



এমটিবি ইয়াকিন  
MTB YAQEEEN  
Islamic Banking

সরকারি/আধাসরকারি/স্বায়ত্বশাসিত প্রতিষ্ঠানের  
হিসাব খোলার আবেদন ফরম  
GOVT./SEMI-GOVT./AUTONOMOUS INSTITUTIONAL  
ACCOUNT OPENING APPLICATION FORM

গ্রাহকের নাম  
Customer's Name

হিসাব নং  
Account No.

ইউনিক কাস্টমার আইডি কোড  
Unique Customer ID Code

শাখা/উপশাখার নাম  
Branch/Sub-Branch Name

হিসাব খোলার তারিখ  
Account Opening Date

|   |   |   |   |   |   |   |   |
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মিউচুয়াল ট্রাস্ট ব্যাংক লিমিটেড  
Mutual Trust Bank Ltd.

you can bank on us



এমটিবি ইয়াকিন  
MTB YAQUEEN

ব্যবস্থাপক / Manager  
Mutual Trust Bank Limited

Relationship Branch Name Seal

সরকারি/আধাসরকারি/স্বায়ত্ত্বশাসিত প্রতিষ্ঠানের হিসাব খোলার আবেদন ফরম  
GOVT./SEMI-GOVT./AUTONOMOUS INSTITUTIONAL ACCOUNT OPENING APPLICATION FORM

This is a machine readable form. It should be completed in "ENGLISH CAPITAL" letters.

শাখা (Branch)   
তারিখ Date

ব্যাংকের ব্যবহারের জন্য (FOR BANK USE ONLY)

হিসাব নং   
Account No.   
ইউনিক কাস্টমার আইডি কোড  
Unique Customer ID Code (UCIC)

প্রিয় মহোদয়/ Muhtaram:

আমি/ আমরা আপনার শাখায়/উপশাখায় একটি হিসাব খোলার জন্য আবেদন করছি। আমার/ আমাদের হিসাব সংক্রান্ত ও ব্যক্তিগত বিস্তারিত তথ্য নিম্নে প্রদান করছি। (I/We, the undersigned, request and authorize you to open an account in your branch/sub-branch. Our entity and account related detailed information is furnished below).

হিসাব সংক্রান্ত তথ্য (ACCOUNT RELATED INFORMATION)

১ হিসাবের শিরোনাম Title of Account: বাংলায়   
In English   
২ হিসাবের প্রকৃতি (ক্রস দিন)  এমএসডি MSD  এডব্লিউসিডি AWCD  এফসি FC  এসএনডি SND  অন্যান্য Others  Please specify  
৩ মুদ্রা (ক্রস দিন) Currency:  টাকা BDT  ইউএস ডলার USD  ইউরো Euro  জিবি পাউন্ড GB Pound  অন্যান্য Others  Please specify  
৪ হিসাব খোলার উদ্দেশ্য:  ৫ অর্থের উৎস/ উৎসসমূহ (সুনির্দিষ্ট ও বিস্তারিত উল্লেখ করুন):  Please specify  
৬ প্রাথমিক জমার পরিমাণ Initial Deposit:  In amount  In words  
৭ প্রাথমিক জমার ধরণ Nature of Initial Deposit:  নগদ (Cash)  একাউন্ট ট্রান্সফার (A/c. Transfer)  ক্লিয়ারিং (Clearing)

প্রতিষ্ঠান সংক্রান্ত তথ্য (ENTITY RELATED INFORMATION)

৮ প্রতিষ্ঠানের নাম Name of the Entity: বাংলায়   
In English   
ব্যবসায়ের ধরণ Nature of Business :   
ভ্যাট নিবন্ধন নং (যদি থাকে) :  ই-টিন নং   
প্রতিষ্ঠানের ঠিকানা Address of Organization:   
যোগাযোগের ঠিকানা Communication Address:   
Upazila/ Thana  District  Post Code   
Country  Nearest Landmark   
E-mail  Mobile   
Upazila/ Thana  District  Post Code   
Country  Nearest Landmark   
E-mail  Mobile

অন্যান্য সুবিধাবলী (OTHER FACILITIES)

৯ Cheque Book  Yes  No No. of Pages  Preferred Communication Address  প্রতিষ্ঠানের ঠিকানা  যোগাযোগের ঠিকানা

ঘোষণা ও স্বাক্ষর (DECLARATION & SIGNATURE)

১০ হিসাব নং   
Account No.   
হিসাব পরিচালনা সংক্রান্ত ঘোষণা (ক্রস দিন) Declaration for Account Operation [Put Cross Sign (X)]:  
 এককভাবে Singly  যৌথভাবে Jointly  অন্যান্য Others  Please specify  
বিশেষ নির্দেশনা (যদি থাকে) Special Instruction (If any):   
মোবাইল  ইমেইল   
Mobile:  E-mail

১১ আমি/ আমরা এই মর্মে নিশ্চয়তা প্রদান করছি যে, আমি/ আমরা হিসাব সংক্রান্ত যাবতীয় নিয়মাবলী পড়েছি এবং উক্ত নিয়মাবলী/ শর্তাবলী মেনে চলতে বাধ্য থাকব। আমি/ আমরা সজ্ঞানে ঘোষণা করছি যে, উল্লিখিত তথ্যাদি সত্য। আমি/ আমরা প্রদত্ত তথ্যের অতিরিক্ত সংশ্লিষ্ট যে কোন প্রয়োজনীয় তথ্য/ দলিলাদি ব্যাংকের চাহিদা মোতাবেক সরবরাহ করব।



স্বাক্ষর   
Signature   
নাম (Name)   
তারিখ (Date)

স্বাক্ষর   
Signature   
নাম (Name)   
তারিখ (Date)

স্বাক্ষর   
Signature   
নাম (Name)   
তারিখ (Date)

হিসাব পরিচালনাকারী Account Operator

হিসাব পরিচালনাকারী Account Operator

হিসাব পরিচালনাকারী Account Operator

ব্যাংকের ব্যবহারের জন্য (FOR BANK USE ONLY)

হিসাব খোলার সাথে সংশ্লিষ্ট কর্মকর্তার নামযুক্ত সীলসহ স্বাক্ষর ও তারিখ

অনুমোদনকারী কর্মকর্তার নামযুক্ত সীলসহ স্বাক্ষর ও তারিখ



এমটিবি ইয়াকীন  
MTB YAQEEEN

ব্যক্তি সংক্রান্ত তথ্যাবলী (INDIVIDUAL RELATED INFORMATION)  
(Applicable for the operator of Govt./Semi Govt./Autonomous body account)

শাখা Branch

তারিখ Date 

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(হিসাব পরিচালনাকারীর পাসপোর্ট সাইজ ছবি)  
Please affix Account Operator's passport size recent photograph

ব্যাংকের ব্যবহারের জন্য (FOR BANK USE ONLY)

হিসাব নং : 

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Account No. 

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ইউনিক কাস্টমার আইডি কোড : 

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Unique Customer ID Code

১ হিসাবের শিরোনাম Title of Account

২ হিসাব পরিচালনাকারীর নাম Name of Account Operator

৩ জাতীয়তা Nationality   
(বিদেশী নাগরিক হলে ভিসাসহ পাসপোর্টের কপি আবশ্যিকভাবে গ্রহণ করতে হবে)

৪ রেসিডেন্ট স্ট্যাটাস (ক্রস দিন) Resident Status (Put Cross)  রেসিডেন্ট Resident  নন-রেসিডেন্ট Non Resident  
(প্রয়োজনীয় ক্ষেত্রে ব্যাংক কর্তৃক গাইডলাইন ফর ফরেন এন্ড চেঞ্জ ট্রানজেকশন এর নির্দেশনা অনুসরণ করতে হবে)

৫ জন্ম তারিখ Date of Birth 

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৬ জন্মস্থান (দেশসহ) Birth Place (with country name)

৭ লিঙ্গ (ক্রস দিন) Gender (Put Cross)  পুরুষ Male  মহিলা Female  তৃতীয় লিঙ্গ Third Gender

৮ পেশা (পদমর্যাদা/পদবীসহ বিস্তারিত) Occupation with details

৯ প্রতিষ্ঠানের সাথে সম্পর্ক (Relationship with the organization)

১০ জাতীয় পরিচয়পত্র নম্বর NID/ Smart Card No.

১১ জন্ম নিবন্ধন সনদপত্র নম্বর Birth Registration Certificate No.

১২ পাসপোর্ট নম্বর Passport No.

মেয়াদ Expiry 

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১৩ অতিরিক্ত ফটো আইডি Additional Photo ID

১৪ ঠিকানা Address

উপজেলা/ থানা Upazila/ Thana

জেলা District

পোস্ট কোড Post Code

দেশ Country

Nearest Landmark

মোবাইল Mobile

টেলিফোন Telephone

ই-মেইল E-mail

[হিসাব পরিচালনাকারীর 'Proof of Address' এর স্বপক্ষে Documents প্রদান করতে হবে। (কমপক্ষে ১টি ঠিকানার স্বপক্ষে)]

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| স্বাক্ষর ও সিল<br>Signature & Seal<br>(Seal as applicable) |  |   |   |   |   |   |   |   |   |
| নাম<br>Name  |  |   |   |   |   |   |   |   |   |
| তারিখ<br>Date  | <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | D | D | M | M | Y | Y | Y | Y |
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হিসাব পরিচালনাকারী  
Account Operator

|                                    |  |   |   |   |   |   |   |   |   |
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| স্বাক্ষর ও সিল<br>Signature & Seal |  |   |   |   |   |   |   |   |   |
| নাম<br>Name                        |  |   |   |   |   |   |   |   |   |
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হিসাব খোলার সাথে সংশ্লিষ্ট কর্মকর্তার স্বাক্ষর  
Account Opening Official

|                                    |  |   |   |   |   |   |   |   |   |
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| স্বাক্ষর ও সিল<br>Signature & Seal |  |   |   |   |   |   |   |   |   |
| নাম<br>Name                        |  |   |   |   |   |   |   |   |   |
| তারিখ<br>Date                      | <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | D | D | M | M | Y | Y | Y | Y |
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অনুমোদনকারী কর্মকর্তার স্বাক্ষর  
Approved by: Authorized Official

