



Bank of The Bahamas

L I M I T E D

FIXED TERM DEPOSIT MAINTENANCE FORM

DATE:	BRANCH:
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NAME OF FIXED DEPOSIT

FULL NAME ON FIXED DEPOSIT:	PRIMARY CIF NUMBER:
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FIXED DEPOSIT CONTRACT NO.:

FIXED TERM VALUE AMENDMENT
(Select the applicable request)

Transfer \$ _____ from my Fixed Term Deposit to my chequing/savings account number _____ on maturity date _____

Transfer \$ _____ from my Fixed Term Deposit broken today, to my chequing/savings account number _____ and rollover the remaining balance based on the Bank's existing Terms and Conditions.

Transfer \$ _____ from my chequing/savings account number _____ to add to my existing Fixed Term Deposit on maturity date _____.

FIXED TERM ACCOUNT DETAILS AMENDMENT
(Select the applicable request)

Amend Settlement account number to # _____ for my Fixed Deposit.

ADDITION OF JOINT HOLDER DETAILS

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"/> JAO <input type="checkbox"/> JOO
CUSTOMER NAME:	CIF NO.:	RELATIONSHIP <input type="checkbox"/> JAO <input type="checkbox"/> JOO
CUSTOMER NAME:	CIF NO.:	RELATIONSHIP <input type="checkbox"/> JAO <input type="checkbox"/> JOO
CUSTOMER NAME:	CIF NO.:	RELATIONSHIP <input type="checkbox"/> JAO <input type="checkbox"/> JOO



FIXED TERM DEPOSIT MAINTENANCE FORM

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.

SIGNATURES

CUSTOMER NAME:	SIGNATURE:	DATE:
CUSTOMER NAME:	SIGNATURE:	DATE:
CUSTOMER NAME:	SIGNATURE:	DATE:
CUSTOMER NAME:	SIGNATURE:	DATE:

FOR OFFICIAL BANK USE ONLY

I hereby confirm that the Fixed Term Deposit Agreement is duly completed and signed in accordance with the Bank's policy. Additionally, prior to forwarding to Business Support Unit, the above instructions & signature(s) were verified by:

NAME:	POSITION:
SIGNATURE:	DATE: