Account Number:
(For Bank Use Only)

Customer Fixed Deposit Account Form

Equitorial Trust Bank
Partnership that works

Account Name:
(Surname First or Business Name)

PLEASE INDICATE HOW YOU WANT YOUR DEPOSIT FIXED

TENURE (In Days) **RATE** % p/a

MODE OF DEPOSIT

CHEQUE CASH TRANSFER FROM CUSTOMER ACCOUNT

PRINCIPAL AMOUNT *Please tick if: **Principal Increment:** Or **Principal Decrement:**

In Figures ₦ **In Words**

MODE OF LIQUIDATION on maturity

ISSUE CHEQUE ROLLOVER TRANSFER TO CUSTOMER ACCOUNT

Specifiy Instructions

ACCOUNT SIGNATORIES

Full Name:
Surname first

Signature: **Date:** *dd-mm-yyyy*

Full Name:
Surname first

Signature: **Date:** *dd-mm-yyyy*

ACCEPTANCE OF TERMS AND CONDITIONS

I/We hereby request and authorise the bank to open a Fixed Deposit Account in the name I/we have expressed in this form.

I/We have read and understood the Equitorial Trust Bank Ltd terms and conditions stated on the Customer Record Opening form. I/We agree to be bound by the said terms and conditions including those excluding/limiting the bank's liability. I/We agree that the bank may debit my/our account for service charges as applicable from time to time.

My/Our signature(s) on this Fixed Deposit Account Form express(es) my/our acceptance of the said terms and conditions. Also, my/our signature(s) on this form confirm that the information/instruction(s) on this form were duly provided by me/us.

INFORMATION OF PROCESSORS

(For Bank Use Only)

Bank Branch:
(For Bank Use Only)

	Staff Name & ID Card No:	Signature & Date
Deposit Introduced by:		
Deposit Booked by:		
Deposit Authorised by:		
Deposit Checked by:		