CITIZENS BANK
TODAY · TOMORROW · TOGETHER

CZB Credit Card Pay Comfort EMI Form

CARDHOLDER'S NAME:

CREDIT CARD NO.:

CREDIT LIMIT:

BDT							

EMI AMOUNT REQUESTED:

EFT REQUESTED	BDT							

AMOUNT IN WORD	:	

REGISTERED MOBILE NO:

+	8	8	0	1											

CZB ACCOUNT DETAILS:

BRANCH NAME	:	..... Branch	ACCOUNT NAME:	

ACCOUNT NO	:													

OTHER BANK ACCOUNT DETAILS FOR BEFTN:

BANK NAME	:		A/C NO	:	
BRANCH ROUTING NO	:		A/C NAME	:	
BRANCH NAME	:				

Any POS EMI Details

Transaction amount*:	BDT									DATE:							

Merchant Name:	

Applied tenor (in month): ☐ 3 Months ☐ 6 Months ☐ 9 Months ☐ 12 Months

Terms & Conditions:
I hereby apply for **CZB Pay Comfort EMI** facility which states that; I can transfer my EFT transaction or any POS transaction amounting BDT 10,000/- or above into **CZB Pay Comfort EMI** facility against a certain flat interest rate (**floating**) as per the Schedule of Charges of Citizens Bank PLC for the above-mentioned tenor. I declare that the information in this application form is true and correct, and if any dispute accrues due to wrong information; the total liability will be born on me i.e. CZB Principal cardholder. I hereby authorize CZB to verify any information from whatever sources it may consider appropriate. I accept that CZB is entitled at its absolute discretion to accept or reject this application without assigning any reason whatsoever and that the application and its supporting documents shall become part of the Bank's records and shall not be returned to me. I acknowledge and agree that upon approval of a **CZB Pay Comfort EMI**, a processing fee will be charged and shall be billed in my statement and I am well aware of other fees & charges. Yes, I would like to take the **CZB Pay Comfort EMI** program facility. The terms & conditions of this program are fully understood by me.

Thanking you,

Signature (As per Credit Card application form) **Date:**

For Bank Use Only:

Documentation Checked	:					Date	:			
CMS Execution	:		CBS Execution	:		Date	:			