



ACCOUNT OPENING FORM
DEPOSIT SCHEME (INDIVIDUAL)

হিসাব খোলার আবেদনপত্র
ডিপোজিট স্কিম (ব্যক্তিক)

Branch

Account Title

Account Number

Branch Code				Customer ID				Suffix					

DEPOSIT SCHEME APPLICATION FORM

INDIVIDUAL Single Joint Minor

Date

UCIC for existing relationship

The Manager
AB Bank Limited

Account Number

DDS/MIDS Receipt Number

..... Branch

Dear Sir/Madam,

I/We do hereby apply for opening a Deposit Scheme Account with your Branch. My/Our Account related and personal information is furnished below:

Account Information

1) Title of Account

In English (Block Letter) :

বাংলায় :

2) Deposit Scheme Information

Deposit Double Scheme (DDS): Principal Deposit Tk..... In Word Tk.....

Monthly Income Deposit Scheme (MIDS): Principal Deposit Tk..... In Word Tk..... Monthly Income Tk.....

Term: 01 (One) Year 03 (Three) Years 05 (Five) Years Others.....

Monthly Savings Deposit Scheme (MSDS): Monthly Deposit Tk..... In Word Tk.....

Term: 03 (Three) Years 05 (Five) Years 07 (Seven) Years 10 (Ten) Years Others.....

Millionaire Scheme Account (MSA): Installment Size Tk..... Initial Deposit Tk..... Term.....Years

Deposit Double Installment Scheme (DDIS): Installment Size Tk..... Initial Deposit Tk..... Term.....Years

Others (Please Specify).....

3) Standing Instruction:

DDS: Please credit the principal and interest upon Maturity to Account No.

MIDS: Please credit the monthly income to Account No.

MSDS: Please debit the monthly installment from Account No.

MSA: Please debit the monthly installment from Account No.

DDIS: Please debit the monthly installment from Account No.

Others:.....Account No.

4) Account Operating Instructions

Singly Jointly Anyone Either or Survivor Others (Please Specify) :

Personal Information* (For Walk-in Customer Only)

1) Name of Applicant

In English (Block Letter) :

বাংলায় :

2) Date of Birth :

3) Gender: Male Female Others :

4) Father's Name :

5) Mother's Name :

6) Spouse's Name :

7) Nationality : Resident Non-Resident

8) Occupation : 9) Monthly Income : 10) Sources of Income :

11) Tax ID Number (TIN), if available :



* Separate Personal Information Forms (PIF) have to be filled up as attachment(s) to this form (i) for each Applicant of Joint Accounts (ii) for Guardian of the Minor (Father/Mother or any other legal guardian) of Minor Accounts (iii) for Beneficial Owner, if any.

Initial of Assigned Officer

Initial of BOM/BRM

12) a) Present Address

House Name : Flat No. : Road No./Name :
 Village/House/Holding No./Area : Block/Sector/Section : Police Station :
 Post Office : Post Code : District : Country :
 Phone/Mobile Number : e-mail ID :

b) Permanent Address (If different from Present Address)

House Name : Flat No. : Road No./Name :
 Village/House/Holding No./Area : Block/Sector/Section : Police Station :
 Post Office : Post Code : District : Country :

13) ID Document : NID Passport Birth Registration Certificate Others (Please Specify)*

ID Number :

Introducer's Information (Only required if Applicant does not have NID)

Name :

a) Account Number Or

b) NID Number : Date of Birth :

Contact No. :

Introducer's Signature with Date : Signature verified (Initial)

Guardian's declaration for minor Account

I, as the guardian named below of the Applicant, declare that the Applicant is a Minor. His/her and my required information is furnished in the attached Personal Information Form. The account will be operated under my signature as the guardian until such time the Applicant becomes an adult or until further written instructions from me. (Guardian means Natural or Legal Guardian).

Name of Guardian : Relationship with minor :

Nominee Information**

1 copy of Nominee's recent coloured passport size photograph attested by the Applicant

I/We nominate the following person(s) to receive the balance of this account in the event of my/our death. I/We shall have the right to cancel or amend this nomination at any time. I/We further confirm that Bank shall make payment as per this instruction and the payment made by the Bank to the nominee(s) shall constitute a full discharge of its liabilities in respect of such deposits/balance.

