



Dutch-Bangla Bank Limited
YOUR TRUSTED PARTNER



DBBL Credit Card Payment Slip

(Visa Card / MasterCard)

Date:/...../.....

Card Number:

Cardholder's Name:..... Phone/Cell Phone no. :.....

Payment for Local TK.....
 International USD..... Rate..... Tk.....

Payment mode	Particulars	Amount (Tk)
<input type="checkbox"/> Cash		
<input type="checkbox"/> Cheque		
<input type="checkbox"/> Debit My A/C	A/C No.	Total (Tk) =
Amount in words:		

Important notes for the Depositor/Cardholder:

- * In case of payment by cheque, please specify Bank's name, Branch's name and Cheque no. in the "Particulars" column above.
- * Please deposit other bank(s)'s cheque(s) at least 7 (seven) days earlier to your payment Due Date /Last Payment Date.
- * Please make all cheques crossed and payable to Dutch-Bangla Bank Limited.

Depositor's/Cardholder's signature

Receiving Officer's signature

Authorized Officer's signature



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