



Application for Fixed Deposit Account

Fixed Deposit Account No.

Fixed Deposit Receipt No.

The Manager
Meghna Bank Limited

Date:

Branch

Please open a Fixed Deposit Account with your Bank in my/our name as follow :

Amount in Tk. In words

1st Applicant

Name :

Address :

Father's Name :

Mother's Name :

Spouse Name :

Phone : Mobile :

Date of Birth/Registration :

Profession/Nature of Business :

Nationality :

2nd Applicant

Name :

Address :

Father's Name :

Mother's Name :

Spouse Name :

Phone : Mobile :

Date of Birth/Registration :

Profession/Nature of Business :

Nationality :

Source of fund :

☐ Regular FDR

☐ Interest First Fixed Deposit

☐ Double Benefit

☐ Two an half Times Benefit

☐ Triple Benefit

Rate : Period : Month Date of Issue / / Date of Maturity / /

Payment Mode* : ☐ Cash ☐ Check No. Date ☐ Bank ☐ Branch ☐ Debit Account No. I/We do hereby authorise to Debit my/our Account as mentioned.

Signature 1st Applicant

Signature 2nd Applicant

Signature Verified by
(in case of Debit Authority)

Renewal Instruction : ☐ Renew Principal and interest** ☐ Renew Principal only ☐ Renew Principal and credit interest to my A/C No.

*Without instruction, neither principal nor interest will be automatically renewed on maturity date.
** At prevailing interest rate on the date of maturity.

Operation Instruction : ☐ Singly ☐ Either of us one signature being sufficient ☐ Either of Survivor ☐ Joint Signature ☐ Others (Please Specify)

Payment Mode : ☐ By Cash ☐ By Cheque ☐ Transfer to A/C No. ☐ By Cash ☐ By Cheque ☐ Transfer to A/C No.

Signature 1st Applicant

Signature 2nd Applicant

Bank Use Only

Original Passport/ID Sighted : ☐ Yes ☐ No

1st Applicant

Customer ID

Applicant's Sector Code

2nd Applicant

Customer ID

Type of Deposit Sector Code

Input by

Authorised by

Checked by

Nomination form for refund of money deposited

Date:

(Vide Section 103 of the Bank company Act 1991)

The Manager
Meghna Bank Limited

Branch

Nominee Declaration
I/We nominate the following person/persons to receive balance of my/out account after my/our death. I/We reserve the right to cancel or change the nomination at any point of time. I/We also confirm my/our agreement to the effect that the Bank will not be responsible of liable in any way for execution of transactions as per my/our instructions.

Particulars	Nominee 1	Nominee 2
Name		
Date of Birth		
Mailing Address		
Phone/Cell No.		
Father's Name		
Mother's Name		
Spouse Name		
Profession		
Religion		
Relationship with Applicant		
Share (%)		
Signature of Nominee(s)		

Please obtain necessary documents and photograph of Nominee/Guardian (where applicable) attested by the FDR account holder(s) at the time of opening of Fixed Deposit Account.

If one more of the Nominee(s) is/are Minor(s) :

Since the nominee(s) is/are Minor(s) Mr./Mrs

will be the legal guardian of the nominee(s) and will receive full proceeds/appropriate shares in case of my death. Details of the guardian is as under.

Particulars of Guardian	
Name	
Father's Name	
Mother's Name	
Spouse Name	
Mailing Address	
Phone/Cell No.	
Date of Birth	
Profession	
Relationship with the minor	
Signature of the Guardian	

Signature 1st Applicant

Signature 2nd Applicant

Signature of the Witness