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APPLICATION FORM

EMI (Equated Monthly Installment)

(For Supplementary Card transactions, application MUST be applied by Basic Cardholder)

To
 The Head of Cards
 Card Division
 National Bank
 Head Office, Dhaka

Date:

D	D	M	M	Y	Y	Y	Y
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Dear Sir

Ref: Application for EMI (Equated Monthly Installment) of my purchase Amount

Reference to the above mention subject, I am intending to avail "EMI" facility with accepting all the mentioned terms and condition mentioned below:

Card No:	* * * * *																						
Name of Cardholder:	Mobile: 0 1																						
Transaction Date:	D	D	M	M	Y	Y	Y	Y	Time:	H	H	M	M	<input type="checkbox"/> AM <input type="checkbox"/> PM									
Transaction Amount:	BDT:					Type of Transaction:					<input type="checkbox"/> POS <input type="checkbox"/> E-Com <input type="checkbox"/> FT												
Amount In Word:	BDT:																						
Merchant Name:																							
EMI Information																							
Tenor of EMI:	<input type="checkbox"/> 3			<input type="checkbox"/> 6			<input type="checkbox"/> 9			<input type="checkbox"/> 12			<input type="checkbox"/> 18			<input type="checkbox"/> 24			<input type="checkbox"/> 36				
Type of EMI:																							
<input type="checkbox"/> Interest Bearing EMI	9.99% (Flat Interest)																						
<input type="checkbox"/> Hospital/Medical bills EMI	6.99% (Flat Interest)										Not Available												
Terms & Conditions																							
<ul style="list-style-type: none"> Minimum amount for General & Interest bearing EMI is BDT 10,000 and Hospital/Medical bill EMI is BDT 5,000 EMI of Fund Transfer (FT) Transaction is eligible only for Interest Bearing EMI. If customer fails to pay two consecutive EMI(s), the remaining outstanding will be automatically treated as regular outstanding and regular Interest will be applicable. 																							
Acknowledgement																							
1. I hereby agree and apply for a NBL EMI facility after fully understanding the features, terms and conditions of the product. 2. I confirm that the information's provided in this application are true and correct. 3. I accept that NBL has the right to accept or reject the application without assigning any reason. 4. I hereby authorize NBL to verify any/all information from any sources it may consider appropriate. 5. I agree to pay the fees/charges for this EMI as determined by the bank at any point of time. 6. I confirm that the mentioned purchase using NBL Credit card is legally sourced and the fund will not be used for any illegal means. 7. I shall maintain confidentiality of all purchase related information and ensure safekeeping of the same.																							
															_____ Applicant Signature & date								
BANK USE ONLY																							
Eligibility Checking Process																							
Transaction Settlement Date:	D	D	M	M	Y	Y	Y	Y	Signature: (with date)														
Transaction Eligibility:	<input type="checkbox"/> Eligible <input type="checkbox"/> Non-Eligible																						
Reason of Non-eligibility:																							
Approval Process																							
Approved By:	<input type="checkbox"/> HoCD <input type="checkbox"/> Deputy HoCD					<input type="checkbox"/> Head of Card Operation <input type="checkbox"/> Others _____					Signature: (with date)												
Execution Process																							
Executed Tenor of EMI:	Execution Date:										D	D	M	M	Y	Y	Time:	H	H	M	M	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Calculated EMI Amount:	BDT:					/ Month					Next Statement Date:					D	D	M	M	Y	Y	Y	Y
CMS Reference No:																							
										_____ Input By (Signature with Date)					_____ Checked By (Signature with Date)								