

AIBL Pre-Paid Travel Card / Hajj Card / Gift Card Application Form

File Number#

Date:

Card Type: ☐ AIBL Prepaid Travel Card ☐ AIBL Hajj Card ☐ AIBL Gift Card

Name on Card:

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Father's Name:

--

Mother's Name:

--

Mailing/Present Address:

--

Permanent Address:

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Please Attach a
Passport Size Picture

Date of Birth:

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Mobile No:

--

Passport No.:

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NID:

--

Email:

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TIN:

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Emergency contact Person details:

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Card Delivery Point (select any one) ☐ Mailing Address ☐ Branch ☐ Card Division

Required Documents:

- Recent 1 PP Size Photograph
- Photocopy of NID
- Hajj VISA Copy/ Hajj Registration document
- Dully filled-up KYC form.

(Applicant's Signature)
As per AIBL Account/NID

For Branch Use Only

- Branch must ensure that endorsement of the same entitlement has not been made/will not be made on the client's **Valid Passport** by any other source.
- For Prepaid Travel Card max limit is \$12000 for 1(one) calendar year.
- For Hajj Card max limit \$1200 for Kingdom of Saudi Arabia during Hajj period only.

Signature of the Branch official
with A.S. No. and Seal

Signature of Branch Manager
with A.S. No. and Seal

For Card Division Use Only

Card Number

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Data Captured By:

Checked By:

Authorized By:

Pre-Paid Card KYC(Know Your Customer) Form

Product Type: ☐ Travel Card ☐ Hajj Card ☐ Gift Card

Date:

Customer Name:

Father's Name:

Mother's Name:

Spouse's Name (if applicable):

Purpose of card usage:

Permanent Address:

Mailing Address:

Mobile/Phone: 1. 2.

E-mail: Primary Secondary

Passport/NID/Other Photo ID/Driving License No.

TIN (If any): Date of Birth:

Photocopy of above mentioned ID obtained: Yes ☐

Profession:

Name of Present Organization/ Institution:

Address of Organization:

Academic Qualification:

Grade/Batch & Yearly Tuition Fee (if Student):

How the account was opened? ☐ Branch ☐ Direct Sales Agent

Expected Monthly Number of Transactions: ☐ 0-10 ☐ 10-50 ☐ >50

Name of Account Opening Officer & Employee ID

Approximately Monthly Expense: Taka

Source of Fund: ☐ Own Income ☐ Guardians/ Parents ☐ Scholarship
☐ Others (please specify)

Guardian/ Parent's Occupation:

Organization Name and Address:

Does the Customer have any Account with AIBL? ☐ NO ☐ YES
If yes, please mention the A/C No.

Does the Customer have any Credit Card with AIBL? ☐ NO ☐ YES
If yes, please mention the Card No.

Signature of the Branch official
with A.S. No. and Seal

Signature of Branch Manager
with A.S. No. and Seal