## **Foreign Currency Account**



## Account Opening Form - Term Deposit Please fill the form in BLOCK LETTERS only. Fields marked \* (star) are MANDATORY

_	Date	D D	M	YYYY
	For	Bank Use On	ly	
Customer ID	[			
FDR Number				

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The Manager,													L															
Pubali Bank PLC						ы	ranch																					
Dear Sir/Madam,																												
I/we am/are applying to open	n a Term De	posit Ac	count ii	n your	Branc	h. All	inforn	natio	n requ	iired to	э Ассо	unt O	peni	ng is g	iven	belo	w:											
							A	PP	LIC	ANT	T DE	TA	ILS															
Account Title:	English		П												T													
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	Bangla												1															
Type of Account		П			Term [	Deposi	it																					
Currency		Ħ	US	SD		1		GBP			Г	EURC	)	Г	1		Others	7										
Nature of Term Deposit		Ħ	Individ	ual	Ē	Ī	Joint								_													•
Mode of Operation			Singly		Ī		Joint	ly			Otl	ners/S	pecia	l Instru	ction	۱.												
					TE	RM	I DE	PC	SIT	(FE	D) II	NFC	DRI	MA <sup>-</sup>	TIC	NC												
Amount (In Figure)								Amou	nt (In \	Nords)																		
* Tenor/Period							7	Intere	st Rate																			
Auto Renewal		$\Box$	NO		Y	es. Re	_			and In	terest				Ye	s. Ren	ew Princ	inal (	Only a	nd Cre	dit I	Intere	st to	the rel	ation	shin A	/C	
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		Note: Ir	case of	auto re	newal,	if pric	or writt	en no	tice is	not ser	ved to	the ba	nk, th	ne bank				renev	w the	princip	oal p	lus pr	ofit			1		
		only for	the peri	od as p	er Ban	ks rule	on the	e matı	urity at	prevai	ling rat	e of p	rofit.	If No se	electe	ed, ple	ase pro	/ide t	he A/	C no fo	r er	ncashr	nent.					
					RE	ELA	TIC	NS	HIE	P AC	CO	UN	T [	DET.	ΑI	LS												
Relationship A/C Title																												
Relationship A/C No.																												
					CO	MI	ΝUI	NIC	AT	ION	/LC	CA	L/	ADD	RI	ESS												
Account Holder's Name (BLOCK I	LETTER)																											
Date of Birth		D D	N	ИΝ	7	Y	Υ	Υ				Male					emale	]			Th	ird Ge	ender					
Mobile Number													E-ma	ail (BLO	CK L	ETTER	)											
Father's Name			Ш							Ш																		
Mother's Name																												
Spouse's Name																												
Nationality												Resi	denti	al Statu	ıs			Res	sident	t			N	on-Re:	siden	t		
												(For No	on-Resid	dent Status	, Guide	elines for	Foreign Excl	nange Tr	ansactio	ons directi	ves to	be follo	wed by	the Bank)				
Identity Document				NID				P	asspor	t			В	irth Cei	rtific	ate												
			Drivi	ng Licer	ise	Ĺ	] [	Em	ployee	ID	Ė	] [		Stude	nt ID	)	]											
Identity Document Number																	Valid	ty/Ex	piry		D	D	1	M M	Ī	Υ	Υ	Y
Monthly Income				-		•	-	•			Pro	fessio	n (De	etails)										•	•		•	
Source of Fund											TIN	l (If av	ailabl	le)														
Communication/Local Addre			T							$\overline{\Box}$								i	i				1	t	<u> </u>			
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Permanent Address	ess					1									L								 					

