



I/We hereby request you to open a Term Deposit Account for a period of month(s)/year(s) for Tk.....@.....% per annum and I/We agree to comply with the terms and conditions stated in this application form.

PARTICULARS OF THE APPLICANT

- Cumulative Term Deposit
- Periodic Return Term Deposit
- Double Money Term Deposit
- Money Builders Term Deposit

Name of First Applicant:

Father's/Husband's Name:

Mother's Name:

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Mailing Address:

Permanent Address:

Phone No:

E-mail No:

(Office)	(Residence)	(Mobile)	

Date of Birth:

Occupation:

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TIN (If any)

Passport/Registration/Other ID No:

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Name of Joint Applicant:

Name of Nominee:

Relationship with Nomnee:

Signature:

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Special Instruction (if any):

Mode of Operation:

Singly
 Jointly
 Either or Survivor

Full Signature of Applicant:
Name

Specimen Signature

FOR OFFICIAL USE ONLY

Date of Application:

Date of Acceptance/Issue:

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Amount of TDR

Rate of Interest:

Tenure:

Date of Maturity:

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For

LankaBangla Finance Limited

Authorized Signature

Authorized Signature