

The Premier Bank Limited

Premier Bank
service first

MIS Account No. Opened on : I/We request you to open a *Monthly Income Scheme* (MIS) Account with your Bank as per following details:

Particulars of Deposit	
Deposit amount Tk.	Taka in Words :
Term : <input type="checkbox"/> 5 (Five) Years	
Income under this account may be credited to Savings / Current Account No.	

First Applicant (Please furnish all information in capital letters)	
Full Name :	
Father's Name :	Husband's name (if applicable) :
Date of Birth / Age :	Nationality : Occupation :
Mailing Address :	
Permanent Address :	
Telephone No. :	Fax : Banking reference :
National ID Card No. :	

Joint Applicant (Please furnish all information in capital letters)	
Full Name :	
Father's Name :	Husband's name (if applicable) :
Date of Birth / Age :	Nationality : Occupation :
Mailing Address :	
Permanent Address :	
Telephone No. :	Fax : Banking reference :
National ID Card No. :	

Nomination			
I/We do hereby nominate the following person(s) (not more than two) to receive the amount of deposit and interest in case of my/our death / permanent disability to operate this account in the manner shown against their name(s) (Details to be furnished in Bank's prescribed nomination form).			
Name and Address of Nominee(s)	Relationship with depositor(s)	Age of the nominee(s)	% Payable
1.			
2.			

Special instruction (if any):

Declaration

I/We have read, understood and agreed to comply with and to be bound by the rules and conditions of Monthly Income Scheme of The Premier Bank Limited as noted overleaf and any amendments thereto declared by the Bank subsequently for the conduct of such account.

First Applicant's Signature

Joint Applicant's Signature

For Bank's use only				
MIS Receipt No.	Amount (Tk.)	Issue Date	First Payment Date	Maturity Date

Authorised Signature

Approved by

Rules and Conditions of Monthly Income Scheme (MIS)

1. Duration : □ 5 (Five) years.
2. Deposit : Tk. 50,000.00 or its multiple(s).
3. Monthly income will be paid as per the following example:

Deposit	Tk. 50,000.00	Tk. 1,00,000.00
Term	<i>Monthly income payable</i>	
5 years	Tk. 500.00	Tk. 1,000.00

4. The full amount of deposit will be returned to the depositor(s) at the end of the respective term.
5. The payment of income will start from the subsequent month after 30 days from the date of deposit.
6. The monthly income may be credited to the savings/current account of the depositor(s) maintained with the Branch.
7. An account cannot be transferred from one branch to another branch. However, a client will have the option to collect the income /principal via bank's collection mechanism and bank's usual charge will apply.
8. In case of premature encashment, interest will be allowed on the deposited amount at savings rate only if it remains with the Bank at least six months (180 day) only
9. In case of death of the depositor(s), the amount will be payable to the nominee(s) or in the absence of nomination, to the legal heirs of the depositor(s) on production of succession certificate.
10. A non negotiable & non transferable Receipt shall be issued for the deposit under the account.
11. Loan facility against lien/pledge on such Receipt may be allowed upto 85% of the deposit. During the period of such loan the monthly income will be credited to the concerned loan account.
12. Individual(s) may open more than one account in his / her / their name in the same branch or any branch of the Bank.
13. The Bank reserves the right to make changes / alterations / amendments / additions / modifications etc. to the account and to its related charges / fees etc. at any time / stage without assigning any reason whatsoever.
14. No Cheque-book will be issued to the client under this account.

First Applicant's Signature

Joint Applicant's Signature

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Date :

Account No :

Opened On :

I /We _____
Name(s) and address(es)

holder(s) of current / Savings Account No. _____ maintained with The Premier Bank Limited,
_____ Branch, _____ as per section 103 of the Bank Company Act-1991, do
hereby appoint and nominate the following person(s) who in the event of my / our death will become eligible to withdraw
the deposited amount :

- 1) Name _____ Signature _____
Father's / Husband's Name _____
Address _____
Age _____ Relationship _____ Shares _____
- 2) Name _____ Signature _____
Father's / Husband's Name _____
Address _____
Age _____ Relationship _____ Shares _____

As the nominee is a minor on this date, I / We appoint _____

Name(s) and address(es) and signature(s)

to receive the amount of the deposit on behalf of the nominee in the event of my / our death during the minority of the
nominee and / or in the event of the death of minor nominee.

I / We do hereby reserve the right to cancel the nomination at any time and / or re-nominate another person(s)
according to Section 103 (1) of the Bank Company Act-1991.

Signature(s)

1) Signature of the witness

2) Signature of the witness

Name _____

Name _____

Address _____

Address _____

Admitted by