[জাতীয় পরিচয়পত্র, পাসপোর্ট, জন্ম নিবন্ধন সনদপত্র নম্বর আবশ্যিকভাবে যে কোন একটি দলিল প্রদান করতে হবে। তবে জন্ম নিবন্ধন সনদ প্রদানপূর্বক হিসাব খোলার ক্ষেত্রে জন্ম নিবন্ধন সনদ পত্রের অতিরিক্ত গ্রাহক/ হিসাব পরিচালনাকারীর আলোকচিত্রসহ অন্য যে কোন পরিচিতিপত্র প্রদান করতে হবে। নন-রেসিডেন্ট এবং বিদেশী নাগরিকদের ক্ষেত্রে সংশ্লিষ্ট ভিসাসহ পাসপোর্টের কপি আবশ্যিকভাবে প্রদান করতে হবে। আলোকচিত্রসহ পরিচিতিপত্র না থাকলে সে বিষয়ে ব্যাংকের সম্মতি সাপেক্ষে তাদের নিকট গ্রহণযোগ্য সমাজের গণ্যমান্য ব্যক্তি (গণ্যমান্য ব্যক্তি বলতে সংসদ সদস্য, সিটি কর্পোরেশনের মেয়র, ডেপুটি মেয়র ও কাউন্সিলরগণ, জাতীয় বেতন স্কেলের ৯ম ও তদুর্ধ্ব স্কেলের গজেটেড কর্মকর্তা, পাবলিক বিশ্ববিদ্যালয়ের শিক্ষক, উপজেলা পরিষদের চেয়ারম্যান ও ডাইরেক্টর, ইন্ডিয়ান পরিষদের চেয়ারম্যান, পৌরসভার মেয়র ও পৌর কাউন্সিলরগণ, বেসরকারি বিশ্ববিদ্যালয়ের অধ্যাপক, বেসরকারি কলেজের অধ্যক্ষ, বেসরকারি উচ্চ বিদ্যালয়ের প্রধান শিক্ষক, জাতীয় দৈনিক পত্রিকার সম্পাদক, নোটারী পাবলিক, আখারকারি/স্বয়ত্বশাসিত/রাষ্ট্রস্বত্ব সংস্থার জাতীয় বেতন স্কেলের সপ্তম বা তদুর্ধ্ব স্কেলের কর্মকর্তাগণ এবং বাংলাদেশ ব্যাংকের জাতীয় বেতন স্কেলের ৯ম ও তদুর্ধ্ব স্কেলের কর্মকর্তাগণকে বুঝাবে।) কর্তৃক প্রদত্ত পরিচয়ের প্রত্যয়নপত্র প্রদান করতে হবে। উক্ত পরিচিতিপত্র বা প্রত্যয়নপত্র গ্রাহক/হিসাব পরিচালনাকারীর আলোকচিত্র সহ (আলোকচিত্রের উপরের পৃষ্ঠে সত্যায়িতসহ) হতে হবে। এছাড়া প্রত্যেক ব্যাংক যথাযথভাবে গ্রাহকের পরিচিতির বিষয়ে নিশ্চিত হওয়ার লক্ষ্যে ব্যাংকের সম্মতি সাপেক্ষে অতিরিক্ত আরো কোন দলিলাদি এবং এই ফরমে উল্লিখিত তথ্যাদির অতিরিক্ত তথ্য সংগ্রহ করতে পারবে।]

Note: Individual information form to be filled up for each operator, if the number of account operator is more than one.




মিউচুয়াল ট্রাস্ট ব্যাংক লিমিটেড  
**Mutual Trust Bank Ltd.**  
*you can bank on us*



এমটিবি ইয়াকিন  
**MTB YAQEEEN**

**MTB YAQEEEN**  
**Islamic Banking Division**  
**Mutual Trust Bank Ltd.**

Corporate Head Office, MTB Centre 26 Gulshan Avenue, Gulshan 1, Dhaka 1212.  
Tel: +880 (2) 984 6966 984 2429, Fax: +880 (2) 984 4303, SWIFT: MTBL BD DH  
E-mail: [info@mutualtrustbank.com](mailto:info@mutualtrustbank.com), [www.mutualtrustbank.com](http://www.mutualtrustbank.com)

 /Mutual.Trust.Bank

**24/7 MTB CONTACT CENTRE**  
 **16219 or 09604016219**



**FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)  
STATUS DECLARATION FORM (ENTITY)**

Branch

Account No. :   
Unique Customer ID Code :   
(For Bank Use Only)

