



FIXED/CALL DEPOSIT ACCOUNT APPLICATION FORM

Please complete this form in capital letters.

A. INDIVIDUAL APPLICANT'S DETAILS

First Name _____ Middle Name _____ Last Name _____

ID/ Passport: _____ Date of Birth: ____/____/____

Email: _____ Phone No.: _____

(Tick where appropriate*) Fixed Call Duration: 3 6 12 Rate per Year: _____

Amount in Figures: _____

Amount in Words: _____

B. GROUP/ CORPORATE APPLICANT'S DETAILS

Group Name: _____

Date of Registration: ____/____/____ Registration No.: _____

Permanent Address: _____

Email: _____ Phone No.: _____

(Tick where appropriate*) Fixed Call Duration: 3 6 12 Other: _____

Amount in Words: _____

FD Maturity Instructions

- Renew principal and interest
- Renew principal and transfer interest to savings account
- Transfer principal & interest to savings account

