



DATE

--	--	--	--	--	--	--	--

D/D M/M Y/Y/Y/Y

AB Bank Limited
_____ Branch

The Manager
AB Bank Limited

**APPLICATION FOR
OPENING OF ACCOUNT - (INDIVIDUAL)**

_____ Branch

Customer ID

--	--	--	--	--	--	--	--	--	--

Account Number

--	--	--	--	--	--	--	--	--	--	--	--

I/We wish to open an account with AB Bank Limited, _____ Branch,
in the name & style of myself/ourselves _____

I/We submit the application with required papers / documents and request you hereby for opening the account in the following manner. I/we confirm that no unusual / irregular / suspicious transaction (which may be deemed as money laundering) will be conducted through the account. I/We have provided detail information as follows

Account Title/Name of account _____

(In Capital Letter) _____

TYPE OF ACCOUNT

Account Type (Please √) : Savings Account Current Account STD
 Fixed Deposit A/C FC RFCD
 NFCD NITA Others _____

Account Currency (Please √) : BDT US\$ EURO
 GBP Others _____

Declaration of Account (Please √) : Single Joint Multiple Others _____

Existing Bank Relationship (if any) : _____

1. Name of Bank _____ Branch _____ Deposit A/c Loan A/c Others _____
Account No. _____ Account Title _____

2. Name of Bank _____ Branch _____ Deposit A/c Loan A/c Others _____
Account No. _____ Account Title _____

3. Name of Bank _____ Branch _____ Deposit A/c Loan A/c Others _____
Account No. _____ Account Title _____

TYPE OF CUSTOMER

Bangladeshi National Resident Non Resident
Foreign National Resident Non Resident

MINOR'S DETAILS

I/We hereby declare that the Minor/Master/Mrs. _____

Father's Name : _____ Mother's Name : _____

is my _____ (state relation) and the first signatory hereto viz. Mr./Mrs. _____

Address : _____

is his/her natural/duly appointed guardian. I/We confirm that the Minor's Date of Birth is _____

and will attain majority on _____ and the account shall be operated by myself _____ as the legal guardian till such date as the account holder (Minor) attains his majority state or any changes made as per my instructions. Necessary details with information of Minor has been stated in separate individual Form.

Note : "Information relating to individual" for both minor and guardian must be filled in and in both forms guardian must sign.

Signature of Guardian

DETAILS OF INTRODUCER

Name of Introducer : _____ Account No. _____ Branch _____
Introducer's ID : _____ Address _____
Telephone/Mobile : _____ Relationship with Applicant _____
E-mail : _____

I certify that the applicant(s) and/or signatory(ies) is/are personally known to me for the last months/years and confirm that his/her/their occupation and address as stated elsewhere in this application is correct to my knowledge.

Signature of introducer
& Seal (if applicable) with date

Introducer's signature verified by
Name & AB Bank's Employee No.

INITIAL DEPOSIT

Cash received BDT. : _____ (In words) _____ only.
Received cheque No. _____ dtd. _____
Drawn on (Bank) _____
Debit my / our Account No. _____ with your branch for BDT _____
(In words) _____

STATEMENT REQUIREMENT

Account Statement to be provided: Monthly Quarterly Half-yearly Yearly

Note: Any exception/errors regarding transaction or change of address should be advised to the bank within 15 days of receiving statement.

DETAILS OF TERM DEPOSIT & INSTRUCTION

I/We hereby deposit an amount of BDT / US\$ / GBP / EURO _____ (in figure)
_____ (in words) for a period of _____ days / months / years
@ _____ % p.a. interest with instructions.

Source of fund : _____

Deposit in : Cash Cheque Cheque No. _____ Date _____ Drawn on _____
Amount (BDT) _____ In words _____ only.

I/We authorize you to debit my/ our account no. _____ title _____ with you.

Interest payment : Pay in cash Credit to account No. _____

On maturity disposal :

- Reply Principal & Interest in cash
 Credit Principal & Interest to account No. _____
 Renewal Principal for _____ days / months / year & credit interest to account No. _____
 Renewal Principal for _____ days / months / year & pay interest in cash _____
 Renewal Principal & Interest for _____ days / months / year

Note : Unless prior written notice is received by the Bank will automatically renew the deposit plus accrued interest for the same period on the maturity date at the prevailing rate of Interest.

DETAILS OF SPECIAL SCHEME / PRODUCT

Name of Scheme _____

Tenure of Scheme _____ one time Deposit/Installment amount _____ Number of Installment (annual) _____

Payable on maturity _____ Monthly/Quarterly/Half yearly payable _____

Interest Payable _____ Interest/Amount _____

Tenure _____ Day _____ Month _____ Year. Date of Maturity _____

- In case of renewal Renew Principal Amount & Interest Renew only Principal Amount
 Renew only Principal Amount & Deposit the Interest on A/C No. _____
 Not applicable

ACCOUNT OPERATING INSTRUCTION

Account to be operated by:- Singly Either or Survivor (s) Jointly Others (specify)

Signature of 1st applicant

Signature of 2nd applicant

Signature of 3rd applicant

Note : The liability of Joint Account holders for facilities will be joint and several.

