

Monthly Secure DPS Application Form

Account Number

Customer ID

DST/RM Code

Deposit Code

Sector Code

Date

d

d

m

m

y

y

y

y

To
Sales & Service Manager
..... Branch

Dear Sir,
I,.....hereby apply for Monthly Secure DPS
for BDT/- (In words.....)
.....) as per Terms and Conditions written below:

1. Personal Information :
Full Name.....
Date of Birth

d

d

m

m

y

y

y

y

Father's Name/ Husband's Name
Mailing Address.....
City..... Post code..... Tel
Mobile..... Fax..... E-mail National ID
2. Tenor:
☐ 5 years (60 monthly installments), ☐ 10 years (120 monthly installments)
3. Standing Instruction:
Please debit my Account No.
for BDT..... (In words) being the monthly installment
of my Monthly Secure DPS.

Signature of Applicant

Monthly Secure DPS – Terms & Conditions

01. The name of the scheme is “Monthly Secure DPS”.
02. Full maturity value of deposited amount is insured in case of Accountholder’s death (excluding Pre-existing Illness/Disability, AIDS, Suicide, Assault or Murder, Participation in War or War like activity etc. as per insurance policy terms).
03. The scheme can be opened in the name of an Individual only.
04. Any citizen of Bangladesh can open Monthly Secure DPS – for 5 years scheme age limit is 18-60 years and for 10 years scheme age limit is 18-55 years.
05. Current /Savings account at NRB Bank Limited is a pre-requisite to open this scheme.
06. Under this scheme, accounts can be opened for a period of 5 years (60 monthly installments)/10 years (120 monthly installments).
07. For 5 years scheme maximum monthly installment amount is BDT 13,000.
08. For 10 years scheme maximum monthly installment amount is BDT 5,000.
09. Option for multiple scheme opening is available but the total maturity value must not exceed BDT 1,000,000.
10. Accountholder has the option to choose monthly installment amount as per bank’s policy at the time of opening the scheme.
11. Monthly installments will be automatically realized from the Accountholder’s CASA account linked with the scheme.
12. The deduction of the monthly installments will start from the day of opening Monthly Secure DPS and all subsequent installments will be deducted on the same date of the following months.
13. Sufficient available/cleared fund must be kept in the linked account on the day of due date to collect the deposits.
14. If sufficient balance is not available in the linked account for realizing monthly installment, Accountholder will have to pay penalty @2% interest rate on the installment amount for the due days.
15. The total maturity value will be paid after deduction of penalty charge @ 2% interest rate in case of installment failure.
16. Premature closure is allowed at any point during the scheme period, but no interest will be paid if the closure occurs before three months.
17. BDT 1,000 (One Thousand Only) will be charged as closing fee for premature closure and account value will be transferred to Accountholder’s CASA with existing savings rate of interest after deducting necessary insurance fees and taxes.
18. Bank will close the scheme if three consecutive monthly installments are not paid and the account value will be transferred to Accountholder’s CASA with existing savings rate of interest after deducting necessary insurance fees and taxes.
19. If there is any loan against the Accountholder in NRB Bank then NRB Bank holds the right to adjust the loan amount from the deposited amount which has been deposited by the Monthly Secure DPS Accountholder as monthly installment under this scheme.
20. Any benefit from Monthly Secure DPS may come under purview of income tax or any other levy as decided by the Government of Bangladesh.
21. These terms and conditions shall be governed by and constitute in accordance with the laws of Bangladesh and the customer and the bank is hereby irrevocably submit to the non-exclusive jurisdiction of the courts of Bangladesh.
22. NRB Bank has entered into an agreement with American Life Insurance Company, Bangladesh where Monthly Secure DPS maturity value is assured, the Accountholder shall be bound by the terms and conditions stated in the master group insurance policy and NRB Bank shall not be liable for any claim declined by American Life Insurance Company, Bangladesh.
23. NRB Bank reserves the right to change/alter/ratify terms and conditions, fees/charges & interest rate without any prior notice at any time.

Declaration

I (the undersigned) have read and understood the above terms and conditions. I hereby declare that, I have stated true information in the application form.
As a depositor of Monthly Secure DPS, I will abide by the terms and conditions of NRB Bank Limited.

Signature of Applicant

For Bank Use Only

Product TenureProduct CodeDate

d

d

m

m

y

y

y

y

Signature Verified by.....

Input by.....Authorized by.....
Sales & Service Manager

Monthly Secure DPS

Account Number

Customer ID

Customer Name

Mailing Address.....
.....

Tel.....

Monthly Deposit BDT Start Date Maturity Date.....

