

	For Bank use only
SOL ID:	
BRANCH:_	

- 1. Please complete in BLOCK Letters all sections of this form and tick ($\sqrt{}$) the appropriate boxes.
- 2. Delete whichever is not applicable.
- 3. In case of illiterate customers, thumb print must be affixed in the presence of two Bank Officials.

TERM DEPOSIT APPLICATION FORM - INDIVIDUAL CUSTOMER

I/We hereby authorise SBI (Mauritius) Ltd to open a Term Deposit account in the name of: Main Applicant: CIF No.: (For Office Use) (For Joint Account only): Applicant 1: ______ CIF No.: ____ (For Office Use) Applicant 2: CIF No.: (For Office Use) (In case of Minor): Name of Legal Guardian/Administrator: _______CIF No.: ____ (For Office Use) By Debiting Account No.: _____ held in the name of Mr/ Mrs/ Miss Debit Amount: In words: TERM DEPOSIT DETAILS Currency: MUR USD EUR GBP Other: Amount: _____ (in words): _____ Period: _______ Rate of Interest: _______ % per annum Yearly Interest Payment Frequency: Monthly Ouarterly Half-Yearly Maturity **Maturity Instruction: Payment Instruction (Maturity Proceeds)** Auto renew* principal Auto renewal will be for the same By credit to my/our bank account Auto renew* principal & interest period as the initial one. no.:.... Pay principal and/or interest (As applicable)

Important Instructions:

*In the absence of instruction from the customer on the maturity date of the term deposit, the deposit shall be renewed automatically for the same (Original term) period or the term not exceeding 7 years from the date of first maturity, under the same terms and conditions at the interest rate prevailing on the date of maturity. Automatic renewal shall cease after 7 years from date of original maturity.

In the case of premature closure, the interest rate applicable in FDs shall be the prevailing rate at the start of the period for the actual holding period less 1% penalty. However, no interest shall be payable in such case if the deposit is pre-maturely withdrawn in less than 12 months.

If ever we encash the deposit before maturity and the Bank is agreeable to such request, the Bank may charge a penalty as provided in the Schedule of Charges.

MODE OF OPERATION AND SPECIMEN SIGNATURE(S)				
Mode of Operation: Singly	Jointly Either or Survivor			
NOTES: Account operated Singly: On death of custo Account operated Jointly: On death of one oparty. Account operated by Either or Survivor: C	customer, balance shall be shared equally be n death of one customer, balance shall be p			
Deposit Account rules has been made ava		erein from time to time. A copy of the Fixed y to me/us using a simple language.		
 I/ We confirm that there is no change in my/ our KYC details available with the bank. OR Please find attached my/ our latest KYC documents for updating the bank records. 				
Term Deposit Account No. : Name(s)	NIC/Passport No.	Signature		
rvaine(s)	NIC/F assport No.	Signature		
Signature verified by:		Signature Verified Stamp		
FOR OFFICE USE ONLY				
Checks carried out on all customers prior t	o account opening by Maker and Check	er (Tick as applicable)		
Caution List Blacklisted List OFAC Checked by: Verified by:				
Account opening processed and Input By:	Verified By:	Approved by:		
Name:	Name:	Name:		
Signature:	Signature:	Signature:		
Date:	Date:	Date:		
	2			