

**CUSTOMERS WITH DISABILITY AND
ILLITERATE ACKNOWLEDGMENT FORM**

We acknowledge and agree that we have read the Terms and Conditions in relation to the service requested in this form. We further confirm that he/she (details mentioned below) has understood all terms and conditions consented to and will abide by these including he/she understand the responsibilities of debit card (if requested).

Select Service Requested:

Account Opening Debit Card request Any other service:

On Behalf of:

Mr./Mrs.:

NID/ Resident ID:

Disability Card No. or Select if card not available/issued by Ministry of Social Affairs

Select type of Disability/Illiterate from following

Blind- Can read Braille Blind- Cannot read Braille
 Physical Disability (Unable to sign) Illiterate

Witnesses:

Two males, or one male and two females

(For Visually disabled two Bank staff can be witness, if requested by customer)

1- Witness Name:

ID Card Number: Date:

Signature: Gender: Male Female

2- Witness Name:

ID Card Number: Date:

Signature: Gender: Male Female

3- Witness Name:

ID Card Number: Date:

Signature: Gender: Male Female

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Signature/ Thumb Impression

For Bank Use Only

- I confirm having met the customer and Witnesses in person and explained terms and conditions.
- I confirm that customer understood the Terms and Condition for opening new account/ debit card application/ any other service requested by the customer
- I confirm no witnesses is a Bank employee/staff except Visually Impaired customer if requested.

Checked by:

Approved by:

Signature:

Signature:

Date:

Date: