# ADIL ENTERPRISE

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Phone : (+880) 01712-287717 Email : adilenterprisectg@gmail.com

Address : Khulshi, Chittagong (4202) Hours : Sat – Fri 9:00AM – 5:00PM

## Deposit Plus Scheme ( DPS ) Application Form

Photograph of the Applicant

**Customer NID :**

**DPS Account No:**

**Opening Date:**

Photograph of Nominee Attested by the Applicant

**The Manager**

**_____Chittagong Branch**

**_____I request you to open a monthly Deposit Plus Scheme (DPS) account in your Adil Enterprise in my Name with the following details. I agree to deposit monthly installment as mentioned below and under the Terms and Conditions mentioned overleaf.**

**Monthly Installment : Tk_____(in words._____**

**Duration : ☐ 2 yrs ☐ 3 yrs ☐ 5 yrs ☐ 10 yrs.**

**APPLICANT DETAILS** **Terms & Conditions: As mentioned overleaf**

**Full Name : ..... Sex : ☐ Male ☐ Female**

**Father's Name: ..... Mother's Name: .....**

**Date of Birth : Occupation:_____ Nationality:_____**

**Mail Address:_____**

**Permanent Address:..... Mobile No:_____**

## NOMINEE DETAILS

**I hereby declare that in the event of my death the following person will be the recipient of the proceeds of my Adil Enterprise Deposit Plus Scheme (DPS):**

| Nominee Name | Address & Tel No. | Date of Birth | Relation with the Customer | Signature |
|---|---|---|---|---|
| | | | | |

**I do, hereby declare that all the information furnished by me in this application is true, complete and accurate and I have not withheld any material details. I also declare that I have read and understood all the Terms and Conditions written on the overleaf of this Application Form. I will abide by all these Terms and Conditions.**

**.....**
**Signature Verified (by Bank Official)**

**ADIL ENTERPRISE USE ONLY**

**.....**
**Signature of the account holder**

**.....**
**Checked by**

**.....**
**Authorized Signature**

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**ADIL ENTERPRISE** **Customer Copy**

**Customer NID :**

**DPS Account No:**

**Customer Name : .....**

**Mailing Address & Contact No : ..... Maturity Date: .....**

**Monthly Installment Tk : ..... Duration : .....yrs. Start Date: .....**

**.....**
**Signature Verified (by Bank Official)**

**.....**
**Authorized Signature**