Authorized Signature

Signature of Applicant

Maturity Value Table

Monthly Deposit Amount (In BDT)	Tenure (Months)	Maturity at the end of the Tenure (In BDT)
500	60	37,995
1,000	60	75,989
2,000	60	151,979
3,000	60	227,968
4,000	60	303,957
5,000	60	379,946
6,000	60	455,936
7,000	60	531,925
8,000	60	607,914
9,000	60	683,904
10,000	60	759,893
11,000	60	835,882
12,000	60	911,872
13,000	60	987,861
500	120	94,633
1,000	120	189,267
2,000	120	378,534
3,000	120	567,801
4,000	120	757,068
5,000	120	946,335

Nomination

1. Only one person can be nominated by the Accountholder for each account.
2. Nomination will be cancelled if the nominee dies in the lifetime of the Accountholder. The Accountholder in such cases will advise in writing a new nominee.
3. The Accountholder, with written instruction, may change the nominee any time before the maturity of the scheme.
4. In case where there is no nominee, the Succession Certificate from the appropriate court will be required for releasing the payable amount after the death of the Accountholder.

Nomination Form for Refund of Money Deposited

(Vide Section 103 of the Bank Company Act 1991)

To
The Sales & Service Manager
..... Branch

Account Number

held with NRB Bank Limited

I (Full Name).....
have given my authority to.....
(herein after called "the Nominee")

- (a) That in the event of my death, the Nominee shall receive/draw the amount of deposits held by you in my account.
- (b) That in the event, the Nominee who is so authorized above remains a minor at the time of death,
Mr./Mrs./Ms
is authorized to receive/draw the amount of deposits held by you in my account.
- (c) That the nominee or the person so authorized under paragraph no. (b) as the case may be, shall be entitled to all my accounts to the exclusion of all other persons and that payment made by you to them shall constitute a full discharge by you of your liability in respect of such deposits.

I hereby declare that everything done by you in pursuance of this authority shall be binding upon me until you receive notice from me in writing to the contrary. Furthermore, I hereby declare that everything done by you in pursuance of this authority shall be binding on my heirs, executors and administrators and all other persons claiming through or under me.

Nominee Information :

Name.....

Relationship with Applicant..... Gender: ☐ Male ☐ Female

Date of Birth:

d

d

m

m

y

y

y

y

Address :

Tel :

Signature of the Nominee (Optional)

Signature of the Applicant

Name :

Address :

Tel :

Signature of the Witness

Name :

Address :

Tel :



Declaration for Insurance & Good health

Date

d	d	m	m	y	y	y	y
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The Sales & Service Manager
NRB Bank Limited.

Subject: Group Life Insurance Coverage with my Monthly Secure DPS

Dear Sir/Madam,
I am a Monthly Secure DPS Accountholder of your Bank Ref. A/C No.I would like to sign up for the Depositors Group Life Insurance Coverage arranged by you on this Monthly Secure DPS, from American Life Insurance Company at a Special Group Rate.

I hereby declare that I am aged between 18 and 60 years and want to get enrolled into the Monthly Secure DPS, which is offered by NRB Bank Ltd. as a special product feature. I understand that the Insurance Benefit will be the Balance between the Maturity Value and Account Value of my Monthly Secure DPS Account in case of my Death before Maturity up to a max of BDT 1,000,000 in aggregate among all Monthly Secure DPS held by me during the coverage period.

I also declare and certify that I am in good health, do not intend to undergo any medical investigation, treatment or surgical operation, and I am free from any physical or mental infirmity. I am currently not receiving any treatment, have not been treated or told to have any treatment for Cancer, AIDS, Kidney, Liver or Lung Disorder, Brain Diseases, Heart or Blood Diseases and at present I am not totally or partially disabled to work due to sickness or an accident and I do not have any physical impairment.

Based on the Exclusion Conditions like Pre-Exisiting Illness/Disability, AIDS, Suicide, Assault or Murder, participation in War or War like activity etc. and Age Eligibility, I believe I am eligible for this Insurance Coverage.

I also hereby declare that according to my knowledge and belief, all the above statements are true and that I have not withheld any relevant information. I agree that this declaration shall be the basis of this insurance.

I understand and agree that failure to disclose facts that affect the assessment of risk by the Insurance Company would invalidate the coverage.

I hereby authorise any doctor, hospital, clinic or medical provider, insurance company or any other company, institution or any other person who has any record or information about me to provide the insurer with the complete information, including copies of their records with reference to any sickness or accident any treatment, examination, advice or hospitalization. Any photocopy of this authorization shall be valid as the original copy. I hereby understand and agree that my Insurance Coverage shall be, at all times, subject to the terms and conditions of the Master Policy issued by the Insurer to NRB Bank Ltd.

Accordingly, I hereby agree to pay the Insurance-related Charges along with the Monthly Deposit/Installment against the Monthly Secure DPS provided that I am Eligible for Insurance coverage (if I am NOT, I understand that I do not have to enroll and pay the Insurance Charges.)

Yours sincerely,

1. (Signature) _____

(NAME) _____

Account Number: _____

Name of Insured: _____



NRB Bank Limited

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