



TERM DEPOSIT APPLICATION FORM

1. PRIMARY APPLICANT

MR. MRS. MS. LAST NAME:

FIRST NAME: MIDDLE NAME(S):

DATE OF BIRTH (mm/dd/yyyy):

NATIONAL REGISTRATION No.: NATIONAL INSURANCE No.:

PERMANENT ADDRESS: STREET/AVENUE:

CITY/TOWN: PARISH/STATE:

ZIP/POSTAL CODE: COUNTRY:

TELEPHONE No.(s): Home: Work: Ext.:

Mobile:

EMAIL ADDRESS:

2. CO-APPLICANT

Where a co-applicant is being added to the primary applicant's account record, a Joint Account Agreement (Record Level) is required.

MR. MRS. MS. LAST NAME:

FIRST NAME: MIDDLE NAME(S):

DATE OF BIRTH (mm/dd/yyyy):

NATIONAL REGISTRATION No.: NATIONAL INSURANCE No.:

PERMANENT ADDRESS: STREET/AVENUE:

CITY/TOWN: PARISH/STATE:

ZIP/POSTAL CODE: COUNTRY:

TELEPHONE No.(s): Home: Work: Ext.:

Mobile:

E-MAIL ADDRESS:

3. BUSINESS APPLICANT

BUSINESS NAME:

CERTIFICATE OF INCORPORATION No.:

REGISTERED BUSINESS ADDRESS: STREET/AVENUE:

CITY/TOWN: PARISH/STATE:

ZIP/POSTAL CODE: COUNTRY:

BUSINESS TELEPHONE No.: FAX No.:

1. AUTHORIZED SIGNER:
(Full Name) (Job Title)

2. AUTHORIZED SIGNER:
(Full Name) (Job Title)

4. TRANSACTION DETAILS

TERM PERIOD: 12 MONTHS 24 MONTHS 36 MONTHS 60 MONTHS

OPEN DATE (mm/dd/yyyy): MATURITY DATE (mm/dd/yyyy):

NEGOTIATED RATE: YES NO AGREED NEGOTIATED RATE:

INTEREST RATE APPLICABLE(Per Annum): DEPOSIT AMOUNT:

(All negotiated rates must be approved by the Finance Department's Authorizing Representative)

- TERMS AND CONDITIONS**
- At maturity the principal plus interest will be rolled over for another term at the prevailing interest rate unless we are instructed otherwise by the undersigned
 - Additional funds cannot be added to this term deposit after opening
 - Deposits broken within 90 days of opening will not receive interest
 - Deposits broken after 90 days of opening but before maturity will be paid interest at the existing minimum deposit savings rate.

5. DECLARATION

I/We fully understand and accept the terms and conditions which apply to this account.

1. SIGNATURE OF APPLICANT: DATE (mm/dd/yyyy):

2. SIGNATURE OF CO-APPLICANT: DATE (mm/dd/yyyy):

For Business Applicants Only

I/We fully understand and accept the terms and conditions which apply to this account.

1. SIGNATURE OF AUTHORIZED SIGNER: DATE (mm/dd/yyyy):

2. SIGNATURE OF AUTHORIZED SIGNER: DATE (mm/dd/yyyy):

6. FOR OVERSEAS APPLICANTS ONLY

NOTARIAL CERTIFICATE:

I, Notary Public in and for the Country/State/Province/County of do hereby CERTIFY that on the day of the date hereof personally came and appeared before me a male/female who identified his/herself to be the within named the executing party to the foregoing written documents who did in my presence duly sign, seal and deliver the same as and for his/her free and voluntary act and deed. Given under my hand and seal this day of 20

PLACE NOTARIAL STAMP HERE

.....
Notary Public in and for the Country/State/Province/County of

7. FOR OVERSEAS CO-APPLICANTS ONLY

NOTARIAL CERTIFICATE:

I, Notary Public in and for the Country/State/Province/County of do hereby CERTIFY that on the day of the date hereof personally came and appeared before me a male/female who identified his/herself to be the within named the executing party to the foregoing written documents who did in my presence duly sign, seal and deliver the same as and for his/her free and voluntary act and deed. Given under my hand and seal this day of 20

PLACE NOTARIAL STAMP HERE

.....
Notary Public in and for the Country/State/Province/County of

FOR OFFICIAL USE ONLY

TYPE OF DEPOSIT(e.g. cash, cheque):

SHARE TYPE:

NAME OF STAFF MEMBER OPENING ACCOUNT (please print):

SIGNATURE OF STAFF MEMBER OPENING ACCOUNT: DATE (mm/dd/yyyy):

NAME OF STAFF MEMBER VERIFYING/AUTHORIZING ACCOUNT (please print):

SIGNATURE OF STAFF MEMBER VERIFYING/AUTHORIZING ACCOUNT: DATE (mm/dd/yyyy):

NAME OF FINANCE DEPARTMENT'S AUTHORIZING REPRESENTATIVE (please print):
(For Negotiated Rates Only)

SIGNATURE OF FINANCE DEPARTMENT'S AUTHORIZING REPRESENTATIVE: DATE (mm/dd/yyyy):
(For Negotiated Rates Only)