

INDIVIDUAL TERM DEPOSIT APPLICATION FORM



| | |
|--|--|
| Signia Account Number (For Official Use Only) | |
|--|--|

| | |
|--------------|--|
| Title | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: |
|--------------|--|

| | |
|------------------|--|
| Full Name | |
|------------------|--|

Customer Identification

| | | | | |
|---|---|---|--------------------|--|
| Enclosed Identification Copies (any 1 of the following) | <input type="checkbox"/> National ID Card | <i>Kindly enter the identification numbers for the ID's you have supplied</i> | National ID # | |
| | <input type="checkbox"/> Driver's License | | Driver's License # | |
| | <input type="checkbox"/> Passport | | Passport # | |

| | |
|---------------------------------------|--|
| Reason for Opening the Account | |
|---------------------------------------|--|

| | |
|------------------------|--|
| Source of Funds | |
|------------------------|--|

| | | | |
|---------------|--|-------------|--|
| Amount | | Term | |
|---------------|--|-------------|--|

| | | | |
|----------------------------|------|------|------|
| Contact (telephone) | (h): | (w): | (c): |
|----------------------------|------|------|------|

| | | |
|------------------------|------|--------|
| Contact (other) | Fax: | Email: |
|------------------------|------|--------|

| | |
|-----------------------------------|---|
| INTEREST PAYMENT FREQUENCY | <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MATURITY |
|-----------------------------------|---|

| | |
|------------------------|---|
| WITHHOLDING TAX | <input type="checkbox"/> NOT TAXABLE <input type="checkbox"/> TAXABLE |
|------------------------|---|

| | |
|------------------------------------|--|
| BARP NUMBER (IF APPLICABLE) | |
|------------------------------------|--|

| | |
|------------------|------------------|
| SIGNATURE | WITNESSED |
| DATE | DATE |

FOR OFFICIAL USE ONLY

| | | | | | |
|--------------------------|--|-------------------------|--|-----------------------|--|
| Interest Rate (%) | | BARP Premium (%) | | Total Rate (%) | |
|--------------------------|--|-------------------------|--|-----------------------|--|

| | | | |
|--------------------|--|--|--|
| Deposit No. | | Effective Deposit Date (DD/MM/YR) | |
|--------------------|--|--|--|

| | |
|-------------------------------|---------------------------|
| TRANSACTIONING OFFICER | COMPLIANCE OFFICER |
|-------------------------------|---------------------------|

| | |
|-------------|-------------|
| DATE | DATE |
|-------------|-------------|