



Card Division, Head Office  
Shahjalal Islami Bank Tower, (4<sup>th</sup> Floor) Plot#4, Block-CWN(C), Gulshan Avenue, Dhaka - 1212  
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**ATM CASH REPLENISHMENT FORM**

Branch Name

Date of Cash Replenishment	D	D	M	M	Y	Y	Y	Y	Time of Cash Replenishment	H	H	:	M	M	am/pm	
IBCA No	:					-										

**BALANCE BEFORE REPLENISHMENT**

Notes	Number	Amount
100		
500		
1000		
<b>Total Amount</b>		

Balance confirmation before replenishment by the official of Card Division, Head Office:

Name	
Designation	

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**NEW BALANCE TO BE REPLENISH**

Notes	Number	Amount
100		
500		
1000		
<b>Total Amount</b>		

**PRESENT BALANCE AFTER REPLENISHMENT**

Notes	Number	Amount
100		
500		
1000		
<b>Present Balance:</b>		

Balance confirmation after replenishment:

Card Division Personnel, Head Office		ITCL Personnel	
Name		Name	
Designation		Designation	

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Replenished by: Name: Design.: Cell Number:	_____ Authorized by with PA/IPA	_____ Authorized by with PA/IPA
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Note: After ATM replenish as an urgent basis to Card Division through e-mail / hard copy immediately.