**NOMINATION FACILITIES (THE NOMINATION FACILITY SHOULD BE ONE ONLY).
Under section 103 of Bank-Company Act, 1991**

I/We nominate the following person to receive the balance of the account in the event of my/our death/physical incapability to sign. I/We hereby declare that the nominee shall be entitled to the deposits/credit balance in the account to the exclusion of all my/our heirs, other persons and the payment made by you to the nominee shall constitute a full discharge by you of your liability in respect of such deposits/balance. In case of change or cancellation of the nomination at any time, I/we shall give you notice for record & reference. Attested photograph of the nominee is endorsed.

Name of Nominee : _____ Age/Date of Birth _____
 Occupation _____ National ID No. _____ Any other Information _____
 Father's Name : _____
 Mother's Name : _____
 Husband's/Wife's Name : _____
 Permanent Address : _____ Relationship with Applicant _____
 National ID Number (if any) _____

Note : If a non resident is the nominee the terms of the Regulation Act. shall have to be followed.

Recent Passport size
 Photograph of
 nominee duly
 attested by the
 Account holder

 Signature of nominee

If at the time of my/ our death the nominee remains a minor Mr./Mrs./Ms. _____
 _____ S/o/D/o/W/o Mr. / Mrs. _____ shall
 as the guardian be authorized to receive/ draw on behalf of the nominee the amount of deposit held by you in my/ our account.

Name of the Guardian _____ Signature _____

Signature of Nominee and Guardian (if applicable) Attested By:

 Signature of 1st applicant

 Signature of 2nd applicant

 Signature of 3rd applicant

APPLICANT'S DECLARATION

- I/We confirm that the information given above is true and complete. I/We read and accepted the Terms & Conditions governing the account(s) which I/we am/are opening as outlined in the Account Rules and hereby agree to be bound by such Terms and Conditions.
- I/We acknowledge that I/we have read and understood the terms and conditions stated and agree to comply with these.
- I/We declare that I/we am/are fully aware of the Money Laundering Prevention ordinance, 2008 and I/we shall not do any act/transaction in contravention of the provisions of the said act. I/we also commit to provide necessary information/documents which may be required by the bank from time to time.
- I/We hereby confirm : (to open a current account please tick and fill up if appropriate)
 - That I am/we are not enjoying any credit facility from any other bank/any other branch of your bank and undertake to inform you in writing as soon as any credit facility is availed by me/us from any other bank or any other branch of your bank.
 - That I am/we are/our concern is enjoying credit facilities from other bank (s)/any other branch of your bank as are furnished below:

Branch/Bank	Account No.	Nature of Credit	Amount O/s	Validity

 Signature of 1st applicant
 Full Name :
 Date :

 Signature of 2nd applicant
 Full Name :
 Date :

 Signature of 3rd applicant
 Full Name :
 Date :



AB Bank Limited

Branch

Recent
Passport Size
Color
Photograph

Date
D/D M/M Y/Y/Y/Y

ACCOUNT OPENING FORM : PERSONAL INFORMATION

(After filling this form it should be attached with main part of Individual and Corporate Account Opening Form)

Account Number

Customer ID

PARTICULARS OF CUSTOMER

Name : _____
Relationship with the Account : 1st Applicant 2nd Applicant 3rd Applicant Director Partner
 Minor Attorney Holder Signatories Others _____

Father's Name : _____

Mother's Name : _____

Spouse Name : _____ No. of Children _____

Nationality : _____ National ID No. _____ TIN No. (if any) _____

Date of Birth : _____ Place of Birth _____ Gender _____

Sex (Please) : Male Female

Occupation (With Designation) : _____

Passport No. (if any) : _____ Validity _____ Place of Issue _____

Driving Licence No (if any) : _____ Validity _____ Place of Issue _____

Other Identification (if any) : _____

Marital Status (Please) : Married Single Widow Divorced/Separated

Education (Please) : None Primary SSC/HSC Graduate/Post Graduate

Residence Status (Please) : Resident Non-Resident

Present Address (Residence) : _____
 Rented Own Private House Living Partner's House

Permanent Address : _____

Occupational Address : _____

If Business, Please mention the Nature of Business _____

Contact : Tele No. Res _____ Office _____ Mob. _____ E-mail _____

Personal Income BDT (Per month) : Less than 15,000 15,001 - 25,000 25,001 - 40,000
 40,001 - 70,000 70,001 - 1,20,000 More than 1,20,000

Household/Other Income (Per month) : Less than 15,000 15,001 - 25,000 25,001 - 40,000
 40,001 - 70,000 70,001 - 1,20,000 More than 1,20,000

Source of Income : _____

Car Ownership (Please) : Yes No

Credit Card Information : Issuing Institution _____ Card No. _____ Expiry Date _____
Issuing Institution _____ Card No. _____ Expiry Date _____

Existing Banking Relationship (if any)
1. Name of Bank _____ Branch _____ Deposit A/C Loan A/C Others _____
Account No. _____ Account Title _____
2. Name of Bank _____ Branch _____ Deposit A/C Loan A/C Others _____
Account No. _____ Account Title _____

Note: Information should be provided in compliance of banking guidelines for foreign exchange transactions (if required).

