Self-Declaration Form (Regarding Income, Profession & Source of Fund)



Date: DD /MM /	/ YYYY												
Manager BRAC Bank Ltd.													
Branch/Unit/Sub-Branch/AB Outlet/Booth													
Account Number:													
Account Title:													
Occupation Type : (Plea				Lord/Lord Lody - Former									
□ Private Service □ Government Service □ Business □ Student □ House-wife □ Land-Lord/ Land-Lady □ Farmer □ Professional (Dector/ Lawyer/ Accountant/ Engineer/ Architect etc.) □ Defense / Law Enforcement Agencies □ Petired													
□ Professional (Doctor/ Lawyer/ Accountant/ Engineer/ Architect etc.) □ Defense/ Law Enforcement Agencies □ Retired													
□ Freelancer □ Consultancy/Trainer/Coach □ Sportsman □ Others (Please specify)													
For Service holder	iease iiii up mui	пріе пеіаѕ іг аррі	cable)										
Designation:													
Name of the Organization:													
For Business													
Name of the Business entity	y:												
Nature of Business	Details of Bus	iness/Products	Nature of Business	Details of Business/Products									
□ Manufacturing	<u></u>		□ Service Provider										
□ Trading	<u></u>		□ Distributor	<u></u>									
□ Export-Import	<u></u>	<u></u>	□ Retailer	<u></u>									
□ Wholesaler	<u></u>	·····	□ Cottage/Small Industry	<u></u>									
□ Agro Business	<u></u>		□ e-Commerce/Online Seller	<u></u>									
□ Consultancy/Training	<u></u>		□ MFS Agent/ Business	<u></u>									
□ C&F Agent	<u></u>		□ Others (Please specify)	<u></u>									
For Professionals (Doctor/	Lawyer/ Accoun	tant/ Engineer/ A	rchitect etc.)										
Name of the profession:													
Name of the Entity/Firm:													
For Housewife/ Student/ Ur	nemployed												
Please provide details of fu	nd provider/ ear	ning member of t	he family/ <mark>Beneficial Owner</mark> (B	O):									
Relationship with the fund p	orovider/ earning	g member/ BO:											
Occupation of fund provider/ earning member/ BO:													
For Landlord/ Retired Servi	ce/ Consultant/	Others please pr	ovide details below:										
Manthhalmanna (* DD	ST : 1 0 /5		\										
Monthly Income: (in BD □ Less than 15,000 □ 15,000				- 350,000									
□ Less than 15,000 □ 15,001 - 50,000 □ 50,001 - 150,000 □ 150,001 - 250,000 □ 250,001 - 350,000 □ 350,001 − 500,000 □ More Than 500,000													
Source of Fund / Income Generating From: (Please put √ mark multiple if applicable):													
□ Salary, Bonus, Allowance, Incentives □ Rent □ Agro/Fishery/Livestock □ Business □ Remittance** □ Govt. Bonds/ SP/													
WEDB/ Treasury Bond Savings/ Pension Scheme/ Retirement Benefits Providing Professional Services Freelancing													
□ Commission □ Online Selling/ e-Commerce □ Consultancy/Training/Coaching □ Sports □ Others (Please specify)													
** In case of your source of i	income is Remit	tance, please pro	ovide name and details of the fur	nd provider in General Declaration.									

RB-CSF BRAC BANK LIMITED

General Declaration / Clarification (about Inco	ome/Profession/Sour	ce of	Fun	id)							
Please use the below section for declaring other Sou	rce of Income/ Clarifica	ition in	n det	ails							
I/We confirm that the information given above is	true and correct.										
Accountholder's Signature		loint	Λ.00	ounth	olda	r'o (Signati	uro (if on	,,/	_
Accountholder's Signature		JOINI	ACC	ountri	olue	er S d	Signati	ire (ıı an	y <i>)</i>	
FOR BANK USE ONLY	Customer ID:										
Prepared By:	Checked By:										