Name :   
Country of Incorporation :   
Country of Registration :

| <b>Please (X) Yes or No for each of the following questions</b>  |  | <b>Yes</b>               | <b>No</b>                |
|--|--|--------------------------|--------------------------|
| 1. Does the entity have ownership of United States of Entities?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the entity receive payments sourced from US? That is Interest, Dividend, Rent, Payment for services and any other Fixed Determinable, Annual, Periodical [FDAP] income.  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is any of the Owners/Directors and Beneficial Owners from United States?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, UCIC: <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"/> |  |                          |                          |
| I/We have filled up FATCA status form for each owner, director and beneficial owner separately.  |  | <input type="checkbox"/> | <input type="checkbox"/> |

I/We hereby acknowledge that the statement given above is true, accurate and complete to the best of my/our knowledge. If this statement is identified as false, I/we hereby consent MTB to treat the account as per the directions of FATCA.

I/We hereby consent MTB, its subsidiaries and off-shore banking unit to share my/our information with domestic or overseas regulators or tax authorities where applicable.

Where it is required by domestic or overseas regulators or tax authorities, I/we agree that the bank may withhold and pay out from the account(s) such amounts as may be required according to applicable laws, regulations, agreements with regulators or authorities and directives.

I/We agree and undertake to notify MTB within 30 calendar days if there is a change in any information which I/we have provided to the Bank.

I/We undertake that I/we shall abide by the related laws/regulations/direction of FATCA.

Signature (with seal & date)

Signature (with seal & date)

Signature (with seal & date)



### FATCA STATUS DECLARATION FORM (INDIVIDUAL)

Account No. :

Unique Customer ID Code :

(For Bank Use Only)

Country of Birth :

Country of Residence :

| Please (X) Yes or No for each of the following questions   | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Are you a US Citizen?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you hold U.S. Green Card or is a lawful resident of the US?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a U.S. address (including P.O. Box) or U.S. phone number or U.S. e-mail address?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you granted Power of Attorney to someone who has a U.S. address or U.S. phone number or U.S. e-mail address?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you stayed in U.S. for 183 days during 3-year period including present year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you receive payments sourced from USA? That is Interest, Dividend, Rent, Payment for services (salaries) and any other Fixed Determinable Annual Periodical [FDAP] income. | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby acknowledge that the statement given above is true, accurate and complete to the best of my knowledge. If this statement is identified as false, I hereby consent MTB to treat the account as per the directions of FATCA.

I hereby consent MTB or any of its affiliates (including branches) to share my information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction (if required).

Where it is required by domestic or overseas regulators or tax authorities, I agree that the bank may withhold and pay out from my account(s) such amounts as may be required according to applicable laws, regulations, agreements with regulators or authorities and directives.

I agree and undertake to notify MTB within 30 calendar days if there is a change in any information which I have provided to the Bank.

I undertake that I shall abide by the related laws/regulations/direction of FATCA.

Signature (with seal & date)

### FATCA STATUS DECLARATION FORM (INDIVIDUAL)

Account No. :

Unique Customer ID Code :

(For Bank Use Only)

Country of Birth :

Country of Residence :

| Please (X) Yes or No for each of the following questions   | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Are you a US Citizen?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you hold U.S. Green Card or is a lawful resident of the US?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a U.S. address (including P.O. Box) or U.S. phone number or U.S. e-mail address?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you granted Power of Attorney to someone who has a U.S. address or U.S. phone number or U.S. e-mail address?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you stayed in U.S. for 183 days during 3-year period including present year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you receive payments sourced from USA? That is Interest, Dividend, Rent, Payment for services (salaries) and any other Fixed Determinable Annual Periodical [FDAP] income. | <input type="checkbox"/> | <input type="checkbox"/> |

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I agree and undertake to notify MTB within 30 calendar days if there is a change in any information which I have provided to the Bank.

I undertake that I shall abide by the related laws/regulations/direction of FATCA.

Signature (with seal & date)

হিসাব নং  
Account No.

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## TERMS AND CONDITIONS

Where there are multiple signatories "I", "me" or "my" shall read as "we", "us" or "our". The terms and conditions shall bind each one individually or anyone or more or all of them collectively. All agreements, obligations and liabilities of the joint customers are joint and several.

I, the undersigned, being the Chairman/ Managing Director / Director(s)/Partner(s) / Proprietor / Trustee(s)/as the case may be (hereafter referred to as the 'Customer'), hereby agree to open account(s) with Mutual Trust Bank Limited (the 'Bank') under the following terms and conditions:

