	Applica	Application for							
	Dou	Double Benefit Scheme							
The Premier Bank Limited	DBS	A/c No							
Premier Bank	Open	ed on							
The Manager The Premier Bank Limited									
Branch									
Dear Sir, I/We request you to open an account under Double Ben	efit Scheme (DBS) as per following	ı details :							
Particulars of Deposit :									
Amount of Deposit Tk. (in	words)								
Term : Years									
First Applicant (Please furnish all information in ca	pital letters)								
Applicant's Name :									
Father's Name : Sp	ouse name (if applicable) :								
Mother's Name :									
Date of Birth / Age : Na	ionality : O	Occupation :							
Mailing Address :									
Permanent Address :									
Telephone No.	Fax :	E-mail :							
National ID No.									
Joint Applicant (Please furnish all information in ca	pital letters)								
Applicant's Name :									
Father's Name : Sp	ouse name (if applicable) :								
Mother's Name :									
Date of Birth / Age : Na	ionality : O	Occupation :							
Mailing Address :									
Permanent Address :									
Telephone No.	Fax :	E-mail :							
National ID No.									

Nomination :

I/We hereby nominate the following person(s) to the sum of this scheme including benefits thereof as shown against the name(s) in case of my/our death/disability. Details are furnished below or in the Bank's prescribed nomination form, if required. (Duly attested) photograph(s) of the nominee to be submitted herewith)

Name and address of nominee(s)	Relationship with depositor(s)	Age of the nominee(s)	% payable						
Special instruction (If any) :									

## **Declaration :**

I/We have read, understood and agreed to comply with the rules and conditions of Double Benefit Scheme of The Premier Bank Limited as noted overleaf and any amendments there to for the conduct of such scheme.

Date First Applicant's Signature			ature	Joint Applicant's Signature					
For Bank's use only									
Receipt No.	Date	Deposit	Term	Payables at Maturity	Favoring :				

## RULES AND CONDITIONS OF DOUBLE BENEFIT SCHEME :

- 1. The name of the Scheme "Double Benefit Scheme".
- 2. Deposit amount : Tk. 10,000.00 or its multiple(s).
- 3. Term : 6 years.
- 4. The instrument is not transferable and renewable.
- 5. An order instrument mentioning the amount payable after maturity shall be issued favoring the depositor(s).
- 6. In case of premature encashment, interest will be allowed on the deposited amount at ruling savings rate only if it remains with the Bank at least Six Months (180 days).
- 7. The amount payable at maturity against deposit of Tk. 1.00 lac is shown below :

Terms	Initial Deposit	Payable at Maturity
6 Years	Tk. 1,00,000.00	Tk. 2,00,000.00

Amount payable at maturity shall vary depending on the initial deposit as per above table:

- 8. In case of death/disability of the depositor, the amount will be payble to the nominee(s) or in the absence of nomination, to the legal heirs of the depositor on production of succession certificate.
- 9. Loan facility may be allowed up-to 80% of deposit against lien/pledge on such instrument at Bank's prescribed rates and rules.
- 10. In case of lost Instrument, duplicate instrument shall be issued as per rules of lost instrument in FDR.
- 11. Tax or Levy as imposed by the government from time to time shall be deducted at source at the time of encashment of the instrument.
- 12. The Bank reserves the right to make changes / alteration / amendment / additions / modification etc. to the account and to its related charges fees etc. at any time / stage without assigning any reason whatsoever.

First Applicant's Signature

Joint Applicant's Signature

Date \_\_\_\_\_

Date \_\_\_\_\_

## Nomination Form

		Date	:										
Pr	emier Bank 🔪	Accour	nt No:										
	service first		Opene	d On:									
ιΛ	Ve												
			Name(s) and address(es)										
hol	der(s) of current / Savings Account No				naint	ained	with	n The	- Pre	mier	Bar	n k Lin	nited
	Branch												
	eby appoint and nominate the followin deposited amount :												
1)	Name				Si	gnat	ure_						
	Father's / Husband's Name												
	Address												
	AgeRelations	hip			S	nares	s						
2)	Name				S	gnat	ure _						
	Father's / Husband's Name												
	Address												
	AgeRelations	hip			S	nares	s						
As	the nominee is a minor on this date, I	/ We appo	int										
		Nama											
to ı	receive the amount of the deposit on t		(s) and address(es) and signat		my /	our	deat	h du	iring	the r	nino	rity o	f the
	ninee and / or in the event of the death												
	We do hereby reserve the right to cording to Section 103 (1) of the Bank (			any time	and	/ or	re-n	omir	nate	anot	her	perso	on(s)
										Signa	ature	(2)	
1)	Signature of the witness	2)	Signature of the	witness						oigne		(0)	
,	Name	,	Name										
	Address		Address										
		_											
									-	Admi	tted	by	

o Photograph(s) of the nominee(s) duly attested by the account holder(s) to be submitted. Depo : 10

BN. 11-13