

|        |     | For Bank use only |
|--------|-----|-------------------|
| SOL ID | : _ |                   |
| BRANCI | I:_ |                   |
| DRANCI | 1   |                   |

- 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.

## RECURRING TERM DEPOSIT APPLICATION FORM

| Iain Applicant:  |  |  |  |
|--|--|--|--|
|  | CIF No.:                                   |  |  |
| 7 (37)   | (For Office Use)                           |  |  |
| In case of Minor):   | CIE No .                                   |  |  |
| Name of Legal Guardian/Administrator:                      | (For Office Use)                           |  |  |
| By Debiting Account No.:                                   | held in the name of                        |  |  |
|  |  |  |  |
|  |  |  |  |
| RECURRING DEPOSIT DETAILS                                  |  |  |  |
| Monthly Installment Amount: MUR In wor                     |  |  |  |
| Period: O12 Months O24 Months O36 Months                   | O 48 Months O 60 Months                    |  |  |
| Rate of Interest:% per annum                               |  |  |  |
| Standing Order Start Date:                                 | Standing Order End Date:                   |  |  |
|  | Interest Payment: On Maturity OR Closure   |  |  |
| RD Maturity Date:  | microst rayment. On waturity OK closure    |  |  |
| RD Maturity Date:  | Interest I ayment . On Maturity OK Closure |  |  |
| RD Maturity Date:  Payment Instruction (Maturity Proceeds) | Interest I ayment . On Waturity OK Closure |  |  |
|  | interest I ayment . On Waturity OK Closure |  |  |

## **Important Instructions:**

In the case of premature closure, the interest rate applicable in RD 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 where the deposit is prematurely closed in less than 12 months.

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

In case of failure of SI for deposits in RD Account for 6 consecutive months, the RD account shall be automatically closed and funds transferred to the applicable Savings/ Current account of the client.

No withdrawal (debit transactions) shall be allowed in RDA.

| I/We have read and understood the rules an and conditions as amended from time to tin Deposit Account rules has been made avail | ne. A copy of terms & conditions of |                           |                             |  |  |
|---|-------------------------------------|---------------------------|-----------------------------|--|--|
| In case of an illiterate customer, the terms & a simple language.   | conditions and rules as mentioned   | above have been explained | verbally to me/us usin      |  |  |
| I/ We confirm that there is no change OR Please find attached my/ our latest K  |                                     |                           |                             |  |  |
| Date :  | Place:                              |                           |                             |  |  |
| Recurring Deposit Account No.:  |                                     |                           |                             |  |  |
| Opened on:  |                                     |                           |                             |  |  |
| Customer Name(s)  | NIC/Passport No.                    | Signa                     | Signature                   |  |  |
|   |                                     |                           |                             |  |  |
|   |                                     |                           |                             |  |  |
|   |                                     |                           |                             |  |  |
| Signature verified by :   |                                     |                           | Signature Verified<br>Stamp |  |  |
| (Name, Designation and Signature of branc   |                                     |                           |                             |  |  |
| FOR OFFICE USE ONLY   |                                     |                           |                             |  |  |
| We confirm that all checks have been carrie   | ed out on the customer(s) prior to  | account opening.          |                             |  |  |
| RD Account No.:   |                                     |                           |                             |  |  |
| Account opening processed and Input by:   | Verified by:                        | Approved by:              | Approved by:                |  |  |
| Name:   | Name:                               | Name:                     | Name:                       |  |  |
| Signature:  | Signature:                          | Signature:                | Signature:                  |  |  |
| Date:   | Date:                               | Date:                     | Date:                       |  |  |