### General Instructions

- The Bank reserves the right to accept or reject the application without notifying the customer.
- In case of existing customer(s), all information specific to the non-individual (organization/institution) and the operators/directors stated in this form will replace the information provided earlier under the same fields to establish and/or maintain relationship with MTB.
- The Bank reserves the right to close any account without assigning any reason.
- While existing customer(s) open(s) a new account, the Bank shall replicate necessary information of the said customer(s) from the previous account opening form(s).
- The Bank reserves the right to close any account having zero balance without transaction for three years.
- Account(s) will be transferred to unclaimed account status after 10 years if there is no transaction as per sec 35 of The Banking Companies Act, 1991.
- Account(s) upon which attachment order(s) or other legal notice(s) prohibiting operation of the account(s) has/have been received from the competent authority will be ruled off and no further operation will be allowed till such time as the prohibiting order is/are removed.
- I agree that an account in which no operation either deposit or withdrawal takes place for a certain period will be treated as Dormant/Inoperative account status fulfilling creation mentioned below:
  - AI Waddeeah Current Deposit: No transaction for last 1 year or period as specified by CHO
  - Mudarabah Savings Deposit: No transaction for last 2 years or period as specified by CHO
  - Such accounts shall be transferred to a system under "Dormant Account Category" as a measure of precautions any fraud.
- The Bank will not execute any customer transaction over phone, fax and e-mail (unless standard indemnity arrangements are already in place).
- Terms and Conditions of respective accounts of MTB Yaqeen Islamic Banking to be followed (where applicable).

### Bank Accounts

- I, the undersigned being the authorized person(s), authorize the Bank to act on signed instructions or documents drawn or accepted in accordance with the signing instructions given until such time as I shall give the Bank written notice to the contrary.
- For making payments of cheques, bills of exchange, promissory notes, standing orders, direct debits, issue of drafts, mail purchase and sales of securities and foreign currency and any other instruction by debiting such account(s) whether in credit or otherwise.
- I understand that any funds received by the Bank on my behalf are to be credited to the relevant account(s) unless the Bank receives written instructions from me to the contrary.
- I understand that the Bank acts only as my collection agent and assumes no responsibility for the realization of any item deposited with the Bank for collection. Proceeds of cheques or other instruments deposited are not available for withdrawal until collected by the Bank. The Bank reserves the right to debit any account(s) that may have been exceptionally credited with an item subsequently unpaid on collection, the Bank may refuse to accept for the collection cheques drawn in favor of third parties or if the payee's name is not identical to the Bank's record. The Bank will not accept for credit to the account any cheques or drafts in favor of a third party crossed or denoting as above shall be null and void.
- All cheques and other instruments should be crossed before they are deposited for crediting in the account.
- The Bank shall not be responsible for the delay and/or loss in transit of any cheque/instrument, nor for any act, omission, neglect, loss of profit, default, failure or insolvency of any correspondent bank, agent or sub-agent, or for any reason beyond the control of the Bank. In case of delay or loss in transit, the Bank will follow-up with the concerned for swift resolution.

- The bank shall not pay post-dated, stale and defective cheques.
- As per instruction of Bangladesh Bank on Positive Pay for clearing cheque, the account holder must inform the Bank in writing or through Contact Center or Internet banking after issuance of cheque for the amount one lac and above. Otherwise, the Bank may return the cheque if presented through automated clearing house at the risk and responsibility of the account holder(s).
- The Bank shall have the right to reverse or recover any amounts transferred through erroneous transactions in any of the accounts, from such accounts, without prior notice/intimation to the Customer. The Customer shall be liable to make good any loss accrued to the Bank through withdrawal of amounts erroneously credited to their accounts.
- Withdrawals from the account shall be made by using cheque book/debit card supplied by the Bank at the request of the Customer or through any means/instruments acceptable to the Bank.
- Customer will sign cheque as per his/her specimen signature provided to the Bank. Customer should inform the bank in writing earlier if he/she wants to bring any change in specimen signature. Customer will use his/her specimen signature at the time of any written communication with the Bank.
- Payments involving large amounts of cash will be made subject to availability of cash at the branch of the Bank or only after the Bank has made necessary arrangements for cash. The Bank may ask for reasonable time to make payments of such large amounts.
- The Customer shall be solely responsible for ensuring the accuracy and completeness of Customer instructions. The Bank shall not be responsible for the consequences of any Customer instructions being incomplete, garbled or inaccurate.

### Cheques and Others

- The Bank may reserve the right to issue cheque book. For issuance of any cheque book, the Bank will realize applicable charges. For a cheque book issued in the account's favor, I/we undertake to be responsible for its safe custody at all times and I/we shall immediately notify the Bank if this or any of the cheques contained therein, is lost or stolen.
- The Bank will not accept any request to stop payment on a cheque unless it is in writing duly signed by the customer. Such request shall be binding on the Bank only upon its actual receipt and provided sufficient time is given to the Bank to notify its offices or branches as may be necessary and appropriate.
- I shall be fully responsible for the genuineness, correctness and validity of all endorsements appearing on cheques, guarantees, bills, notes, negotiable instruments and receipts and other documents deposited in the account, which the Bank shall presume to be proper, correct and in case of companies or partnership, duly authorized.
- Undelivered Cheque book will be retained by the Bank for up to 60 days, after the mentioned period the Bank has the right to destroy the undelivered cheque book.
- The customer should comply with the conditions as printed on the inside of the front cover of the issued cheque book.
- The customer must at all times exercise due care to prevent cheques from being altered or forged in a manner which may facilitate fraud. In such events, the Bank is not responsible for any loss suffered by the customer or any other person. Any loss or misuse of the cheques must be immediately reported to the Bank and confirmed in writing without any delay.

