



Auto Debit & Bill Payment Form

A. Subscriber/User Information (To be filled up only for auto debit request):

- (i) Customer's Number
- (ii) Customer's Name
- (iii) Company Name (For corporate user)
- (iv) Alternative Contact No.
- (v) Auto Debit (Local/International)

B. Credit Cardholder Information:

- (i) Cardholder Name
- (ii) Card No.
- (iii) Expiry Date
M M / Y Y

C. Payment Information :

- (i) Type of Payment (Please tick any)
Security Deposit Bill Payment Prepaid Top Up
- (ii) Amount (BDT)

I confirm that information provided herein is true and accurate and I have all the rights over this information. I do hereby give full and unconditional authority to GP to auto debit my international/local Credit/Debit Card for International Roaming and/or Local Payables of the mentioned Grameenphone mobile number as and when accrues. By signing this form, I do hereby agree and acknowledge all the subscription terms and conditions including the terms and conditions for International Roaming and Auto Debit as mentioned in Grameenphone Website (www.grameenphone.com).

Cardholder's Signature & Date
(Matched with Card Back Side Signature)

KCP Signature & Company Seal
(For corporate user only)

Applicant's Signature & Date