



The Manager  
**Pubali Bank Limited.**

Date

□□ □□ □□□□

..... Branch

Fixed Deposit Account Number

Please open a Fixed Deposit Account with your Branch for

□□□□□□□□□□□□□□□□□□

Tk. .... (In words) .....

**APPLICANT INFORMATION**

Full Name ..... Date of Birth / Registration Date (If Corporate) .....  
(In Block letter)

Short Name ..... Sex :  Male  Female

Father's/Husband's Name ..... Marital Status  Single  Married

Mother's Name .....  Others .....

Address (Mailing) .....

..... Nature of Business .....

City ..... Zip/Postal Code ..... Religion ..... Profession .....

Country ..... Fax .....

Phone Number ..... Ext. .... Account No./Customer ID for Existing Customer Only

Mobile ..... □□□□□□□□□□

**Instruction Details**

**Account Status**

Single Account  Joint Account

**Period**

□□ Months

**Pay-in mode**

Cash  Cheque No. □□□□□□□□□□ Date □□ □□ □□□□

Bank ..... Branch .....

**Renewal Instruction**

Transfer from SB/CD/SND Account No. □□□□□□□□□□

No Instruction\*  Renew Principal and Interest

Redeem Principal and Interest  Renew Principal and Redeem Interest\*\*

\* Without instruction, neither principal nor interest will be automatically renewed on maturity date.  
\*\* At prevailing interest rate.

**Payout mode**

**Principal :**  By Cash  By PO  Transferring Account No. □□□□□□□□□□

**Interest :**  By Cash  By PO  Transferring Account No. □□□□□□□□□□

**Operating Instruction**

Singly  Jointly  Either or Survivor

**Instructions/Requirement of the Documents**

- a) One Copy Photograph of the Applicant(s)
- b) One Copy Photograph of the Nominee(s) duly attested by the Applicant(s)

**Nominee**

I/We nominate the following person(s) to receive payment of this FDR in case of my/our death:

Name of the Nominated Person	Address	Phone Number	Age	Relation	% of Share	Specimen Signature

I/We hereby declared that the above information furnished by me/us is true and complete. I accept and agree to be bound by the terms and conditions and the rules governing Fixed Deposit Account with Pubali Bank Limited.

.....  
(Signature of the Applicant(s))