



CUSTOMER REQUEST FORM
BALANCE CONFIRMATION / DUPLICATE STATEMENT / TAX CERTIFICATE

DATE

D	D	M	M	2	0	Y	Y
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PLEASE USE **BLOCK LETTERS**

TICK (✓) AS APPLICABLE AND STRIKE OUT THE IRRELEVANT FIELDS. CHARGES WILL BE APPLICABLE FOR THE BELOW SERVICES.

FOR BANK USE ONLY									
CIF NO.	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
REQUEST NO.	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								

GENERAL DETAILS

NAME WITH INITIALS	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																						
NIC NUMBER	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								PP NO.	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>							MOBILE NO.	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					
E-MAIL	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																						
ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																						

DETAILS OF THE REQUEST

<input type="checkbox"/> BALANCE CONFIRMATION REQUEST	CONFIRM THE BALANCE AS AT	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>2</td><td>0</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	2	0	Y	Y										
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<input type="checkbox"/> DUPLICATE STATEMENT REQUEST	ISSUE A STATEMENT FOR THE TIME PERIOD	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>2</td><td>0</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	2	0	Y	Y	TO	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>2</td><td>0</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	2	0	Y	Y
D	D	M	M	2	0	Y	Y													
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<input type="checkbox"/> TAX CERTIFICATE REQUEST	ISSUE A TAX CERTIFICATE FOR THE TIME PERIOD	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>2</td><td>0</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	2	0	Y	Y	TO	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>2</td><td>0</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	2	0	Y	Y
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<input type="checkbox"/> ALL ACCOUNTS	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> CURRENT	<input type="checkbox"/> FIXED DEPOSIT	<input type="checkbox"/> LOAN ACCOUNT																							
<input type="checkbox"/> SPECIFIC DEPOSIT/LOAN ACCOUNTS																											
DEPOSIT/LOAN A/C	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								

ADDRESS THE **BALANCE CONFIRMATION** REQUEST LETTER TO:

<input type="checkbox"/>	EMBASSY								
EMBASSY ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
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DISPATCH INSTRUCTIONS

<input type="checkbox"/> COLLECT FROM THE BRANCH	<input type="checkbox"/> POST	<input type="checkbox"/> SEND TO HNBBRANCH
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<p>***</p> <div style="border: 1px solid black; height: 100px; width: 90%; margin: 10px auto;"></div> <p align="center">SIGNATURE OF THE APPLICANT</p>	<p>NIC/PP NUMBER</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <p>NAME:</p> <div style="border: 1px solid black; height: 40px; width: 90%; margin: 5px auto;"></div> <p align="center">SIGNATURE OF THE JOINT HOLDER 1</p>									<p>NIC/PP NUMBER</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <p>NAME:</p> <div style="border: 1px solid black; height: 40px; width: 90%; margin: 5px auto;"></div> <p align="center">SIGNATURE OF THE JOINT HOLDER 2</p>								

*** SIGNATURE TO BE OBTAINED AS PER THE OPERATING INSTRUCTIONS

ACKNOWLEDGMENT

<input type="checkbox"/> DOCUMENTS RECEIVED								
<div style="border: 1px solid black; height: 60px; width: 90%; margin: 10px auto;"></div>								
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<input type="checkbox"/> SIGNATURE VERIFIED	<div style="border: 1px solid black; height: 40px; width: 90%; margin: 5px auto;"></div>								
 AUTHORIZER LEVEL PASSWORD HOLDER								
EMPLOYEE NO.	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								