



Term Deposit Application

Personal Banking and Business Banking Accountholders

Under Banking License issued by the Central Bank of the UAE

NOTE: Please fill-in this form	in "BLOCK" letters	and sign at all re	equired place	S.	*	Indicates mandatory field
Date*		Branch*				
Account Details	Y Y Y	Υ	Code		Name	
Account Name *						
Account Number *						
Request for Placement of Te	erm Deposit					
Deposit Account Name *						
Tenor in Months *	☐ 3 ☐ 6	9	12			
Maturity Instructions *	Rollover only to the above r	the principal amo mentioned accou	unt on the sa nt	ime tenor and prev	ove mentioned acc vailing rates, and cr	redit the earned interest
Deposit Currency *	□ ∌ □\$		€ C:		·	ŭ
Deposit Amount in figures *						
Deposit Amount in words *						
Fee and Charges *	Debit fee and	charges (if anv) fr	om the abov	ed mentioned acc	ount	
Request for Premature Enca						
Deposit Account Name *						
Deposit Account Number *						
Encashment Instructions *	Please encash	the above mention	oned Term D	epsoit and credit t	he principal plus in	terest (if any) to the
Fee and Charges * Declaration			om the afore	mentioned accou	nt	
I/We hereby request HBL to unconditionally agree to HBL Primary Accountholder Name	's Terms and Condit		'		cation (Branch Staff)	
Trimary Accountificate I Name		Signature		Signature verific	action (Branch Stair)	
Joint Accountholder Name		Signature		Signature Verific	cation (Branch Staff)	
Joint Accountholder Name		Signature		Signature Verific	cation (Branch Staff)	Company Stamp (For Business Accountholders)
request is subject to verification by the Ba of premature liquidation or cancellation deposit signing will be revised. Prevailing t calculated will be credited in the respec	of the term deposit, the a	agreed rate at the time	جه الطلب. ، تطبيق		السعر المتفقّ عليه في وقت توقّ	طلب للتحقق من صحة البيانات من جانب كسر أو إلغاء الوديعة لأجل، سيُجرى تعديل اندة السائدة وإضافة الأرباح المحسوبة في ال
		For	Bank Use on	ly		
Mode of Delivery	In-Person	By represe		Other		
Callback Verification	Not required			rified on Phone #		
Term Deposit Interest Rate				Fee and Charges		
Request Received On	D D M	M Y Y	YY	Processed On	D D M	M Y Y Y
CSO/Relationship Manager	Name			Signature		Date
Approved by (if any exception)						
Processed by						
Supervised by						