

# Fixed Deposit Application Form

I/We, the undersigned hereby request FIRSTMIDAS MFB to open a Fixed Deposit Account with the details below:

Deposit Value (in figures)	Deposit Value (in words)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Tenor	Interest Rate	Interest Payment Option
<input type="text"/> days	<input type="text"/>	End of Contract <input type="checkbox"/> Quarterly <input type="checkbox"/>
Value Date		Maturity Date
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## TO ESTABLISH INVESTMENT (TICK AS APPLICABLE)

☐ I/We authorize you to debit my/our account no.

☐ I/We agree to credit a given Account by the Bank for my/our investment.

☐ Others (please specify)

## ON MATURITY DATE (TICK AS APPLICABLE)

☐ I/We authorize you to credit my/our account no.

☐ I/We authorize you to issue draft in my/our name

☐ I/We authorize you to transfer funds via NIP

Bank Name	Account Number
<input type="text"/>	<input type="text"/>

Name of Investor	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
E-mail	
<input type="text"/>	
Phone (Home)	Phone (Office)
<input type="text"/>	<input type="text"/>
Mandate(s) of Investor(s) Authorized Signatory (ies)	
<input type="text"/>	<input type="text"/>

## Terms & Conditions

Kindly note that where the investment is terminated before the agreed term, the rate of the investment will revert retrospectively to the non-concessional rate applicable to the transaction date. In addition, interest computed based on the reverted non-concessional rate shall be subjected to penal charge of 15% for partial liquidation and 25% penal charge for total termination before maturity.