### Profit on Account

- Profit will be paid as per income sharing ratio (ISR) and Bank reserves the right to change the ISR rate at any time without notifying the customer.
- Any and all amounts credited to the above account(s) while any overdraft or any other banking facilities in connection therewith is current shall firstly be applied by the Bank to reduce any profit (including compound profit) payable until the profit is paid in full. Then and only then shall any such amount credited to be applied to reduce the principal amount or any such overdraft or any other banking facilities.
- The rate of profit payable on any account will be displayed by the Bank at its various branches in Bangladesh or the bank's official website and further, I accept that this may be subject to change without sending notice to me. Profit on any account will accrue in arrears from the day to date or, as otherwise determined by the Bank (in its absolute discretion), and be credited by the Bank to the relevant account(s).
- The Bank is entitled to realize any charge, tax and excise duty as per bank's schedule of charges and the regulations and orders of the Government, Bangladesh Bank or other competent authority.
- The Bank shall always be entitled without sending notice to me to levy or impose all customary banking and other charges and expenses in respect of any of the above account(s) or in respect of any other banking facilities provided to me by the Bank

|                       |                 |
|-----------------------|-----------------|
| স্বাক্ষর<br>Signature |                 |
| নাম (Name)            |                 |
| তারিখ (Date)          | D D M M Y Y Y Y |

হিসাব পরিচালনাকারী  
Account Operator

|                       |                 |
|-----------------------|-----------------|
| স্বাক্ষর<br>Signature |                 |
| নাম (Name)            |                 |
| তারিখ (Date)          | D D M M Y Y Y Y |

হিসাব পরিচালনাকারী  
Account Operator

|                       |                 |
|-----------------------|-----------------|
| স্বাক্ষর<br>Signature |                 |
| নাম (Name)            |                 |
| তারিখ (Date)          | D D M M Y Y Y Y |

হিসাব পরিচালনাকারী  
Account Operator



and to debit the relevant account(s) in accordance with the Bank's normal banking procedures. Such charges are not refundable upon termination of any or all of my account(s).

#### Overdraft

I will be liable for any overdraft or other facilities arising in connection with any of the above account(s) and I do hereby authorize the Bank to debit any such account(s) with all or any profit (including compound profit), commission and other banking charges, costs and expenses (including any legal costs) incurred in connection therewith at such rates as may be determined by the Bank from time to time in its absolute discretion. I will also pay the Bank any such amounts, in the manner and, as may be required by the Bank in its absolute discretion.

#### Lien

In addition to any general lien or other rights or remedies to which the Bank may be entitled, the Bank may at any time and from time to time apply any credit balance to which the

Firm/Company/Institution/Organization is entitled on any accounts with the Bank (including the above accounts) with satisfaction for any of its indebtedness to the Bank. Furthermore, any of the Firm/Company/Institution/Organization accounts (including the above accounts) with any branch of the Bank shall be treated as one combined account, and for this purpose, I authorize the Bank to purchase with any such accounts, any such other currencies as may be necessary to effect any such application.

#### Foreign Currencies

I appreciate that there can be risks associated with any account(s) denominated in foreign currency, convertible accounts and foreign currency investments. Accordingly, I accept that I am solely responsible for all such risks and any costs and expenses whatsoever, arising (including without limitation, those arising from any international or domestic legal or regulatory restrictions) in respect of any account(s). Withdrawals or dealings on any such account(s) are also subject to the relevant currency being available at the Bank's relevant branch. Conversion from one currency to another shall be at the rate of exchange as determined by the Bank (in its absolute discretion) from time to time.

#### Closing of Account

I understand that I may close off the above account by giving prior written notice to the Bank. The Bank may, however, either, at its own instance or, at the instance of any court or administrative order, or otherwise close, freeze or suspend dealings of the account without prior notice to me or without being liable for and breach of duty if I may owe to me.

In relation to any of the above account, the Bank shall not be liable for any loss resulting from my death, incapacity or bankruptcy (for any other analogous event or proceeding) unless and until the Bank has received written notice of any such event together with such documentary evidence as the Bank may require. Furthermore, the Bank shall not be liable to me for any loss, damage or delay attributable in whole or part to the action of any government or government agency or any other event outside the Bank's control (including without supplies) provided that the Bank shall in each case endeavor to give notice generally to me for any anticipated delays due to any of the above events by notice in its branches or otherwise.

#### Statement Facilities

I understand that the Bank will send or deliver a statement of account to me at least monthly/quarterly/half yearly (in respect of any account that has, in the sole opinion of the Bank been inactive for the period of one year or more, such statements of accounts will be sent or delivered by the Bank annually) or in each case at such other intervals as may be agreed between the Bank and me, from time to time and I agree that I shall be responsible for promptly examining all itineraries thereon and that I must give the Bank written notice within 14 days of the date of the relevant statement of any discrepancy that I believe no difference exists between any such statement and my own record. In the absence of any such notice to me, I shall be deemed to have agreed and certified conclusively (for all purposes) the correctness of the relevant statement of account.

