

Term Deposit Application

HBL-UAE-TD-101016/1

Personal Banking and Business Banking Accountholders

Under Banking License issued by the Central Bank of the UAE

حييب بنك المحدود HABIB BANK LIMITED

NOTE: Please fill-in this form	in "BLOCK" letters and	sign at all required	places.	*	ndicates mandatory field
Date* D D M M Account Details	Y Y Y Y	Branch*		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 the p to the above ment	the principal plus in principal amount on tioned account	nterest-earned to the ab the same tenor and prev earned interest on the s	vailing rates, and cre	edit the earned interest
Deposit Currency *	AED USD	GBP EURO	CAD Other		
Deposit Amount in figures *					
Deposit Amount in words st					
Fee and Charges *	Debit fee and char	ges (if any) from the	e aboved mentioned acco	ount	
Request for Premature Enca	ishment of Term Depos	sit			
Deposit Account Name *					
Deposit Account Number *					
Encashment Instructions *	Please encash the a aforementioned ac		erm Depsoit and credit tl	he principal plus int	erest (if any) to the
Fee and Charges * Declaration	Debit fee and char	ges (if any) from the	e aforementioned accou	nt	
I/We hereby request HBL to unconditionally agree to HBL	's Terms and Conditions.		ssit Request. I/ we, the u	indersigned, hereby	dectare to have read and
Primary Accountholder Nam	e Siį	gnature	Signature Verific	cation (Branch Staff)	
Joint Accountholder Name	Sig	gnature	Signature Verific	cation (Branch Staff)	
Joint Accountholder Name	Si	gnature	Signature Verific	cation (Branch Staff)	Company Stamp (For Business Accountholders)
request is subject to verification by the Bank of premature liquidation or cancellation of n deposit signing will be revised. Prevailing ra- it calculated will be credited in the respective	the term deposit, the agreed r ck rate of the respective curre	ate at the time of		عر المتفق عليه في وقت توقيع	لمب للتحقق من صحة البيانات من جانب الب مر أو إلغاء الوديعة لأجل، سيُجرى تعديل الس ة السائدة وإضافة الأرباح المحسوبة في الحس
		For Bank U	Jse only		
Mode of Delivery	In-Person	By representative	Other		
Callback Verification	Not required	Call back required	& verified on Phone #		
Term Deposit Interest Rate			Fee and Charges		
Request Received On		Y Y Y Y	Processed On Signature	D D M I	M Y Y Y Y Date
	Name				
CSO/Relationship Manager	Name				
CSO/Relationship Manager	Name				
CSO/Relationship Manager Approved by (if any exception)	Name				
	Name				