EXPECTED TRANSACTION PROFILE

[To be filled by the Applicant/Customer(s)]

Name of Applicant/Customer(s) : _____

Account Type : CD / STD /SB/FDR/Other (Please specify) _____

Reference Account Number _____

Personal net worth (in case of individual) : BDT _____

Company net worth (In case of Company) : BDT _____

Source of Fund : _____

Type of Transaction (Deposit)	No. of Transactions (monthly)	Maximum Size (Per Transaction) (Tk lac)	Total Value monthly (Tk lac)
Cash deposits (With online)			
Transfer/Instrument Deposits			
Incoming Remittance (local)			
Incoming Remittance (foreign)			
Cash Collection			
Cheque Collection			
Foreign Currency Cheque Collection			
Receipt of Export Proceeds			
Other (specify)			
Total Expected Deposit			

Type of Transaction (withdrawal)	No. of Transactions (monthly)	Maximum Size (Per Transaction) (Tk lac)	Total Value monthly (Tk lac)
Cash withdrawals (including online/ATM)			
Transfer/Instrument Payment			
Outgoing Remittance (local)			
Outgoing Remittance (foreign)			
Letters of Credit			
Letters of Guarantee			
Credit Card Payment			
FC/Travellers Cheques			
Investment Transaction			
Loan facilities			
Pay roll cards			
Other (specify)			
Total Expected Withdrawal			

Note : Please use additional sheets if required.

I/We, the undersigned, hereby confirm that this Transaction Profile truly represents the transactions arising out of occupation or the normal course of business of my/our firm/company/organization. I/We also confirm to notify the bank and submit a fresh transaction profile, if my/our income sources increase/decrease, from time to time.

(1) First/Sole applicant

(2) Joint applicant

(3) Joint applicant

Signature			
Name & Designation			

Date : _____



AB Bank Limited

..... Branch

.....200.....

Gentlemen :

FCAD/FCAP ACCOUNT NO.

--	--	--	--	--	--	--	--	--	--

With reference to the Foreign Currency Account opened/to be opened in my name with your Bank under the Wage Earner Scheme, I -----

_____ do hereby nominate and authorize Mr. _____
_____ of _____

(address in Bangladesh)

who is a Bangladeshi national to operate on the said Account.

Please honour his signature in connection with the operation of the account under this authority. His specimen signature is given below as well as in the attached Account Opening Card duly attested by me.

Subject to the laws and the Rules as may be in force from time to time, I do hereby authorize him to operate upon the account generally and in particular to do the following.

- (1) To convert foreign currency balance into local currency for local disbursement.
- (2) To transfer foreign currency balance to any other foreign currency account.
- (3) To release/transfer foreign exchange out of foreign currency balance in my account permitted to him or to any other person in/outside Bangladesh as permitted under the scheme.
- (4) To apply for advance import permit then in his name or in the name of any other person against balance in my above account.
- (5) To apply for import licence against surrender of advance import and open letter of credit there against.
- (6) To give authority shall continue in full force until I expressly revoke it by a notice in writing and deliver it to you and I agree to be responsible for due repayment of any monies due to you on the account or otherwise and purported to have been incurred on my behalf by the above authorized person whether such liabilities have been or shall be incurred in the usual course of business or not and notwithstanding any default, omission negligence or fraud on the part of the authorized person .

Yours faithfully,

Specimen signature of the Nominee

The above signature is attested.

ACCOUNT HOLDER

SIGNATURE OF THE ACCOUNT-HOLDER

LETTER OF AUTHORITY FOR OPERATING FOREIGN CURRENCY ACCOUNT UNDER WAGE EARNERS SCHEME

FCAD/FCAP Account No.

STYLE OF ACCOUNT					
 AB Bank		AB Bank Limited _____ Branch Date: _____			
		I/We the undersigned, request you to open a Foreign Currency Account in US Dollar/Stg. Pound in my/our name(s). I/We agree to comply with and be bound by the rules and regulations of the Bank relating to this Account and any amendments thereto. Declarations are on the reverse side.			
PRINT FULL NAME		SIGNATURE			
A/C HOLDER :					
"					
"					
"					
SPECIAL INSTRUCTIONS:		INTRODUCTIONS BY :			
		Verified by		Approved by	

WTS 001

**AB BANK LIMITED
DECLARATION**

I hereby declare that I am a Bangladeshi National/person of Bangladesh origin and ordinarily resident in

 (country of residence)

having profession as I hold passport
 No dated issued at
 by.....

I further declare and confirm that I do not receive any foreign exchange from Bangladesh and my income is not derived from any Bangladesh sources.

I give below my address and shall intimate to you any change in the same.

I hereby nominate and authorise Mr./Mrs./Ms.
 of
 (full address)

to operate my account as per separate letter of authority enclosed.

Full Name	Occupation	Full Address

Yours faithfully,

.....