

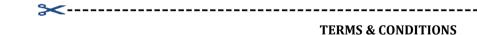
Community Bank Bangladesh Limited Application for EFTN/RTGS Transaction RTGS allowable for BDT 01 Lac or above and any amount for FCY

Branch Name							I	Applic	ation	n Date	е	D	D	M	M	Y	Y	7	Y Y	
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To Supromer Open				Signature Verified by Branch Officer:								Verified by BOM/BM of Branch:								
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Amount in Word	Name &								mber											
Application Received By:	Designati	on																		
	Signature Branch Se	with																		

TERMS & CONDITIONS

- 1. I/We agree that the EFTN/RTGS will be generated based on my/our information provided in the form.
- 2. I/We hereby authorized Community Bank Bangladesh Limited to carry out the EFTN/RTGS transactions as per the details mentioned overleaf.
- 3. I/We understand EFTN/RTGS request is subject to Bangladesh Bank regulations and guidelines governing the same.
- 4. I/We authorized the Bank to debit my/our account for the charges plus charges taxes as applicable.
- 5. I/We hereby agree that aforesaid details including the Routing Number and beneficiary account are correct.
- 6. I/We further acknowledge that Community Bank Bangladesh Limited accepts no liability for any consequences arising out of erroneous details provide by me/us.

Signature of the Applicant
(Seal in case of Company or Firm)



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