



# 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)*