

Card Division
Head Office, Dhaka

Credit Card Fund Transfer Request Form

(Dial 16225 for help)

Date: / /

Name (block letter):

Card No.: * * * * * Expiry:

Registered Phone No:

Registered Email ID :

Account Details

| | |
|--------------|---|
| Bank Name | Mercantile Bank PLC. |
| Branch Name | <input style="width: 100%; height: 20px;" type="text"/> |
| Account Name | <input style="width: 100%; height: 20px;" type="text"/> |
| Account No. | <input style="width: 100%; height: 20px;" type="text"/> |

| | |
|-----------------|---|
| Amount (Tk.) | <input style="width: 100%; height: 20px;" type="text"/> |
| Amount in words | <input style="width: 100%; height: 20px;" type="text"/> |

I would request you to transfer the above-mentioned amount from my Credit Card Account to **my MBL Account**. I also authorize MBL Card Division to debit applicable fees & charges in connection with the transaction from my Credit Card Account.

Cardholder Signature with date

For Bank's use only

Tk. has been transferred as per Cardholder request under the respective Credit Card Limit and% processing fee with applicable VAT is realized.

Authorized Signature

Authorized Signature

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