Number of Nominee(s) Type of Nominee Minor Adult

1) Name of Nominee :

a) Date of Birth b) Relationship with Applicant : c) Percentage of Share :

d) Permanent Address

House Name : Flat No. : Road No./Name :
 Village/House/Holding No./Area : Block/Sector/Section : Police Station :
 Post Office : Post Code : District : Country :
 Phone/Mobile Number : e-mail ID :

e) ID Document : NID Passport Birth Registration Certificate Others

ID Number :

2) For minor nominee(s) remaining minor in the event of the death of the Applicant(s), the person with following details shall be eligible to receive the minors' share of remaining credit balance of the account as per section 103(2) of Banking Companies Act 1991.

a) Name : b) Relationship with Nominee :

c) Permanent Address

House Name : Flat No. : Road No./Name :
 Village/House/Holding No./Area : Block/Sector/Section : Police Station :
 Post Office : Post Code : District : Country :
 Phone/Mobile Number : e-mail ID :

d) ID Document : NID Passport Birth Registration Certificate Others (Please Specify)*

ID Number :

* Only applicable for Financial Inclusion Products and acceptable to the Bank.

** Separate Nominee Information Form(s) to be filled up as attachment(s) to this form for more than one nominee.

Initial of Assigned Officer

Initial of BOM/BRM

Specific Terms and Conditions

Deposit Double Scheme (DDS)

1. DDS can be opened by Individual or by Organization where the money is doubled in a specific time period.
2. For premature encashment no interest shall be paid within 1 (one) year of opening of the account. Prevailing generic Savings Account interest rate shall be applied for each unbroken 6(six) months period if premature encashment is made after 1 year and prior to maturity date. No compounding of interest shall be allowed for premature encashment.
3. Loan may be allowed against lien of DDS at absolute discretion of Bank.

Monthly Income Deposit Scheme (MIDS)

1. May be opened with minimum amount of Tk. 50,000.00 (Fifty Thousand) with no upper ceiling.
2. Tenure: 1 (one); 3 (three) or 5 (five) years.
3. Auto renewal shall be applied on expiry in absence of customer's renewal instruction.
4. For premature encashment no interest shall be paid within 1 (one) year of opening of the account. Prevailing generic Savings Account interest rate shall be applied for each unbroken 6 (six) months period if premature encashment is made after 1 (one) year and prior to the maturity date. No compounding of interest shall be allowed for premature encashment. Interest, already paid, shall be adjusted from amount payable to customer.
5. Customer shall have to open a link Account to ensure the credit of monthly interest income.
6. Loan may be allowed against lien of MIDS at absolute discretion of Bank.

Monthly Savings Deposit Scheme (MSDS)

1. May be opened with minimum Tk. 500 or its multiple, however for the branches outside municipal area the minimum monthly deposit will be Tk. 100.
2. Tenure: 3 (three); 5 (five); 7 (seven); or 10 (ten) years.
3. Customers may open at any day of the month. Subsequent monthly deposits shall be due on the same dates. To avoid penalty the customer will get a 7 (seven) days grace period from the payment date. Failure to deposit within grace period will be subject to a monthly penalty of 5% on monthly deposit.
4. In case of premature encashment, client will receive the maturity value of the earlier tenure and prevailing generic savings rate for the broken period if it is more than 6 (six) months. However, no interest will be allowed if the deposit is not maintained for 1 (one) year. After completion of 1st year, the client will receive prevailing generic savings interest rate for each unbroken 6 (six) months period. No compounding of interest shall be allowed.
5. Failure to make deposit for consecutive three (3) months shall cease the MSDS relationship.
6. Loan may be allowed against lien of MSDS at absolute discretion of Bank.

Millionaire Scheme Account (MSA)

1. Customer has the option of making an initial deposit which will reduce the monthly installment size. Minimum initial deposit is Tk. 50,000 with maximum being Tk. 2,00,000. Any amount in between of the multiples of Tk. 25,000 can be deposited as initial deposit.
2. Tenure: 3 (three); 4 (four); 5 (five); or 6 (six) years.
3. Customers may open MSA at any day of the month. Subsequent monthly deposit shall have to be made within first 6 (six) days of calendar month.
4. Monthly 5% penalty fee on deposit Amount shall be charged, if customer fails to deposit within 06 (six) days of a calendar month.
5. No interest shall be paid if premature encashment is made within 06 (six) months of opening of the account. Prevailing generic Savings Account interest rate shall be applied if premature encashment is made after 6 months but less than the maturity date. No compounding of interest shall be allowed for premature encashment.
6. Failure to make deposit for consecutive 3 (three) months shall cease the MSA relationship.
7. Loan may be allowed against lien of MSA at absolute discretion of Bank.