#### Technology Based Banking Service

I do hereby authorize the Bank to deduct fees/charges applicable for the technology based Banking services like Internet banking, SMS banking, Online banking, Mobile banking, Phone banking etc. as introduced by the Bank from time to time. Required documents

- I shall supply the copies of the company's constitutive documents and with a copy of each amending resolution as soon as the same has been passed together with copies of all current certificates and other documents evidencing the formation of the company and all current licenses, approvals and consents for the company to carry on its business in Bangladesh which the Bank may request from time to time.
- I hereby undertake to immediately notify the Bank in writing of any change in the constitution of the Firm/Company/Institution/Organization or any change in status, function or control.
- I authorize the Bank to accept for safekeeping, collection or for any other purpose, any securities or other properly deposited with the Bank or received from me and to release or deliver or give up any of these against my/our written instruments.
- I hereby also undertake to provide the Bank a list of the names and specimens of the signatures of all the Authorized Person(s) and from time to time inform by notice in

writing under the hands of the Chairman/ Managing Director/Partner(s) of the Company of any changes to this, and be entitled to act upon any such notice until the receipt of further notice under the hand of the Chairman/Managing Director/Partner(s) of the Company.

#### Confidentiality

Whilst the Bank maintains strict confidentiality in all matters relating to my account(s) and business, I hereby authorize the Bank (and/or any of its officers or employees) to disclose any information concerning me, my business, my account(s) held with the Bank or another group member, or my relationship with the Bank or another group member, to any of the following:

- Any office or branch of the Bank or another group member.
- Any agent, contractor or third party service provider, or any professional, technical adviser of the Bank or another group member.
- Any regulatory, supervisory, governmental or quasi-governmental authority with jurisdiction over the Bank or another Group Member.
- Any person to whom the Bank is required or authorized by lower court order to make such disclosure.
- Any person who is under a duty of confidentiality to the Bank.
- Any bank or financial institution with which I have or propose to have dealings; regardless of whether the recipient in each case is located in Bangladesh or in another country, and regardless of whether such information will, following disclosure, be held, processed, used or disclosed by such recipient in Bangladesh or another country.

#### Indemnity

I also agree to fully indemnify the Bank against all costs and expenses (including legal fees) arising in any way in connection with the above accounts, these terms and conditions or, in enforcing these terms and conditions and in recovering of any amount due to the Bank or incurred by the Bank in any legal proceedings of whatever nature.

#### Waiver

No forbearance, negligence or waiver by the Bank in the enforcement of any of these terms and conditions shall prejudice the bank's right thereafter to strictly enforce the same. No waiver by the Bank shall be effective unless it is in writing.

#### Variations

The Bank in its sole discretion may amend these terms and conditions at any time. If I use any banking facility after the effective date of the amendment, I shall be deemed to have received notice of the amendment and to have decided to continue to use the banking facilities upon the revised terms and conditions to be informed me by the Bank. I further acknowledge that in the event of any changes being communicated to me, the Bank is not obliged to obtain my signature for receipt of such communication.

#### Notices

Save as otherwise provided in these terms and conditions, and demand of communication made by the Bank under these terms and conditions shall be in writing and made at the address given by me (or such other address as I shall notify the Bank from time to time) and, if posted, shall be deemed to have been served on me on the date of posting whether actually received by me or not.

#### Governing Law

The terms and conditions of this mandate shall be governed by and construed in accordance with the laws of Bangladesh. However, all accounts shall be subject to the provisions of the guidelines/circulars together with any alteration/modification thereto effected by Bangladesh Bank from time to time. I hereby irrevocably submit to the exclusive jurisdiction of the Courts of Bangladesh and hereby undertake to abide by the terms and conditions stated hereinabove.

#### Force Majeure

The Bank shall not be liable if any transaction does not fructify or may not be completed or for any failure on part of the Bank to perform any of its obligations under these Terms and Conditions or those applicable specifically to its services/facilities if performance is prevented, hindered or delayed by a Force Majeure event (defined below) and in such case its obligations shall be suspended for so long as the Force Majeure event continues.

"Force Majeure Event" means any event due to any cause beyond the reasonable control of the Bank, including without limitations, unavailability of any communication systems, breach, or virus in the processes or payment or delivery mechanism, sabotage, fire, flood, explosion, acts of god, civil commotion, strikes or industrial action of any kind, riots, insurrection, war, acts of government, computer hacking, unauthorized access to computer data and storage devices, computer crashes, malfunctioning in the computer terminal or the systems getting affected by any malicious, destructive or corrupting code or program, mechanical or technical errors/failures or power shut down, faults or failures in telecommunication, etc.

