

Application for New Time Deposit

Date: / /

 YYYY MM DD

Please open a Time Deposit in accordance with the instruction(s) stipulated below:											
Customer Name:											
Debiting Account No. 561- _____											
Deposit Currency and Amount(in figure):		Term: (choose 1 option)									
		<input type="checkbox"/> Fixed Term: _____ Month(s)									
		<input type="checkbox"/> Specific Date: _____									
<div>Maturity Instruction</div> <div><input type="checkbox"/> Renew principal plus interest at prevailing interest rate.</div> <div><input type="checkbox"/> Termination upon maturity. Credit to account no. (<i>Should be same with</i>):</div> <div><div>account no. originally debited from:</div>_____</div> <div><input type="checkbox"/> Rollover principal amount. Credit interest to account no (<i>Should be same with</i>):</div> <div><div>account no. originally debited from:</div>_____</div>											
<div>The Terms and Conditions are subject to the updated</div> <div><u>“GENERAL TERMS AND CONDITIONS GOVERNING DEPOSIT ACCOUNTS”</u> .</div>											
CLIENT SIGNATURE(s):		<div><div></div><div>S.V.</div></div>									
<div>TO BE FILLED OUT BY THE BANK:</div> <div>TD RATE: _____</div> <table><tr><td></td><td></td><td></td><td></td></tr><tr><td>PREPARED BY:</td><td>CHECKED BY:</td><td>POSTED BY:</td><td>AUTHORIZED BY:</td></tr></table>								PREPARED BY:	CHECKED BY:	POSTED BY:	AUTHORIZED BY:
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