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NOMINEE INFORMATION																																		
I/We, nominate the following person(s) to rec	eive/	drav	v the	bala	nce l	held i	n my/	our	acc	count	t aft	er my	y/oı	ır dea	ath.	I/We	reser	ve th	e righ	nt to	cance	1					1							
or change this nomination at any time. I/We h	ereby	y acc	ord	my/c	our co	onser	nt tha	t the	e ba	ank sl	hall	not b	e lia	able ii	n an	ny mar	ner	whats	soeve	r to r	nake													
payment as per my/our instruction.																																		
Name of the Nominee																																		
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Address																																		
Relationship with A/C Holder																				i			Pei	cent	age		_						%	6
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Date of Birth	D	D		M	M	1	Υ	Υ	Υ	Y					_							-												
Identity Document				Ν	IID		ļ [				Pa	asspo	rt		L		L	Birt	h Cer	tifica	te													
			Dr	riving	Lice	nse					Emp	oloye	e ID	)				S	tude	nt ID														
Identity Document Number										Ī					Ī		Ī				1	V	alidit	v/Ex	oirv	1	D	D	M	М	Г	Υ	γ	УУ
							4.5						_								<u> </u>	_										_		
DETAILS OF GUARDIAN FOR MINOR NOMINEE (IF APPLICABLE)																																		
If the nominee remains minor during settlement of the deposit amount after my/our death, I/We hereby authorize the following person to receive/draw the amount as per Bank Company Act, 1991 section 103(2)																																		
Name of Authorized Person										T			T	Ţ	T		T	T	T	T			I								T	T		$ar{\Box}$
Relationship with Nominee				<u>.                                    </u>		· 				†	T	÷	Ť	$\dagger$	$\frac{1}{1}$	t	t	+	†	<del>:</del>	i	 	<del>i</del>	<u>.                                    </u>	 	i I	<del>!</del>		i		$^+$	÷	i	岢
•				<u> </u>		1				<u> </u>	+	<u> </u>	_		<u> </u>	_	+		<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>		<u> </u>	<u>                                     </u>		<u> </u>			ㅗ		
Permanent Address	Ш			<u> </u>			Ш								_	_	_					<u> </u>			<u> </u>		<u> </u>	Ш		Ш		$\bot$		Ш
Identity Document				Ν	IID						Pá	asspo	rt					Birt	h Cer	tifica	te													
	Driving License   Employee ID   Student ID																																	
Identity Document Number										Ī				i	ī	i	Ī			1	1	V	alidit	v/Ex	oirv	1	D	D	M	M	Г	γ	γ ,	v v
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ATCA Declaration Are you a US resident? Y N Do you hold a US Permanent Resident Green Card? Y N																																		
Are you a US citizen?  Y  N  Do you have a US residence address?  Y  N																																		
If your answer is yes to any of the questions, please fill up the additional supplementary account opening form for compliance of Foreign Account Tax																																		
Compliance Act (FATCA)																																		
I/We Hereby confirm the information provided above is true, accurate & complete. Subject to applicable laws, I hereby give consent to Pubali Bank PLC or any of its affiliates (including branches) (collectively 'The Bank') to share my information with domestic or overseas regulators, or tax authorities or other concerned authorities where necessary to establish my tax liability in any jurisdiction. Where required by domestic or overseas regulator or tax authorities, I consent and agree that the bank may withhold, and pay out, from my account(s) such amounts as may be required according to applicable laws, regulations, agreements with																																		
regulators or authorities and directives. I agree		_					•					-					,									_			,	-8	,	-6		
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						App	licant	's Na	ame	е																								
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1. Only PUBALI Bank accountholder(s) ca																																		
<ul><li>2. In case of nonresident nominee, if the</li><li>3. All Term Deposit will be auto renewed</li></ul>	•																	-			-												רווני	tomer
authorizes its closure.	act	iie į	piev	raiiiii	gıa	ie oi	proi	it ui	IIIC:	:33 LI	ie c	usto	iiie	ı gıv	es t	JIIIEI	E111 1	115111	ictio		vviiti	ig u	uiiii	g op	CIIII	ig U	tile	Term D	epo:	oit aiit	a unit	i tile	cus	tomer
4. The Bank reserves the right to change								_	•						•																			
<ol><li>The customer can close Term Deposenceshment policy for the respective Term</li></ol>														-		_					-								II ap	ply p	revai	ing	prem	nature
6. The Terms and Conditions are govern		•					•											•			,				•				ect c	r con	text,	the	term	is and
conditions of the link (current or savings)																									,									
<ul><li>7. In Case of minor as nominee, both min</li><li>8. The bank reserves the right to change</li></ul>																																		nt and
future levied by the government will be o																					,				,.	,	-,,-	,			,			
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I/We have signed this application form as	a to							diOi	resa	aı0 İ	ern	ııs ar	ıa C							e/us	and	alsc	cor	ııırm	ιna						1 900	ve IS	corre	ect.
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	Size Photograph	Pass	port Size Photograph		Passport Size Photograph	
	Signature		Signature		Signature	
	Name :	Name :		-	Name :	
	Name :	Name :		-	Name :	
	Date :	Date :		_	Date :	
	Mobile No :	Mobile N	o :	_	Mobile No :	
	l	FOR BANK U	SE ONLY			
Comments :						
	Account Opening O	Officer		Account App	roving Officer	

Signature and with Name seal of the officer

Signature and with Name seal of the officer