FD/SCHEME ACCOUNT OPENING FORM
This form should be completed in “ENGLISH CAPITAL” letters.

Manager
The City Bank Limited

Dear Sir,
I/we am/are applying to open the following account in your branch. My/our detailed information is given below:

**Account Title**

| English | |
|---------| |
| বাংলা | |

**Type of Account**

- Fixed Deposit (FD)
- Monthly Interest Paying FD
- Others (Please Specify)
- Goal Based DPS
- Insurance Backed DPS
- Others (Please Specify)

**Nature of Account**

- Individual
- Joint
- Non - Individual

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**FIXED DEPOSIT INFORMATION**

<table>
<thead>
<tr>
<th>Currency</th>
<th>Amount</th>
<th>Interest</th>
</tr>
</thead>
</table>

**Amount in words**

**Period/Tenure** (Please select any one option from below and specify Days/Months/Year(s))

<table>
<thead>
<tr>
<th>Days</th>
<th>Months</th>
<th>Years</th>
<th>Maturity Date</th>
</tr>
</thead>
</table>

**Debit Instruction**

- Please Debit My/Our Account No.

**Maturity/Disposal Instruction**

- Yes
  - Renew principal only and credit interest to the Account No.
  - Renew both principal and interest
- No

**Auto Renewal**

- Yes (If Yes, Please select any 1 option)
- No

**Encash at Maturity** to My/Our A/C No.

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**SCHEME INFORMATION**

<table>
<thead>
<tr>
<th>Name of Scheme</th>
<th>Period of Scheme (Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount per Installment</td>
<td>Amount in Words</td>
</tr>
<tr>
<td>Frequency of Installment Start Date</td>
<td>Payable amount at Maturity (In words)</td>
</tr>
<tr>
<td>Debit Instruction</td>
<td>Please Debit My/Our Account No.</td>
</tr>
</tbody>
</table>

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**NOMINATION DETAILS**

- New Nominee Assignment: Please fill out the “Nominee Assignment Form”
- Same as Operative Account No.
- No. of Nominee

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Nominee Details & Photograph Checked by CS Signature & Seal with Date
DETAILS OF GUARDIAN FOR MINOR APPLICANT - **GUARDIAN MEANS FATHER/MOTHER/LEGAL GUARDIAN**

I, being the lawful Guardian of the following applicant(s), hereby declare that the applicant(s) is a minor, His/Her/Their necessary information has been furnished in the enclosed Individual Information.

<table>
<thead>
<tr>
<th>Name of the Minor Applicant(s)</th>
<th>Date of Birth of Minor</th>
<th>Name of the Guardian(s)</th>
<th>Relationship with the Minor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Individual Information Form must be filled in for both the Minor and the Guardian. Both forms must be signed by the Guardian.

**TERMS & CONDITIONS**

These terms and conditions must be read in conjunction with the Schedule of Fees, Charges, Interest Rates for Fixed Deposits/DPS Accounts as may be revised/amended by The City Bank Limited ("the Bank") from time to time integral part of the Terms and Conditions for Account (as amended from time to time) unless otherwise expressly set out herein. Details about the account(s), operation and maintenance of the account(s), periods, rates of interest and minimum deposits are available upon request. Upon submission of your application, it is warranted that you have read and understood the terms and conditions, features and details related to the account(s) and being satisfied thereof, requested to open the above-mentioned account(s).

- Bank shall debit my/our designated bank account maintained with the Bank for crediting into the Fixed Deposit/DPS Account(s). For DPS Accounts, an amount as instructed by me/us shall be debited from the designated Account on a regular basis for the period as mentioned.
- In case of early encashment before the maturity date, on interest shall be payable provided always that the Bank shall have the option to pay interest in respect of such account as such rate(s) and in respect of period as the Bank may determine in its discretion.
- In case of default, the account shall be closed, and the balance shall be paid to the depositor on such date as the Bank may determine in its discretion.
- Any Fixed Deposit Advice issued by the Bank is not receipt. It is only evidence of deposit and not a document of title and is not transferable. It cannot be pledged as security. Immediate written notice should be given to the Bank if the deposit advice is not received by the Customer or is lost, stolen, destroyed or mislaid.

**SIGNING AUTHORITY AND ACCEPTANCE OF TERMS & CONDITIONS**

We declare that all information / instruction / authorization provided by me/us relating to my/our operating account, all terms and conditions and any subsequent changes thereon shall be applicable to this Fixed Deposit/DPS Account. We declare that I/we will not get any tax benefit (as applicable). If I/we do not submit tax documents at the time of opening of Fixed Deposit/DPS Account.

*Mode of Operation of A/C [ ] Singly [ ] Jointly [ ] Anyone [ ] Either or Survivor [ ] Others [ ]

1st Applicant Signature __________________________ 2nd Applicant Signature __________________________ 3rd Applicant Signature __________________________

* Affix seal where applicable.  * All joint Account holders are required to sign, regardless of mode of operating.

**FOR BANK USE ONLY**

Mandatory Fields for Regulator

<table>
<thead>
<tr>
<th>SBS Code</th>
<th>Deposit Type Code</th>
<th>RM/Employee Code</th>
<th>Monitoring RM Code</th>
</tr>
</thead>
</table>

Name of DSE/ Branch Employee __________________________

Monitoring RM __________________________

Tax Applicable

<table>
<thead>
<tr>
<th>Yes</th>
<th>E-TIN Exists</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

E-TIN Documents submitted, where applicable __________________________

No __________________________

Tax Waiver Documents submitted, where applicable __________________________

A/C Occupation Code __________________________

Scheme Product Code __________________________

FD Product Code __________________________

Branch SOL __________________________

Value Date DD MM YYYY __________________________

Comment __________________________

Signature with Name __________________________

Account Opened by __________________________

Signature with Name __________________________

Recommended by (BOM) __________________________

Signature with Name __________________________

Approved by RM/Designated Officer __________________________