Deposit Double Installment Scheme (DDIS)

1. Customer shall make an initial minimum deposit of Tk. 50,000.00 or its multiple with no cap on upper ceiling. Monthly installment will vary depending of the initial deposit amount.
2. Tenure: 3 (three) years.
3. Customer shall deposit Monthly Installment from 2nd month of opening of the Account till 36th month (total 35 number of Monthly Installments).
4. Monthly installment shall be deposited within the month. For default in depositing monthly installment, Bank shall charge 5% late payment fee on each defaulted monthly installment amount.
5. For premature encashment no interest shall be paid within 1 (one) year of opening of the Account. Prevailing generic Savings Account interest rate shall be applied for each unbroken 6 (six) months period if premature encashment is made after 1 year and less than 3 years. No compounding of interest shall be allowed for premature encashment.
6. Loan may be allowed against lien of DDIS at absolute discretion of Bank.

General Terms & Conditions

1 General

- 1.1 These conditions apply to each account opened with AB Bank and are binding on the Account Holder(s) and AB Bank. These conditions however, are subject to amendment from time to time.
- 1.2 If there is a conflict between these conditions and any agreement relating to a service or product provided to the Account Holder(s), then the agreement prevails.
- 1.3 An introduction is not required if the Account Holder has valid NID. For other IDs an introduction by a valid NID Holder or an Account Holder of AB Bank is required to open any account.
- 1.4 AB Bank may decide not to open an account if it is not satisfied with Account Holder(s) identity and/or intention of their request for opening the account.
- 1.5 Neither the Account Holder nor AB Bank may assign or transfer any of its rights or obligations under these conditions without the other's written consent, which will not be unreasonably withheld or delayed, provided that AB Bank may make such an assignment or transfer to a branch, subsidiary or affiliate if it does not materially affect the provision of services to the Account Holder.
- 1.6 If any provision of these conditions becomes illegal, invalid or unenforceable under any applicable law, the remaining provisions of these conditions will remain in full force and effect (as will that provision under any other law).
- 1.7 No failure or delay of the Account Holder or AB Bank in exercising any right or remedy under these conditions will constitute a waiver of that right. Any waiver of any right will be limited to the specific instance.
- 1.8 The Account Holder consents to the Bank's monitoring or recording of telephonic or electronic communications for security and quality of service purposes.
- 1.9 Written notice shall be effective if delivered to the Account Holder's principal mailing address, email address, cell phone specified in the Account Opening Form (or in any other acceptable manner) or address on the most recent statement for the relevant Account.
- 1.10 AB Bank abides by restrictions and sanctions imposed by the government of Bangladesh and other competent local/international bodies. The balances and transactions in all accounts shall be subject to the same restrictions and sanctions. AB Bank reserves the right to refuse to become a party to any transaction that may violate the same.
- 1.11 Account Holder also agrees to provide necessary information for Bank to prepare KYC profile as per prevailing Acts for Money Laundering Prevention and Combating Anti-Terrorism.
- 1.12 Bank may make any currency conversion at its spot rate of exchange for the relevant currencies at the time of conversion, if required.
- 1.13 All accounts of foreign companies and all foreign currency accounts shall be operated in accordance with the general or special permission of Bangladesh Bank, the applicable provisions of the Foreign Exchange Regulation Act, Guideline for Foreign Exchange Transactions and any rule, direction, regulation or order made thereunder.
- 1.14 As per clause 35 of Banking Companies Act 1991, deposit of the account including interest thereon shall be transferred to Bangladesh Bank after 10 years if there is no transaction during that period in the said account by the Account Holder.
- 1.15 The Bank reserves the right to vary, modify and add to these terms and conditions and levy charges at any time, without notice and without assigning any reason whatsoever.
- 1.16 No cheque book will be issued.
- 1.17 "Non-negotiable and Non-transferable" deposit advice shall be given to the depositor as a receipt.
- 1.18 Standing instruction can be executed for MSDS/MSA/DDIS/MIDS.
- 1.19 For encashment, the Customer shall submit the duly discharged Advice of the Scheme.

