

SERVICE REQUEST

Application Form

For Bank use only

Customer No:

Reference No:

Please fill in CAPITAL LETTERS

ACCOUNT HOLDERS DETAILS

Full Name

(as in ID Card/as in Passport for Foreigners)

ID Card / Passport No.

(Passport No. for Foreigners only)

Registry No.

(For Business & Institutions)

Contact No.

SERVICE REQUIRED

Bank statement

Bank reference

Account activation

Document Retrieval

Additional information for required service

BANK STATEMENT

All my accounts

Specific Account(s)

Please specify account number

Start Date

End Date

Statement Purpose

Applying for foreign Visa

Others, please specify _____

BANK REFERENCE

Please specify in detail the purpose of Bank reference

Beneficiary / Address To

ACCOUNT ACTIVATION

Account number

Please specify purpose for reinstating the account

SIGNATURE: _____

DOCUMENT RETRIEVAL

| | |
|--|--|
| <input type="checkbox"/> Cash Deposit Slip Copy | Deposit Amount _____ |
| <input type="checkbox"/> Copy of Cheque(s) | Cheque Nos. <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> Other Please Specify | <input type="text"/> |
| Date of Transaction | <input type="text"/> Account No. <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

DELIVERY OPTIONS

| | |
|--|--|
| <input type="checkbox"/> Email to | <input type="text"/> |
| <input type="checkbox"/> Handover to Please Specify | Name (as in ID Card / as in Passport for foreigners) <input type="text"/> ID Card /Passport No. (Passport No. for Foreigners only) <input type="text"/> Contact No. <input type="text"/> |

DECLARATION

I/We hereby agree to the following:
Account mentioned above will be debited for the charges (if any) as per schedule of charges and fees of BML Islamic.

_____ _____
Authorized Signature Stamp Date

DOCUMENT HANDOVER

I declare that I have received aforementioned document(s)

_____ _____
Name (as in ID Card/as in Passport for Foreigners) ID Card/Passport No. Signature Date

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| | | | |
|---|------------------------|----------------------|----------------------|
| Officer / Manager comment <input type="text"/> | Received by | <input type="text"/> | <input type="text"/> |
| | Input/ processed by | <input type="text"/> | <input type="text"/> |
| | Verify and approved by | <input type="text"/> | <input type="text"/> |
| | Date: | <input type="text"/> | |

