

# Application Form for Mudaraba Term Deposit

(Please fill-up the form in CAPITAL letter)

The Premier Bank Limited

**Premier Bank**  
service first



The Manager

Date : \_\_\_\_\_

The Premier Bank Limited

Islamic Banking Branch .....

Dear Sir,

I / We request you to kindly issue a Mudaraba Term Deposit

Receipt in my/our name(s) as detailed below:

Passport size Color  
Photograph of Applicant  
(1 Copy)

Passport size Color  
Photograph of Joint Applicant  
(1 Copy)

**Applicant's Photo**

**Joint applicant's Photo**

Amount in figure : Tk.	MTDR No.
Amount in words :	Term (months) :
In Cover : <input type="checkbox"/> Please receive Cash	Provisional Rate of Retrun (% p.a.)* :
<input type="checkbox"/> Please debit my/our Account No. ....	Maturity :
<input type="checkbox"/> Other	

## Customer Information

Applicant's Full Name :

Joint-Applicant's Full Name :

	Applicant	Joint-applicant
Father's Name :		
Mother's Name :		
Name of Spouse :		
Nationality :		
Occupation :		
Date of Birth :		
Passport / Voter ID No. :		
Present Address :		
Telephone No. & E-mail :		
Permanent Address :		
Describe sources of fund :		
Signature of Applicant(s)		

\* Subject to the deductions of tax, levy etc, imposed by Government

### Special Instruction (please tick the appropriate box)

- ☐ Encashment by either or survivor singly / jointly.
- ☐ To be renewed automatically with profit for the next period.
- ☐ To be renewed only with the principal amount for the next period and profit to be transferred to PBL A/C No. \_\_\_\_\_
- ☐ Not to be renewed.
- ☐ On maturity, profit to be transferred to PBL A/C No. \_\_\_\_\_

### Details of Introduction

Name of Introducer \_\_\_\_\_ ID / P.A. No. \_\_\_\_\_ Account No. \_\_\_\_\_

\_\_\_\_\_ Branch Name \_\_\_\_\_ Address \_\_\_\_\_

I certify that I have known \_\_\_\_\_ or the past \_\_\_\_\_ years and confirm his/her/their occupation and address elsewhere in the application.

Date \_\_\_\_\_ Introducer's Signature \_\_\_\_\_

### Terms & Conditions

1. Premier Bank Ltd. reserves the right not to allow premature encashment of MTDR.
2. In all cases of premature encashment, if the MTDR remains with the Branch at least 30 days, profit shall be payable at banks prevailing savings rate for the periods it remained with the bank. For an example, if an MTDR of 3 months term remains 42 days with the bank, profit at prevailing savings rate will be paid for a period of 42 days. However, no profit will be allowed if the MTDR remains with the branch less than 30 days for both new issue & renewal.
3. Profit shall be paid subject to the deduction of tax, levy etc. imposed by Government time to time.
4. Investment facility may be allowed upto 90% of deposit against lien/pledge on such instrument at Bank's prescribed rates & rules.
5. The benefit amount of this deposit in the form of MTDR can vary depending on the overall profit/loss and the weightage.

Applicant's Signature

Joint Applicant's Signature

### For Bank's use only

- ☐ Cover received by ☐ Cash ☐ Cheque ☐ Transfer.
- ☐ Application Checked.
- ☐ MTDR issued to applicant.

#### Document Checklist :

- ☐ Photograph of Applicant(s) ☐ KYC Form ☐ Photocopy of Valid Passport or other acceptable ID
- ☐ Nomination Form with Photo ☐ Remarks (If any) \_\_\_\_\_

Authorised Signature

Authorised Signature

**Premier Bank**  
service first



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