



## CLIENT INFORMATION FORM

Photo of Applicant(s)

Reference Account No..... Individual CIF No 1) ..... 2) .....

Details	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant
Client's Name (In English)		
Client's Name (In Bangla)		
Client's Relation with Account	<input type="checkbox"/> Account Holder <input type="checkbox"/> Joint Applicant <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Attorney Holder <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Others	
Father's Name (In English)		
Father's Name (In Bangla)		
Mother's Name (In English)		
Mother's Name (In Bangla)		
Spouse Name (In English)		
Spouse Name (In Bangla)		
Present Address		
Permanent Address		
Work Address		
Mobile Number		
E-mail		
Occupation (In Details)		
Monthly Income		
Nationality		
Gender		
Date of Birth	DD/MM/YYYY	DD/MM/YYYY
Place of Birth		
National ID Number		
E-TIN (If Any)		
Marital Status		
Passport Number		
Passport Issue Date & Country of Issue		
Other ID Details (If No NID)		
Contact Address	<input type="checkbox"/> Present Address <input type="checkbox"/> Permanent Address <input type="checkbox"/> Work Address. <input type="checkbox"/> Others (As prescribed)	
Resident Status	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident

\*For more than 2 applicants, please include another page.

..... Signature (1 <sup>st</sup> Applicant) Name: Date:	..... Signature (2 <sup>nd</sup> Applicant) Name: Date:
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CASH TRANSACTION IS STRICTLY PROHIBITED  
নগদ লেনদেন সম্পূর্ণ নিষিদ্ধ



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