



NOTE: Please fill-in this form in "BLOCK" letters and sign at all required places.

* Indicates mandatory field

Date* Branch*

D D M M Y Y Y Y Code Name

Account Details

Account Name *

Account Number *

Request for Placement of Term Deposit

Deposit Account Name *

Tenor in Months * 1 3 6 9 12 Other

Maturity Instructions * No rollover, credit the principal plus interest-earned to the above mentioned account
 Rollover only the principal amount on the same tenor and prevailing rates, and credit the earned interest to the above mentioned account
 Rollover the principal amount and the earned interest on the same tenor and prevailing rates

Deposit Currency * AED USD GBP EURO CAD Other

Deposit Amount in figures *

Deposit Amount in words *

Fee and Charges * Debit fee and charges (if any) from the aboved mentioned account

Request for Premature Encashment of Term Deposit

Deposit Account Name *

Deposit Account Number *

Encashment Instructions * Please encash the above mentioned Term Depoosit and credit the principal plus interest (if any) to the aforementioned account

Fee and Charges * Debit fee and charges (if any) from the aforementioned account

Declaration

I/We hereby request HBL to processs the above mentioned Term Deposit Request. I/We, the undersigned, hereby declare to have read and unconditionally agree to HBL's Terms and Conditions.

Primary Accountholder Name	Signature	Signature Verification (Branch Staff)	
Joint Accountholder Name	Signature	Signature Verification (Branch Staff)	
Joint Accountholder Name	Signature	Signature Verification (Branch Staff)	Company Stamp <small>(For Business Accountholders)</small>

For Bank Use only

Mode of Delivery	<input type="checkbox"/> In-Person <input type="checkbox"/> By representative <input type="checkbox"/> Other	<input type="text"/>
Callback Verification	<input type="checkbox"/> Not required <input type="checkbox"/> Call back required & verified on Phone #	<input type="text"/>
Term Deposit Interest Rate	<input type="text"/>	Fee and Charges <input type="text"/>
Request Received On	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Processed On <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<small>D D M M Y Y Y Y</small>	<small>D D M M Y Y Y Y</small>
CSO/Relationship Manager	Signature	Date
Approved by (if any exception)		
Processed by		
Supervised by		