



**Now you can
worry a little less
about your Deposits**

Personal Account Opening Form



Here for good

5 Other Bank Account Including Standard Chartered Bank

My/Our Accounts with other Banks (if any)

Name of Bank _____ Branch _____ Type of Operating Account (Please Tick)
 Deposit A/C Loan A/C Other
 1. _____
 Deposit A/C Loan A/C Other
 2. _____
 Deposit A/C Loan A/C Other
 3. _____

6 Introducer's Information

Name of the Introducer _____ Account Number _____

Name of Branch _____ Signature & Date _____

Relationship between Introducer & Applicant _____

Signature Verified _____

7 Information of Nominee

I/We hereby nominate the following person to receive the entire balance in my/our account upon my/our death. I/we hereby reserve the right to cancel/amend the above nomination at any point in time. I/we further declare that bank will not be liable for any transaction effected according to my/our instruction

Full Name of the Nominee:

First Name _____
 Middle Name _____
 Last Name _____

Date of Birth : / /

Occupation : _____

Relationship with the Applicant/s : _____

Father's Name : _____

Mother's Name : _____

Husband/Wife's Name : _____

Present Address of Nominee : _____

Permanent Address of Nominee : _____

National ID Number.: _____

In the event the nominee so authorised remains a minor at the time of my/our death-

Name of the minor Nominee _____

Name of the Guardian authorized to withdraw/receive/draw deposit _____

Address of Guardian of minor Nominee : _____

*(In case of nonresident nominee, if the proceed of the relevant account is payable to that nonresident, Exchange Control Regulations will be applicable for outward remittance.)

8 If one or more Accountholder is minor

As the legal guardian, I hereby declare that the account holder is a minor. His/her relevant information are provided in the attached form. The account will be operated under my signature as the legal guardian of the account holder until further notice or until the account holder attains maturity

Name of the Account Holder (Minor) _____

Name of the Guardian _____

Relationship with the minor _____

Signature of the **Guardian of the minor**

(Both the minor & the guardian should fill up the forms related to the information of individuals and both the forms should be signed by the guardian.)

9 Information Specific to Credit Cards

This section is Applicable for only **First Applicant**.

Select Your Choice of Card :

Visa Silver Visa Gold Visa Platinum
 Master Card Silver Master Card Gold Master Card Platinum
 Saadiq Green Saadiq Gold

The name of Credit Card will appear under the procedure of section 4, up to a maximum of 19 characters. (Title, salutations & special characters excluded)

ResidenceType (ownership of residence):

Owned Rented Company provided Others
 If rented, rental per annum Tk. _____

Number of dependants _____

Number of years in current residence _____ Months _____ Years

Educational Qualification Post Graduate Graduate HSC Other

You are Salaried Self-employed Student
 Retired Other (please specify) _____

Years in current organisation _____ Months _____ Years

Name of previous organisation _____

Total work experience in months _____

Business established if self-employed _____

Monthly income : Gross Tk. _____ **Net Tk.** _____

Additional income Tk. _____

About your Bank Accounts / other Loan / other Credit Cards

Bank Name & Branch			
Accounts Number or Card Number			
Credit Limit/Loan Amount			
Instalment Amount (Tk.)			
Member Since			

Standing Instruction

Would you like us to be debit your Current/Savings Account with us for payment of your Credit Card dues? Yes No

The standing instruction will be linked with the current/saving account being opened with this form.

Monthly payment % Minimum Amount Due _____ % of current balance

Note : * If this is left blank, your account will be debited for the Minimum Amount Due.

* Conditions Apply (as stated in Declaration)

For Card and Statement delivery

Your Card & Statement will be delivered to your mailing address.

Please be informed that if we are unable to deliver your Card at your mailing address, the Card may be forwarded to your preferred branch.

Other Information

Favourite Colour _____ Favourite City _____ Number of Cars _____

**Note : For Joint Applicant's or Supplementary Credit Cards, separate Credit Card opening form needs to be filled out.

Bank use : Relationship Number _____ **LLID** _____