

FIXED DEPOSIT APPLICATION FORM (Corporate)

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 _____
_____ as follows:

FIXED DEPOSIT AMOUNT : MUR _____

PERIOD (6, 12, 24, 36, 48, 60) : _____

RATE OF INTEREST : _____ % per annum / Savings Rate + _____ % per annum
 Fixed Floating

DEBIT ACCOUNT NUMBER : _____

INTEREST CREDIT ACCOUNT : _____

INTEREST PAYMENT FREQ. : _____

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: _____)

These instructions remain valid unless I/We notify you otherwise, at least five 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.

Yours faithfully,

AUTHORISED SIGNATORIES	NAME	POSITION HELD
_____	_____	_____
_____	_____	_____

COMPANY'S SEAL

FOR BANK USE ONLY

Customer Number(s): _____

Account Number: _____

Transaction Number: _____

Prepared By: _____



Checked By: _____