

AFRASIA CURRENCY DEPOSIT APPLICATION (Individual)

**The Director
AfrAsia Bank Limited
Bowen Square
10, Dr Ferriere Street
Port Louis**

Date: / /

Dear Sir / Madam

Kindly open a Fixed Deposit Account at your bank in name of:-

Main Applicant: _____
_____ CIF No. _____

Second Applicant: _____
_____ CIF No. _____

(In case of minor)

Minor Name: _____
_____ CIF No. _____

Legal Guardian: _____
_____ CIF No. _____

The Mode of operation on this Account will be:

- Singly by _____
- Either by _____ or _____
- Jointly by _____ and _____
- In case of minor, account will be operated by legal guardian.

CURRENCY : _____

FIXED DEPOSIT AMOUNT : _____

PERIOD : _____

RATE OF INTEREST : _____ % per annum (Fixed)

DEBIT ACCOUNT NUMBER : _____

INTEREST CREDIT ACCOUNT : _____

INTEREST PAYMENT FREQUENCY : _____

- MATURITY INSTRUCTIONS : To renew capital & redeem interest at rate prevailing at time of renewal
- To renew both capital & interest at rate prevailing at time of renewal
- No automatic renewal

(Special instructions if any: _____)

(In case of joint accounts)

The funds in the account are owned and belong to:

- Mr/Mrs/Miss _____ only
Upon death of Account Holder, amount outstanding accrues to heirs of deceased.
- Jointly to Mr/Mrs/Miss _____
and Mr/Mrs/Miss _____
Upon death of either, amount outstanding accrues to survivor.
- Minor _____

These instructions remain valid unless I/We notify you otherwise, at least two working days prior to the expiry date. If for any reason I/We have to terminate the Fixed Deposit before the end of the abovementioned term, the following conditions will apply:

- (i) No interest will be payable if the deposit has been terminated within three months from date of deposit;
- (ii) If termination occurs after three months, the rate of interest will be adjusted at a rate to be decided by the bank to reflect the actual tenor of the deposit and the fact that the contract is being terminated in advance.

I confirm that the funds to be credited to this account are not connected in any way to any unlawful financial activity, pursuant to any Anti-Money Laundering Legislation in force in the Republic of Mauritius.

Yours faithfully,

Signature (Main Applicant/Legal Guardian)

Signature (Second Applicant)

FOR BANK USE ONLY

Customer Number(s): _____

Account Number: _____

Prepared By: _____



Transaction Number: _____

Checked By: _____