



Customers with Disability and Illiterate Acknowledgment Form

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We acknowledge and agree that we have read the Terms and Conditions in relation to the service requested in this form. We further confirm that he/she (details mentioned below) has understood all terms and conditions consented to and will abide by these including he/she understand the responsibilities of debit card (if requested).

Select Service Requested:

Account Opening Debit Card request

Any other service:.....

On Behalf of:

Mr./Mrs.:.....

NID/ Resident ID:.....

Disability Card No.....or

Select if card not available/issued by Ministry of Social Affairs

Disability / Special Needs / Illiterate (fill only if applicable)

Select from following:

If Blind* Can read Braille

Cannot read Braille

Physical Disability (Unable to sign)*

Illiterate*

Witnesses:

Two males, or one male and two females (For Visually disabled customers, two Bank staff can be the witnesses, if requested by customer.)

1- Witness Name.....

ID Card Number:.....Date:.....

Signature:.....Gender: Male Female

2- Witness Name.....

ID Card Number:.....Date:.....

Signature:.....Gender: Male Female

3- Witness Name.....

ID Card Number:.....Date:.....

Signature:.....Gender: Male Female



Signature/ Thumb Impression

For Bank Use Only

I confirm having met the customer and Witnesses in person and explained terms and conditions.

I confirm that customer has understood the Terms and Condition for opening a new account/ debit card application/ any other service requested by the customer

I confirm that no witnesses are Bank employees / staff except for the Visually Impaired customer, if requested.

Checked by:.....

Signature:.....

Date:.....