2 Communications

- 2.1 AB Bank is not responsible for errors or omissions made by the Account Holder or the duplication of any communication by the Account Holder and may act on any communication by reference to an account number only, if it reasonably believes that it contains sufficient information.
- 2.2 AB Bank may decide not to act on a communication where it reasonably doubts its contents, authorization, origination or compliance with the procedures and will promptly notify the Account Holder (by telephone if appropriate) of its decision.
- 2.3 If the Account Holder informs AB Bank that the Account Holder wishes to recall, cancel or amend a communication, AB Bank will use its reasonable efforts to comply.
- 2.4 The Account Holder understands, acknowledges and accepts that communication sent via facsimile machines, internet, diskettes or any other method over public lines, is not encrypted, and that these transmission methods are not necessarily secure means of transmission and delivery of information, and that there are associated risks including breach of confidentiality, possible unauthorized alteration and/or all responsibility in this regard including as to any misuse of communication, and to hold AB Bank harmless for any cost or loss that the Account Holder may incur due to the same and any error, delay or problem in transmission or otherwise.
- 2.5 For Joint Accounts all communications / statements shall be addressed to the 1st Applicant.

3 Account Operations

- 3.1 Each Deposit Scheme account will be given one account number. This number is to be properly quoted on all letters and/or documents addressed to the Bank and on all deposit slips. The Bank will not be responsible for any loss or damage occurring as a result of wrong quotation of account number.
- 3.2 For the accounts opened in the name of two or more persons or in the name of a firm/ company/trust/ association, special instruction about the operation of the account by the signatories should be specified.
- 3.3 In a joint/partnership account where the account can be operated by authorized signatories individually, if prior to acting on instruction(s) of one authorized signatory, contradictory instruction(s) is/are received from any other authorized signatory, the Bank shall act on the joint and collective instruction(s) or mandate of all the authorized signatories.
- 3.4 If the Account Holder is more than one individual, it is agreed that they shall be joint and severally liable and reference to the Account Holder will refer to all such persons collectively. However, the Bank is authorized to deal with any of such persons unless instructed otherwise by the Account Holder(s).

- 3.5 The Account Holder shall inform AB Bank in writing about any change in the Account Holder address and contact details or residential status as and when such changes take place.
- 3.6 In case of death of the Account Holder(s) or any of the authorized signatories, the Bank must be notified with supporting papers i.e., Death Certificate issued by competent public authority or registered doctor or other functionary acceptable to the Bank.
- 3.7 The Bank may block any/all of Account Holder's account(s) (and later remove the block) at any time or withhold and pay out the required amounts from any of Account Holder's account(s) at any time, if a regulatory or tax authority requires the Bank to do so, or the Bank is otherwise required by law, order or sanction of any authority or pursuant to agreements with any regulator or authorities (either domestic or overseas) to do so.
- 3.8 AB Bank will supply instruments to the Account Holder and the Account Holder will make reasonable efforts to avoid any fraud, loss, theft, misuse or dishonor in respect of them. The Account Holder will promptly notify AB Bank in writing of the loss or theft of the instrument(s).
- 4 Interest, Fees and other Charges**
Any government taxes, duties and other levies will be realized by the Bank as per government regulations.
- 5 Performance**
- 5.1 AB Bank will perform in good faith and with reasonable care, as determined in accordance with the standards and practices of the banking industry, and may use any communications, clearing or payment system, intermediary Bank or other entity it reasonably selects. AB Bank's performance is subject to the rules and regulations (including governmental acts, orders, decrees and regulations) at any time prevailing in the Country.
- 5.2 AB Bank will not be responsible for any failure to perform any of its obligations with respect to any Account if such performance would result in it being in breach of any law, regulation or other requirement of any governmental or other authority in accordance with which it is required to act or if its performance is prevented, hindered or delayed by a Force Majeure Event, in such case its obligations will be suspended for so long as the Force Majeure Event continues. "Force Majeure Event" means any event due to any cause beyond the reasonable control of the relevant party, such as restrictions on convertibility or transferability, requisitions, involuntary transfers, acts of God, Civil Commotion, strikes or industrial action of any kind, riots, insurrection, war or acts of government.
- 6 Account Holder Information**
The Account Holder hereby consents for AB Bank or any of its affiliates (including Branches) to share his/her/their information with domestic or overseas regulators or tax authorities where necessary to establish Account Holder's tax liability in any jurisdiction pursuant to orders, agreements with any such regulators or tax authorities or otherwise.
- 7 Law; Jurisdiction; Immunity**
- 7.1 In relation to any Account these conditions are governed by the laws of Bangladesh.
- 7.2 In relation to any Account the courts of Bangladesh where the Account is held have non-exclusive jurisdiction to hear any dispute arising out of or in connection with these conditions and the Account Holder and AB Bank irrevocably submit to the jurisdiction of such courts.
- 7.3 Each of the Account Holder and AB Bank waives any right it may have to immunity from legal proceedings or execution.
- 8 Liabilities, Joint and Several**
- 8.1 The Account Holder agrees and fully indemnifies AB Bank against claims, losses, damages, liabilities of any nature or expenses incurred or suffered by AB Bank in liquidating any deposit, executing stop payment instruction(s), as a result of any breach, default, negligent or fraudulent act or omission by the Account Holder in connection with any Account, for acts or actions undertaken in good faith by it on the Account Holder's communication, whether or not acting upon or making payment in respect of any forged or counterfeit instrument, any act or omission (or any delay) in response to instructions to AB Bank, together with any and all attendant cost and expenses, including AB Bank's reasonable legal fees and expenses. Pursuant to the above, the Account Holder irrevocably hereby agrees, upon demand, to pay such amounts to AB Bank.
- 8.2 These conditions shall be binding upon the respective heirs, executors, administrators, successors, or permitted assigns (as the case may be) of each Account Holder.

