



ज्योति विकास बैंक लि.
JYOTI BIKASH BANK LTD.
More than a Bank

APPLICATION FOR FIXED DEPOSIT

Branch.....

Client Code:

Date:

I/We hereby request you to open a Fixed Deposit account in my/our name as per the following details:

| | | |
|--|---|------------------------------------|
| Applicant's Name | | |
| Address: | | |
| Contact Number | Telephone No.: | |
| | Mobile No.: | |
| Deposit Scheme | | |
| () New () Renewal () Enhancement | Currency: Amount in word: | Amount in figure: |
| Time Period: | Interest Rate: | |
| Payment Details | () Cash Deposit () Debit account number | () Cheque |
| Interest Frequency | () Monthly () Half Yearly | () Quarterly () Upon Maturity |
| Interest Nominee | Credit to my account: () Issuance of Manager Cheque () Fund transfer | |
| Principal Nominee | Credit to my account: () Issuance of Manager Cheque () Fund transfer | |
| Upon Maturity | () transfer to my account () renew my FD at prevailing rate | |
| • Special Instruction for nominee account other than the applicant's account. | | |
| Please transfer interest of this Fixed deposit account to under mentioned account : | | |
| Account Name:..... | | |
| Account Number:..... | | |
| Relation with me:..... | | Authorized Signature |

- Note: 1. If principal nominee account is other than applicant's account separate application from applicant is required.
 2. If the mode of operation is different with nominee account then separate application is required to transfer principal amount to nominee account.

DECLARATION

I/We hereby sign declaring that the information given and as stated above is true and correct. I/We confirm that the terms and conditions contained in the account opening form relation to my/our account mentioned above shall also apply to this deposit.

.....
 Authorized Signatory (ies)

NOMINEES**(APPLICABLE TO ALL TYPES OF ACCOUNT)****PHOTO**

I maintaining
account No with your Bank, hereby give details of the
nominee(s) to receive any sum of amount which may be due to me from Jyoti Bikash Bank
Limited in event of my death.

Mr./Mrs./Miss Relation to me:

Son/Wife/Daughter of :

Date of Birth: Age: Citizenship/p.p. No. Place of issue

Permanent Address:

Contact Address:

Tel No.: Mobile:

And in the event of my death during the minority of the above nominee(s), I appoint below mentioned nominee
to receive any sum of amount which may be due to me on behalf of nominee(s).

Mr./Mrs./Miss: Relation to me :

Son/Wife/Daughter of :

Date of Birth: Age: Citizenship/p.p. No. Place of issue

Permanent Address:

Contact Address:

Tel No.: to receive all monies due to me on behalf of nominee(s).

Signature of Account Holder

WITNESS

1. Signature

Name

Address

2. Signature

Name

Address

FOR BANK'S USE ONLY

FD account Number:

Deal Account Number:

Value Date:

Maturity Date:

Interest Rate:

Tax Rate: 5% () 15% () Non Taxable ()

Entered By

Approved By