



Bank of The Bahamas

L I M I T E D

FIXED TERM DEPOSIT APPLICATION FORM

Approval from the Central Bank of The Bahamas must be attained prior to opening if required (See Addendum of form 2003 A)
If a Fixed Term Deposit is held by one individual, the customer shall only sign as Primary Account Holder.

DATE:		BRANCH:	
PRIMARY APPLICANT			
CUSTOMER NAME:		CIF NO.:	
CURRENCY OF DEPOSIT: <input type="checkbox"/> BSD <input type="checkbox"/> USD		AMOUNT OF DEPOSIT:	
JOINT HOLDER DETAILS			
JAF (Joint of 'And' account as first individual)	JOF (Joint of 'OR' account as first individual)	JAO (Joint of 'AND' account as non-first individual)	JOO (Joint of 'OR' account as non-first individual)
CUSTOMER NAME:	CIF NO.:	RELATIONSHIP <input type="checkbox"/> JAF <input type="checkbox"/> JOF <input type="checkbox"/> JAO <input type="checkbox"/> JOO	
CUSTOMER NAME:	CIF NO.:	RELATIONSHIP <input type="checkbox"/> JAF <input type="checkbox"/> JOF <input type="checkbox"/> JAO <input type="checkbox"/> JOO	
CUSTOMER NAME:	CIF NO.:	RELATIONSHIP <input type="checkbox"/> JAF <input type="checkbox"/> JOF <input type="checkbox"/> JAO <input type="checkbox"/> JOO	
CUSTOMER NAME:	CIF NO.:	RELATIONSHIP <input type="checkbox"/> JAF <input type="checkbox"/> JOF <input type="checkbox"/> JAO <input type="checkbox"/> JOO	
FIXED TERM DEPOSIT TYPE (Select one)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Business	<input type="checkbox"/> BSD Investment	<input type="checkbox"/> Central Bank
<input type="checkbox"/> Government	<input type="checkbox"/> Staff	<input type="checkbox"/> Merchant Services	
<input type="checkbox"/> Financial Institution	<input type="checkbox"/> International Business Company (IBC)	<input type="checkbox"/> Other _____	
FIXED TERM DEPOSIT TENOR (Select one)			
<input type="checkbox"/> Seven (7) days	<input type="checkbox"/> One (1) month	<input type="checkbox"/> Two (2) months (USD Only)	<input type="checkbox"/> Three (3) months <input type="checkbox"/> Six (6) months <input type="checkbox"/> One (1) year
BSD INVESTMENT FIXED TERM:			
<input type="checkbox"/> Three (3) years	<input type="checkbox"/> Five (5) years	<input type="checkbox"/> Seven (7) years	<input type="checkbox"/> Ten (10) years <input type="checkbox"/> Other _____
SETTLEMENT ACCOUNT DETAILS			
<i>This account will be used to fund and liquidate the Fixed Term Deposit</i>			
ACCOUNT NUMBER:			BRANCH:
ROLLOVER DETAILS AND PAYMENT INSTRUCTIONS			
AUTOMATIC ROLL AT MATURITY: <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: No rollover for BSD Investment Fixed Term Deposits)			
If Yes, specify: _____			
INTEREST PAYMENT (Select one)			
<input type="checkbox"/> Add To Fixed Deposit	<input type="checkbox"/> Credit Settlement Account		

DECLARATION
FOR ALL CUSTOMERS:
I certify that the above information is true, correct and complete and that we have received, read, understood and accepted the Terms and Conditions outlined in the "Account Terms and Conditions Agreement" and shall be bound by its terms and conditions. We hereby give authority to Bank of The Bahamas Limited to obtain independent verification of the above information and to examine such documents or other evidence reasonably capable of providing such verification and agree that the above information may be used to offer the business any services from time to time as permitted by law, regulatory/statutory body and/or government organization.
I confirm that none of the customer information previously provided to Bank of The Bahamas Limited has changed.



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SIGNATURES		
PRIMARY CUSTOMER NAME:	SIGNATURE:	DATE:
JOINT HOLDER CUSTOMER NAME:	SIGNATURE:	DATE:
JOINT HOLDER CUSTOMER NAME:	SIGNATURE:	DATE:
JOINT HOLDER CUSTOMER NAME:	SIGNATURE:	DATE:
WITNESSED BY BANK STAFF NAME:	SIGNATURE:	DATE:
FOR OFFICIAL BANK USE ONLY		
PRODUCT CODE:	VALUE DATE:	BASE INTEREST RATE:
SPREAD:	FINAL INTEREST RATE:	CONTRACT REFERENCE NO:
PREPARED BY		
NAME:	SIGNATURE:	DATE:
APPROVED BY		
NAME:	SIGNATURE:	DATE: