

## FIXED DEPOSIT REQUEST

The Manager  
 The National Bank of Ras Al-Khaimah

Date: \_\_\_\_\_

\_\_\_\_\_  
 (Branch)

**Please establish a new deposit in the following name(s):**

Currency : \_\_\_\_\_ Amount in Figures \_\_\_\_\_

Amount in Words \_\_\_\_\_

Type of FD: FD  FD Plus  (Please tick one option)

Tenure of Deposit:  Years  Months  Days Interest Rate \_\_\_\_\_ %

Please debit my/our account no \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

### On maturity

- Renew the deposit for a similar period and reinvest the interest along with the principal.
- Renew the deposit for a similar period and pay interest every  Month  Quarter  Half Year  Year  On Maturity and credit interest proceeds to my/our account number \_\_\_\_\_
- On renewal, add an additional amount of \_\_\_\_\_ / \_\_\_\_\_ (Amt/Ccy) to the deposit by debiting my/our account number \_\_\_\_\_ and place the deposit for a tenure of \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days
- On renewal, add an additional amount of \_\_\_\_\_ / \_\_\_\_\_ (Amt/Ccy) to the deposit by debiting my/our account number \_\_\_\_\_ and pay out interest every  Month  Quarter  Half Year  Year  On Maturity. Credit interest proceeds to my/our account number \_\_\_\_\_
- On maturity, credit Interest to my/our account number \_\_\_\_\_ and Principal to my/our account number \_\_\_\_\_ (if different)
- Any other Instruction, Please specify \_\_\_\_\_

The Signing Authority on the Fixed Deposit will be the same as that applicable to all other accounts in the same name(s).

\_\_\_\_\_  
**Customer's Signature / Authorised Signatory**

**Please sign against any alternation/s on this form**

\_\_\_\_\_  
 Signature Verified

### Bank Use Only

**Note:** Where there is no existing account in the identical names to that requested in this instruction, a fresh account application mandate is necessary

CIF ID _____	Funds Checked: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rate agreed <input type="checkbox"/> Yes <input type="checkbox"/> No	CSO/DSA Code/ CSM/WMCSO/BM
CIF ID _____	Institutional FD : <input type="checkbox"/> Yes <input type="checkbox"/> No		For Secured card <input type="checkbox"/> Yes <input type="checkbox"/> No
CIF ID _____			