

Fixed Deposit Services

Date: _____

OPEN A NEW FIXED DEPOSIT

Account Name : _____

Account Number to be debited : _____ on _____ (date) _____

Deposit Amount: _____ Currency _____ Period of Deposit _____ Months _____

Your FD will be automatically rolled over for a similar period on maturity, unless written instructions are received to the contrary.

MATURITY / PREMATURE UPLIFTMENT

F.D. Account No. _____ Account Name _____

Please uplift my deposit prematurely on _____ or

Please uplift my deposit on maturity date

AND

1. Please credit interest & principal amount to Account No. _____
in the name of _____

2. Please change tenure of the deposit to _____ months.

3. Please pay me in cash.

4. Please remit by TT/Draft/Cashiers order (as per remittance application endorsed).

5. Please add to my existing Fixed Deposit Account No. _____
and roll over for _____ months

6. Please credit _____ to Account No. _____
(currency & amount)
in the name of _____

Accountholder's Signature / Authorized Signatory

Signature Verified

FOR BANK USE ONLY

Funds Checked

Segment Code _____

Deal made YES NO

RM Code _____

Deal no. _____ Value date _____

Maturity Date _____

Treasury rate _____

Customer rate _____

Under Lien YES NO

If yes: Approval for lien release enclosed YES NO

PFC / BSSM approval