#### Acceptance of Terms and Conditions

I do hereby declare that I have read and understood all the terms and conditions mentioned hereinabove and do hereby accept and agree to all the terms and conditions.

|                       |                 |
|-----------------------|-----------------|
| স্বাক্ষর<br>Signature |                 |
| নাম (Name)            |                 |
| তারিখ (Date)          | D D M M Y Y Y Y |

হিসাব পরিচালনাকারী  
Account Operator

|                       |                 |
|-----------------------|-----------------|
| স্বাক্ষর<br>Signature |                 |
| নাম (Name)            |                 |
| তারিখ (Date)          | D D M M Y Y Y Y |

হিসাব পরিচালনাকারী  
Account Operator

|                       |                 |
|-----------------------|-----------------|
| স্বাক্ষর<br>Signature |                 |
| নাম (Name)            |                 |
| তারিখ (Date)          | D D M M Y Y Y Y |

হিসাব পরিচালনাকারী  
Account Operator





**FOR BANK USE ONLY**

Date : 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
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Customer Unique ID Code (UCIC) : (1) 

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Account Marketed by :  MTB Employee  Agent's Employee  Sales Executive  Walk-in Customer  
 Name (Marketed by) : 

|  |         |  |  |  |  |  |  |  |  |
|--|---------|--|--|--|--|--|--|--|--|
|  | RM Code |  |  |  |  |  |  |  |  |
|--|---------|--|--|--|--|--|--|--|--|

| Branch  | Operations  |
|---|---|
| Branch Code.....<br>Account Classification Code.....<br>Investment Related Account <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Non-Resident Account <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Original Document<br><input type="checkbox"/> Others (Please specify).....<br><br> | <input type="checkbox"/> NID Obtained and Verified with EC<br><input type="checkbox"/> Valid Passport Copy Obtained<br><input type="checkbox"/> Birth Registration Certificate and Additional Photo ID Obtained<br><input type="checkbox"/> Trade License Obtained<br><input type="checkbox"/> Partnership Deed Obtained<br><input type="checkbox"/> MoA and AoA/By-laws Obtained<br><input type="checkbox"/> Resolution Obtained<br><input type="checkbox"/> Source of Fund Document Obtained<br><input type="checkbox"/> Application Checked<br><input type="checkbox"/> Others (Please specify).....<br><br><input type="checkbox"/> RM Code Assigned<br><input type="checkbox"/> Sanction Screening Completed<br><input type="checkbox"/> CIF Duplication Checked<br><input type="checkbox"/> Relationship Opened<br><input type="checkbox"/> Cheque Book Requested<br><input type="checkbox"/> Debit Card Requested<br><input type="checkbox"/> IB Request Submitted<br><input type="checkbox"/> SMS Request Submitted<br><input type="checkbox"/> E-Statement Request Submitted<br><input type="checkbox"/> Contact Point Verification (CPV) Done |

**SBS-2 AND SBS-3 STATEMENT RELATED INFORMATION**

(A). For SBS-2 Reporting Account No. : 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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1. Account Holder's Name : 

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|  |
|--|

  
 2. Profession/Type of Institution : 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| Sector Code: (See Guidelines for SBS-1, 2 & 3 Returns) |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

  
 3. Type of Account : 

|   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| Type of Deposit Code: (See Guidelines for SBS-1, 2 & 3 Returns) |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|

(B). For SBS-3 Reporting Account No. : 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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1. Individual Borrower's Name : 

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 2. Profession/Type of Institution : 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| Sector Code: (See Guidelines for SBS-1, 2 & 3 Returns) |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

  
 3. Purpose of Loans/Advances : 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| Economic Purpose Code: (See Guidelines for SBS-1, 2 & 3 Returns) |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

  
 4. Security : 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| Security Code: (See Guidelines for SBS-1, 2 & 3 Returns) |  |  |  |  |  |  |  |  |  |
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 5. Status of Loans/Advances : 

|   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| Loan Classification Code: (See Guidelines for SBS-1, 2 & 3 Returns) |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|

  
 6. Nature of Bills : 

|   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| Bills Code: (See Guidelines for SBS-1, 2 & 3 Returns) |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|

  
 7. SME Code : 

|   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| (See Guidelines for SBS-1, 2 & 3 Returns) |  |  |  |  |  |  |  |  |  |
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**Comment:**  

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| Signature & Seal : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; height: 20px;"></td></tr></table><br>Name : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; height: 20px;"></td></tr></table><br>Date : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table> |   |   | D | D | M | M | Y | Y | Y | Y | Signature & Seal : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; height: 20px;"></td></tr></table><br>Name : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; height: 20px;"></td></tr></table><br>Date : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table> |  |  | D | D | M | M | Y | Y | Y | Y |
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| D  | D                                       | M | M | Y | Y | Y | Y |   |   |   |  |  |  |   |   |   |   |   |   |   |   |
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| D  | D                                       | M | M | Y | Y | Y | Y |   |   |   |  |  |  |   |   |   |   |   |   |   |   |
| <b>Account Opening Official</b>  | <b>Approved by: Authorized Official</b> |   |   |   |   |   |   |   |   |   |  |  |  |   |   |   |   |   |   |   |   |