

SME Equity Planner Application Form				
Account Number Customer ID	DST/RM Code			
	Deposit Code			
То	Sector Code			
Branch Manager	Date d d m m y y y y			
Branch				
Dear Sir,				
I,Proprietor/Managing I				
hereby apply for SME Equity Planner for BDT				
(In words	) as per Terms and			
Conditions written below:				
1. Personal Information :				
Name of the Account				
Name of Proprietor/MD/Partner				
Mailing Address				
City Post code Tel				
Mobile E-mail	National ID			
2. Tenure:	<u> </u>			
☐ 3 years (36 monthly installments)	☐ 5 years (60 monthly installments)			
3. Standing Instruction:				
Please debit my Account No.				
for BDT(In words	) being the monthly			
installment of SME Equity Planner.	, 5			
• •				
	Signature of the Owner with Seal			
SME Equity Planner – Terms & Cond	litions			

- 1. The name of the scheme is "SME Equity Planner".
- 2. Any SME client/Other enterprise or organization of Bangladesh can open this account. This account can be opened in the name of a firm/organization only.
- Current account at NRB Bank Limited is a pre-requisite to open this scheme.
- 4. Under this scheme, account(s) can be opened for a period of 3 years (36 Monthly Installments)/ 5 years (60 Monthly Installments) in any denomination at multiple of BDT 500 per month but not exceeding BDT 50,000 per month.
- 5. Depositor can choose monthly installment amount as per bank policy at the time of opening the scheme, which cannot be changed later on.
- 5. Monthly installments will be automatically realized from Accountholder's CASA account linked with the scheme.
- 7. Deduction of the monthly installments will start from the day of opening SME Equity Planner and all subsequent installments will be deducted on the same date of the following months. Sufficient fund must be kept in the linked account on or within next three days of due date to collect the Installments.
- 8. If sufficient balance is not available in the linked account for realizing monthly installment, Account holder will have to pay penalty @ 2% interest rate on the installments amount for the due days. If the accountholder does not wish to continue with the scheme, he/she may do so at any time and upon premature closure interest will be provided in the manner as mentioned in clause 12 below.
- 9. Maturity value will be paid after deducting of penalty charge @ 2% interest rate in case of installment failure.
- 10. If any monthly installment remains unpaid the accountholder will be notified and if the installment remains unpaid even upon notification for 3(three) consecutive months, the scheme will be closed automatically.
- 11. BDT 500 (Five Hundred) will be charged as closing fee for premature closure.
- 12. In case of premature closure , interest will be paid as per following rules :
  - (a) Less than 1 year: self deposited amount without interest (b) More than 1 year but less than 3 years :self deposited amount plus interest @ prevailing savings account interest rate (c) More than 3 years but less than 5 years: matured value of 3 years plus interest @ prevailing savings account interest rate on self deposited amount for fraction period (d) More than 4 years but less than 5 years: matured value of 3 years plus interest @ prevailing savings account interest rate on self deposited amount for fraction period.
- 13. If there is any loan in the name of depositor with NRB Bank, then NRB Bank holds the right to adjust the loan amount from the deposit which has been deposited by the account holder for deposit under the scheme of of SME Equity Planner.
- 14. Any benefit from SME Equity Planner may come under purview of Income Tax of any other levy as decided by the government of Bangladesh.
- 15. These terms and conditions shall be governed by and construed 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.
- 16. NRB Bank reserves the right to change/alter/rectify terms and conditions, fees/charges & interest rate without any prior notice at any time.

	Declaration	
I (the u	indersigned) have read and understood the above terms and conditions. I hereby declare that, I have stated t	rue information in the application form.
As a depositor of SME Equity Planner, I will abide by the terms and conditions of NRB Bank Limited.		
Date	d d m m y y y y	Signature of the Owner with Seal



For Bank Use Only				
Product Tenure	Product Code		Date	d d m m y y y y
Signature Verfied by				
Input by		Authorized by Branch Manager		



SME E	quity Planner
Account Number	Customer ID
Name of the Account	
Tel	
Monthly Deposit BDT	Start Date Maturity Date
Authorized Signature	Signature of the Owner with Seal
Authorized Signature	Signature of the Owner with Sear

Maturity Value Table				
Monthly Installment Amount	Pre-tax Maturity after 3 years	Pre-tax Maturity after 5 years		
BDT 500	BDT 21,065	BDT 39,041		
BDT 1,000	BDT 42,130	BDT 78,082		
BDT 2,500	BDT 105,325	BDT 195,206		
BDT 5,000	BDT 210,650	BDT 390,412		
BDT 7,500	BDT 315,975	BDT 585,618		
BDT 10,000	BDT 421,300	BDT 780,824		

## 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 SME Equity Planner.
- 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.
- 5. In the event of Account Holder's death, his/her nominee will not be allowed to continue the account and the amount deposited plus interest as per applicable prior to the death of account holder shall be paid to the nominee after proper identification.

(Vide Section 103 of the Bank Company Act 1991)  To Branch Manager  Brotograph of Applicants  Photograph of Applicants  Photograph of Nominee Account Number  I (Full Name)  have given my authority to.  (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 my death, Mir,Mirs,/Mis, 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 m 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/we hereby declare that everything done by you in pursuance of this authority shall be binding upon me/us until you receiv notice from me/us in writing to the contrary. Furthermore, I/we hereby declare that everything done by you in pursuance of this authority shall be binding on my/our heirs, executors and administrators and all other persons claiming through of under me/us.  Nominee Information:  Name.  Customer ID (If any):  Gender: Male   Fema Date of Birth:   d   d   m   y   y   y   Profession:  Signature of the Nominee (optional)  Signature of the Witness  Name:  Signature of the Witness  Name:	Nomination Form for Refund o	f Money Deposited	
Branch Manager  Photograph of Applicants  Branch Manager  Photograph of Applic		ompany Act 1991)	
Account Number			
Account Number			
Full Name	Account Number	0 .	
have given my authority to	held with NRB Bank Limited		
(a) That in the event of my death, the Nominee shall receively 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 my death, Mr./Mrs.//Ms	I (Full Name)		
(a) That in the event of my death, the Nominee shall receively 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 my death, Mr./Mrs.//Ms	have given my authority to		
Nominee Information:  Name	is authorized to receive/draw the amount of deposits held by you in (c) That the nominee or the person so authorized under paragraph no accounts to the exclusion of all other persons and that payment mad you of your liability in respect of such deposits.  I/we hereby declare that everything done by you in pursuance of this authorities from me/us in writing to the contrary. Furthermore, I/we hereby this authority shall be binding on my/our heirs, executors and administration.	my account.  (b) as the case may be, shall be ententententententententententententente	titled to all my Ill discharge by ntil you receive n pursuance of
Relationship with Applicant	•		
Date of Birth: d d m m y y y y Profession: Married Unmarried  Address:	Name	Customer ID (If any):	
Address:	Relationship with Applicant	Gender: 🔲 N	Male 🗌 Female
Tel:  Signature of the Nominee (optional)  Signature of Executant with Seal  Name:	Date of Birth: d d m m y y y y Profession:	Marital Status: 🗌 Marrie	ed 🗌 Unmarried
Signature of the Nominee (optional)  Signature of Executant with Seal  Name:	Address :		
Signature of Executant with Seal  Name :	Tel :		
Name :		Signature of the Nomin	nee (optional)
	Signature of Executant with Seal	Signature of the Witnes	ss
	Name :	Name :	
Address : Address :	Address :	Address :	



