

IMPRESS CAPITAL LIMITED

REQUEST FOR FUND WITHDEAWAL

To: MANAGING DIRECTOR

Date:

Name:	
Account Type:	
Account No:	
Contact No.	Res. Phone:
Amount In Tk.	
Amount In word:	
Client Bank Name:	
Bank Account No. :	Applicant Branch:
Bank Routing No :	Cheque
Bank Charge may be applicable for BEFTN (where necessary)	BEFTN

Applicant	
For Authorization To Collect Cheque (If Any):	
Please Deliver The Cheque To My/Our Authorized Person Mr. / Ms. (Attested)	
Signature of the Authorized Person(s)	Signature of the Account Holder(s)

Office Use Only	
Received and Verified by:	<i>(Managing Director's Name & Signature)</i>
Signature & Bank Account No. Verified By:	

Approved By	
Bank Signatory	Bank Signatory
Withdrawal Mode:	
Received Branch:	
Delivery Branch:	