



Branch

Account Title

Account Number

Branch Code				Customer ID				Suffix			

Link Account Number
(CASA)

Branch Code				Customer ID				Suffix			

FIXED DEPOSIT APPLICATION FORM

INDIVIDUAL ACCOUNT

Single

Joint

Date

CASA Account Number

The Manager
AB Bank Limited

FD Account Number

FD Receipt Number

..... Branch

Dear Sir/Madam,

I/We do hereby apply for opening an AB Nischinto Fixed Deposit 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) Fixed Deposit Information

a) Amount in Figures : In Words : Rate of Interest :

Tenor : 1 Year Others (Please Specify) : Date of Maturity :

b) Life Insurance Benefit BDT Maximum

c) Account Debit Instruction : Please debit my/our account

d) On Maturity:

Renew Principal plus Interest at prevailing interest rate

Renew Principal at prevailing interest rate and pay Interest

To Account

By Cash By Pay Order

Encash the FDR and pay Principal plus Interest

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) :

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 :

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 :

2 copies of
recent coloured
passport size
photograph

* 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 Beneficial Owner, if any.

Initial of Assigned Officer

Initial of BOM/BRM

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

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)

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 :

* 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 & Conditions

Specific Terms and Conditions for "AB Nischinto"
(Fixed Deposit with insurance coverage)

A savings or current account has to be maintained with AB Bank prior to opening of AB Nischinto Account, the reference of which shall be recorded in AB Nischinto Account form. A minimum balance of Taka 25,000.00 shall have to be maintained in that account.

All new or existing Fixed Deposit Accountholders can be enrolled under the insurance coverage automatically by signing Application and GOOD HEALTH DECLARATION (GHD) FORM for Evidence of Insurability (EOI) attached to the Account Application Form and acceptable to MetLife as satisfactory Medical Evidence of Insurability. No medical report will be required if the Good Health Declaration Form is acceptable to MetLife as satisfactory Medical Evidence of Insurability. Accountholder will not have to make any premium payment for the coverage.

AB Bank reserves the right not to open AB Nischinto Account or to discontinue such account if the customer fails to meet insurance eligibility criteria while opening the account or at a later stage it is identified that he/she no longer meets the insurance criteria.

There will be only one coverage per Accountholder irrespective of the number of FDR s/he might maintain with AB Bank Ltd. at a certain time. The Duration of Insurance Coverage shall be for the full deposit term from the Date of Enrolment. However, in case a customer opens multiple FDRs, the Duration shall be up to the latest maturity date of the FDRs.

Terms and conditions of "AB Nischinto" Fixed Deposit insurance policy which will be as provided by American Life Insurance Company (MetLife). Any claim under the insurance has to be lodged directly with American Life Insurance Company (MetLife). AB Bank shall not bear any responsibility and liability for the settlement of any claim.

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 AB Nischinto.
- 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 FD 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 terms and conditions of AB Nischinto fixed deposit and insurance coverage policies and procedures of MetLife.

I/We hereby confirm that all information/declaration/instruction/authorization provided by me/us relating to my/our operating AB Nischinto 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

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="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Yes	No						
Yes	No								
2. Are you a U.S. Citizen?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Yes	No						
Yes	No								
3. Do you hold a U.S. Permanent Resident Card (Green Card)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Yes	No						
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 :

For Bank Use Only

Account Opened by

Signature with Date

Name & Designation Seal

Reviewed and Approved by

Signature with Date

Name & Designation Seal

Initial of Assigned Officer

Initial of BOM/BRM