PERSONAL ACCOUNT OPENING FORM
This form should be completed in "ENGLISH CAPITAL" letters.

Manager
The City Bank Limited

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

Account Title
English

बांग्ला

Account Short Name

Nature of Account
Individual  Joint

Type of Account
General Savings A/C  Savings Delight A/C  High Value Savings A/C
Seniors’ Savings A/C  Student Savings A/C College Plan  Student Savings A/C School Plan
City A/S General Savings A/C  City A/S High Value Savings A/C  City A/S Savings Delight A/C
Current A/C  Monthly Interest Paying FD A/C  Fixed Deposit A/C

Currency

Initial Deposit Amount

Initial Deposit (In Words)

COMMUNICATION DETAILS (These communication details will be used for joint Accounts also)

Communication Address Selection
(please select only 1 type of address)
Present Address (Residence)  Professional Address  Permanent Address

Designated E-mail ID

Designated Mobile No.

FACILITY REQUEST(S)

Citytouch
Yes  No  If Yes, please provide designated E-mail ID

Cheque Book
Yes  No  If Yes, No. of Leaves

Delivery Option
Branch  To customer address

SMS Alert
Yes  No  If No, please fill up "Service Discontinuation Request Form"

Locker Facility
Yes  No  If Yes, please fill up "Locker Application Form"

Statement Facility
Yes  No  If Yes, please select any one (*) option from here:

DEBIT CARD REQUEST

Card Application
1st Applicant  2nd Applicant  Others

Card Type
Mastercard  Visa  CityMaxx  UnionPay  Others

Customer Category
Individual  Staff  Corporate  Name of the Organization

Name on Card
As you want to see on the Card (Max. 19 letters including spaces)

Delivery Option
Branch  To customer address

INTRODUCER’S INFORMATION (Mandatory only for Applicants opening Account without National ID)

Introducer’s Name

A/C Number

Signature of Introducer (With Date)

Name Seal of Signature Verifier with Sign & Date
INDIVIDUAL INFORMATION

Please use separate Individual Information Form for other applicant/Mandate/Guardian/Director/Beneficial Owner/Shareholder

Customer’s Name in English

Father’s Name

Mother’s Name

Spouse’s Name

Date of Birth DD MM YYYY

Gender Male Female Third Gender

Resident Status Resident Non-Resident

National ID Card No.

Other Photo ID

Birth Certificate No.

E-TIN (if Any)

Passport No.

Nationality Bangladeshi Other Please Specify

Profession

Monthly Income

Source of Fund

Relationship with Account

Present Address (Residence) VII/Road

PO Thana District

Division Postcode Country

Professional Address VII/Road

PO Thana District

Division Postcode Country

Permanent Address VII/Road

PO Thana District

Division Postcode Country

Mobile 1

Mobile 2

E-mail ID 1

E-mail ID 2

1. Are you a US Resident? Yes No 2. Are you a US Citizen? Yes No 3. Do You hold a US Permanent Resident Card (Green Card)? Yes No

I/we hereby consent for The City Bank Limited or any of its affiliates (include branches) (herein after collectively referred to as “Bank”) to share my/our information with domestic or overseas regulators or tax authorities or other concerned authorities where necessary and/or required by applicable laws, agreement with regulators or authorities and/or directives.

Where required by domestic or overseas regulators or tax authorities or other concerned authorities, I/we consent and agree that the Bank may withhold, and pay out, form my/our account(s) such amounts as may be required according to applicable laws, regulations, or authorities and directives and Bank shall not be held liable for any consequences thereof. In the event of any loss suffered by bank due to my/our failure or inaction or misrepresentation, I/we shall hold the Bank fully indemnified and harmless against all such losses arising thereof. Proof of address required (if any one)

Signature with Date

Applicant’s Name

Name Seal of Signature

Verifier with Sign & Date

Note: Individual Information Form must be filled in for both the Minor and Guardian. Both forms must be signed by Guardian.
DETAILS OF NOMINEE

We hereby nominate the following person as my/our nominee to whom the balance of my/our account would be payable in the event of me/our death. I/We reserve the right to change/cancel this nomination any time. The nominee will be responsible for distributing the balance of my/our account among my/our heirs as per prevailing law. I/We also agree that, the Bank will not be liable for such payment as per my/our instruction or such distribution.

Number of Nominee

Name of the Nominee

Relationship with Applicant(s) Percentage

Birth Certificate No.

National ID Card No.

Passport No.

Date of Birth D D M M Y Y Y Y

Other Photo ID

Address Village/Road

PO Thana District

Division Postcode Country

Signature of Nominee (Optional)

Please affix here a recent passport size photograph duly attested A/C holder

DETAILS OF GUARDIAN FOR MINOR NOMINEE (IF APPLICABLE)

(i) In the event that the nominee remains a minor at the time of my/our death, the following person as his/her guardian is authorized to receive/draw the amount of deposits in my/our above mentioned account on behalf of the nominee. As per Bank Company Act 1991 Section 103 (2)

Name

Relationship with Nominee

Address

Guardian Photo

ID Information

(ii) That the Nominee, or his/her guardian authorized under paragraph (i) as the case may be, shall be entitled to all my/our accounts to the exclusion of all other persons; and payment made by you to them shall constitute a full discharge of your liability with respect to such deposits.

* Individual Information Form must be filled in for both the minor and the guardian. Both forms must be signed by the guardian. **If the nominee is a non-resident & the account becomes payable to him/her, then all formalities as detailed in Foreign Regulations Act, 1947 will be applicable for remitting fund abroad.

FIXED DEPOSIT INFORMATION

Currency

Amount

Interest %

Amount in Words

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

Debit Instruction Please Debit My/Our Account No.

Maturation/Disposal Instruction

Auto Renewal

Yes (If Yes, please select any 1 option)

Renew principal only and credit interest to the Account No.

Renew both principal and interest

No

Encash at Maturation to My/Our A/C No.

Note: In case of auto renewal if prior written notice is not served to the Bank, the Bank will automatically renew the deposit plus accrued interest for the period as per Bank’s rule on the maturity date at the prevailing rate of interest.

SCHEME INFORMATION

Name of scheme

Period of Scheme Months

Amount per Installment

Frequency of Installment

Payable amount at Maturity

Debit Instruction Please Debit My/Our Account No.