Declaration

I/We have read and understood the rules governing the DDS/MIDS/MSDS/MSA/DDIS and I/we solemnly agree to abide by the rules.

I/We confirm that all information and supporting documentation provided in relation to my/our Deposit is correct and that I/we shall provide additional information and supporting documentation as and when required by the Bank.

I/We agree to provide any document(s) required by the Bank from time to time and to abide by the rules and policies of the Bank for the conduct of such account(s). I/We am/are fully aware of the prevailing Anti Money Laundering Act, and declare that I/We shall not do any act/transaction in contravention of the provision of the said Act. I/We have read and agreed with all sections of the Account Opening Form and Terms & Conditions of the Account and also agree to be bound by any amendment made by you as and when necessary. I/We agree to inform you of any changes in the information provided in this Form or in related documents.

I/We solemnly declare that I/We have not been refused banking facilities by any other Bank before approaching you for opening of my/our account.

I/We hereby confirm that all information/declaration/instruction/authorization provided by me/us relating to my/our operating account, and all terms and conditions and any subsequent changes thereon including specific Terms & Conditions mentioned above shall be applicable to this Deposit.

Signature	Signature	Signature	Signature
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Name :	Name :	Name :	Name :
Date :	Date :	Date :	Date :
1 st Applicant*	Joint Applicant	Joint Applicant	Joint Applicant

For Bank Use Only

Account Opened by

Signature with Date

Name & Designation Seal

Reviewed and Approved by

Signature with Date

Name & Designation Seal

*If the Applicant is a minor then his/her guardian (Father/Mother or any other legal guardian) shall sign in place of the Applicant as the signatory to the account

Foreign Account Tax Compliance Act (FATCA) Declaration Form
(Account Opening Form Supplement)

This form must be completed by each Individual concerned with opening of an Account with AB Bank Limited

Please fill in BLOCK LETTERS

Name :					
Country of Residence :					
Country of Birth :					
Please Tick "√" Yes or No for each of the following :					
1. Are you a U.S. Resident?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">Yes</td> <td style="width: 50px; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
2. Are you a U.S. Citizen?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px;"></td> <td style="width: 50px;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
3. Do you hold a U.S. Permanent Resident Card (Green Card)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px;"></td> <td style="width: 50px;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				

I hereby confirm that the Information provided above is true, accurate and complete.

I hereby consent for AB Bank Limited or any of its affiliates (including branches) (Collectively the Bank) to share my Information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction.

Where required by domestic or overseas regulators or tax authorities, I consent and agree that the Bank may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

I undertake to notify the Bank within 30 (thirty) calendar days if there is a change in any Information which I have provided to the Bank.

Name :
Signature :
Date :

Initial of Assigned Officer

Initial of BOM/BRM