bank's prevailing exchange rates which shall be determined by the Bank at its absolute discretion.

1. For the purpose of enabling the Bank to preserve the liability of any party including the undersigned intact, once a write or summon has been issued or to prove the Bankruptcy or insolvency of the undersigned or for such other reasons as the Bank thinks fit, the Bank may at any time place and keep for such time as the Bank may think prudent any monies received, recovered or realized here under or under any other Security or Guarantee to the credit of the undersigned as the Bank shall think fit without any intermediate obligation on the part of the Bank to apply the same or any part thereof in or towards the discharge of the sums due and owing to the Bank.
2. Where any monies may from time to time be deposited with the Bank by the undersigned, or are otherwise held by the Bank, specifically for the purpose of providing the Bank with cash cover/cash margin in respect of the payment, discharge or satisfaction of any monies, obligations or liabilities of the undersigned to the Bank, the undersigned:
  - a. Shall not and shall not be entitled to withdraw any such monies (and so that the Bank shall have no obligations to release or repay any such monies) and shall not do or omit to do any act or thing which may in any way delay or prejudice your right to retain such monies or apply all or any part of such monies in or towards such payments, discharge or satisfaction;
  - b. Shall not mortgage, charge, pledge or otherwise encumber or assign, transfer or otherwise deal with or grant or suffer to arise any third party rights over or against the whole or any part of such monies or purport to do so, except in favour of the Bank;
3. The Bank is authorized, in its absolute discretion, at any time and from time to time to notify any other creditors of the undersigned of the terms of the agreements and undertakings set out herein;
4. Nothing herein shall restrict the operation of any general lien, set-off or other rights or remedies available to the Bank, whether by law or otherwise, and this Declaration on the Right to Set-Off is in addition and without prejudice to any lien, guarantee; mortgage or security now or hereafter held by the Bank;
5. This Declaration on the Right to Set-Off is governed by and shall be construed in accordance with the laws of Bangladesh and the undersigned hereby irrevocably submits to the Courts jurisdiction of the Bangladesh but it shall be open to the Bank to enforce the terms here of in the Courts of any other competent jurisdiction. The undersigned undertakes, on the Bank's request, to nominate an agent with an address in Bangladesh to accept service of any legal process in Bangladesh on behalf of the undersigned and such agent shall acknowledge in writing appointment to the Bank as such agent and service of legal process on such agent shall be deemed to constitute service on the undersigned.
6. This Cardholder Declaration on Right to Set-Off shall be considered as the integral part of the main Card Application Form.
7. The undersigned confirms that currently he/she is not a defaulter of any bank(s) or financial institution(s).

\_\_\_\_\_  
Signature of the Borrower(s)/Cardholder

\_\_\_\_\_  
Verified By

Witnessed By:

1

2



LETTER OF AUTHORITY TO DEBIT ACCOUNT

Date:

The Head of Branch/Manager

Trust Bank PLC.

..... Branch

Sub: Letter of Authority to debit my/our Account No. \_\_\_\_\_  
maintained with you.

Dear Sir,

I/We do hereby irrevocably authorize you to debit my/our above mentioned account maintained with you to realize your credit card liability/margin/commission/charges/interest/other charges or expenses and to pay insurance premium for renewing insurance policy in full or partially payable by me/us in respect of credit and other facilities in m/our favor vide Sanction Letter/Agreement Application Form dated .....

I/we further authorize you irrevocably to debit my/our deposit/loan account(s) for any sum that you deem necessary for part/full payment of insurance premium of my/our credit facility, if any with your bank.

Yours faithfully,

\_\_\_\_\_





**Trust Bank PLC.**  
*A Bank for Financial Inclusion*

**ট্রাস্ট ব্যাংক পিএলসি.**  
সবসময়, সবখানে, সবার জন্য

**Corporate Head Office**

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