ACCOUNT OPENING FORM
MUDARABA DEPOSIT SCHEME (INDIVIDUAL)

Branch

Account Title

Account Number

Customer ID

এবি ব্যাংক লিমিটেড

AB Bank
Dear Sir/Madam,

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

**MUDARABA DEPOSIT SCHEME APPLICATION FORM**

<table>
<thead>
<tr>
<th>Date</th>
<th>Customer ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>D D M Y Y Y Y</td>
<td></td>
</tr>
</tbody>
</table>

The Manager  
AB Bank Limited  

Dear Sir/Madam,

I/We do hereby apply for opening a Mudaraba 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): .................................................................

2) **Mudaraba Deposit Scheme Information**
   a) **Type of Account**
      - MTD  
      - MMPPD  
      - MPDS  
      - MHDS  
      - MMSD  
      - MCWQD  
      - Others (Please Specify)
      - Amount in Figures: ..............................................................
      - In Words: ...........................................................................
      - Tenor: ...............................................................................  
      - Date of Maturity: ..............................................................

   b) **Account Debit Instruction**: Please debit my/our account

   c) **On Maturity**:
      - Renew Principal plus Profit at provisional Profit rate
      - Renew Principal at provisional Profit rate and pay Profit
      - To Account: .................................................................  
      - By Cash  
      - By Pay Order
      - Encash the Mudaraba Deposit Scheme and pay Principal plus Profit
      - To Account: .................................................................  
      - By Cash  
      - By Pay Order

3) **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): .................................................................

2) **Date of Birth**: D D M Y Y Y Y

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**: .................................................................

12) **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: .................................................................

* 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.

<table>
<thead>
<tr>
<th>Initial of Assigned Officer</th>
<th>Initial of BOM/BRM</th>
</tr>
</thead>
</table>

Page-1
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 Introducer’s Signature with Date
Contact No.
a) Account Number               Or
b) NID Number
13) ID Document
Village/House/Holding No./Area : ................................................. Block/Sector/Section : ................................................. Police Station :
Post Office : ........................................................................... Post Code : ................................................. District : ................................................... Country :
ID Number :

Introducer’s Information (Only required if Applicant does not have NID)
Name :
a) Account Number Or
b) NID Number : ................................................. Date of Birth : D D M M Y Y Y
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**
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. Please note that the nominee(s) at his/her/their own responsibility will distribute the net balance of the account(s) among my/our successor(s) as per inheritance Law of Islamic Shariah and Bank shall not in any way be responsible in this regard as the bank’s liability ends after payment of the balance(s) to the nominee.

Number of Nominee(s) Type of Nominee Minor Adult
1) Name of Nominee:
   a) Date of Birth D D M M Y Y Y
   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 (Please Specify)*
   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 ............................................................

Page-2
Specific 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 Any failure or delay of the Account Holder or AB Bank in exercising any right or remedy under these conditions will not 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 Exchange Act, Bangladesh, the Money Laundering Regulation Act, Guideline for Foreign Exchange Transactions and any rule, directive, regulation or order prevailing at that 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.
1.14 As per clause 35 of Banking Companies Act 1991, deposit of the account including Profit 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.

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 Mudrabara 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.
3.2 The Bank will not be responsible for any loss or damage occurring as a result of wrong quotation of account number.
3.3 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.
3.4 In a joint/partnership account where the account is 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.
3.5 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/or remove the 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, on demand, to pay such amounts to AB Bank.
3.8 These conditions shall be binding upon the respective heirs, executors, administrators, successors, or permitted assigns (as the case may be) of each Account Holder.
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 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.

Name: .........................................................................................................................
Country of Residence: ........................................................................................................
Country of Birth: .............................................................................................................

PleaseTick "√" Yes or No for each of the following:

1. Are you a U.S. Resident?

   Yes
   No

2. Are you a U.S. Citizen?

   Yes
   No

3. Do you hold a U.S. Permanent Resident Card (Green Card)

   Yes
   No

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: ..............................................................................................................................

*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.