

Service Request Form: 2

Date:

Cardholder's Name:

Phone Number:

Client ID:

Card Number:

A. Privilege Points Redemption:

Redemption Category: Card Fee Waiver Outstanding Payment

Available Privilege Points: _____ Required Privilege Points: _____

Value: BDT _____ Payment To: Local Part International Part

B. Risk Assurance Program:

Type of Request: Enrollment Disenrollment

Beneficiary Name 1: _____ Percentage of Benefit: _____

Beneficiary Name 2: _____ Percentage of Benefit: _____

C. Medical Second Opinion (MSO) Service Enrollment:

Program Type: Single Family Extended Family

D. EMI Facilities:

EMI Type: InstaCredit EasyBuy No Burden Outstanding

Total EMI Amount (BDT/USD): _____

Yearly Rate of Interest (Flat Rate): 7% 9% 10%

Loan Tenure (in months): 6 12 18 24 30 36

Account Name:

Account Number:

Bank Name:

Branch Name:

Routing Number:

Authorization

I hereby authorize for the specific program and agree to the relevant terms & conditions. I also agree to pay the relevant fees & charges.

Name

Signature

Date