



Application for Fixed Deposit

Date _____

I/We request you to issue a Fixed Deposit Receipt in my/our name(s) follows :

| | | |
|--|--|--------------------|
| Amount Taka | | FDR. No. |
| Amount in words | | Term (months) : |
| In cover : <input type="checkbox"/> Please receive cash, <input type="checkbox"/> please debit my/our Account No..... <input type="checkbox"/> other | | Interest (%p.a)* : |
| | | Maturity : |

Full Name(s) _____

Address _____

_____ Telephone _____

Special Instruction. (Please tick the appropriate box)

- Encashment by either or survivor singly / jointly.
- To be renewed automatically with interest for the next period as per revised rate of interest, if any.
- Not to be renewed.
- On maturity, Interest to be transferred to A/c No. _____

Signature of Applicant(s)

For Bank;s use only

- Cover received by Cash Cheque Transfer.
- Application checked.
- Fixed Deposit issued to applicant

Authorised Signature

Authorised Signature

* Subject to the deductions of tax, levy etc. imposed by Government