



SFIL FINANCE PLC.

ACCOUNT OPENING FORM - INDIVIDUAL

(PLEASE FILL UP IN BLOCK LETTERS)

Date

The Branch Manager
SFIL Finance PLC.

Photo of Applicant(s)

Branch

A/C No.

Dear Sir/Madam,

CIF No.

I/we request you to open a term deposit/savings scheme account with your organization. My/our detailed information is furnished below [আমি/আমরা আপনার প্রতিষ্ঠানে একটি মেয়াদী আমানত/ সেভিংস স্কিম হিসাব খোলার জন্য আবেদন করছি। আমার / আমাদের বিস্তারিত তথ্যাদি নিচে প্রদান করা হল]

1. ACCOUNT TITLE [হিসাবের শিরোনাম]

Account Name in English

Account Name in Bangla [বাংলা]

Applicant 1 (English)		প্রথম আবেদনকারী (বাংলা)	
Applicant 2 (English)		দ্বিতীয় আবেদনকারী (বাংলা)	
Applicant 3 (English)		তৃতীয় আবেদনকারী (বাংলা)	
Applicant 4 (English)		চতুর্থ আবেদনকারী (বাংলা)	

* Max. 4 persons can be included as account holder in one individual account.

2. TYPE OF DEPOSIT [হিসাবের প্রকার]

☐ Term Deposit ☐ Day Wise Deposit ☐ Monthly Earner Deposit ☐ Quarterly Earner Deposit ☐ Double Money Deposit ☐ Triple Money Deposit
☐ Deposit Pension Scheme ☐ Millionaire Scheme ☐ Profit First Deposit ☐ Others.....

3. OPERATING INSTRUCTION [হিসাব পরিচালনা সংক্রান্ত ঘোষণা]

☐ Singly ☐ Jointly ☐ Either or Survivor ☐ Others.....
☐ Special instruction (if any)

4. FIXED DEPOSIT DETAILS [মেয়াদী হিসাব সংক্রান্ত তথ্য]

☐ Term.....Days/Months/Years ☐ Interest Rate % p.a ☐ Amount: BDT
☐ Amount in Words..... ☐ Number of Instrument(s):
☐ Renewal Option: ☐ Principal Only ☐ Principal with Interest ☐ As per instruction at Maturity

5. SCHEME INFORMATION [স্কিম সংক্রান্ত তথ্য]

☐ MS ☐ MSS ☐ DPS ☐ Others..... ☐ Term.....Days/Months/Years ☐ Initial Deposit Amount (BDT):
☐ Number of Premium ☐ Monthly Premium amount Maturity Amount

6. MODE OF DEPOSIT TO SFIL [টাকা জমার মাধ্যম]

☐ Cheque/Pay Order No/Others ☐ Date..... ☐ Cheque Deposit Date
☐ Cheque Clearing Date..... ☐ Bank Name..... ☐ Branch Name

7. SOURCE OF FUND (in Details) [প্রদেয় অর্থের উৎস]:

8. IF ONE OR MORE OF THE ACCOUNT HOLDER/S IS/ARE MINOR [এক বা একাধিক হিসাবধারী নাবালক হলে]:

After my/our death I, as the legal guardian of the following account holder, do hereby declare that the account holder is a minor. His/her required information has been furnished in the attached form. The account will be operated in my signature till such date the minor becomes adult or I provide further instruction.

Name of Account Holder (Minor).....

Name of Guardian.....Relationship with Minor.....

N.B. Personal information form must be filled in for both the minor and the guardian and both the forms must be signed by the guardian.

Signature (1 st Applicant) Name: Date:	Signature (2 nd Applicant) Name: Date:	Signature (3 rd Applicant) Name: Date:	Signature (4 th Applicant) Name: Date:
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CASH TRANSACTION IS STRICTLY PROHIBITED

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9. TERMS & CONDITIONS

9.1 "SFIL Finance PLC." hereinafter referred to as SFIL, acts only as a collection agent and assumes no responsibility for the realization of the proceeds of any instrument deposited with SFIL for collection. Proceeds of cheques or other instruments deposited and/or interest thereon are not available for withdrawal/interest accrual until their proceeds are collected by SFIL. In relation to any dealings in respect of Deposit Account, SFIL shall not be liable for any loss for the customer's death, incapacity or bankruptcy (or any other analogous event or proceeding). Further SFIL shall not be liable to the customer for any loss, damage or delay attributable in whole or in part to the action of any government or government or agency or any other causes beyond SFIL's reasonable control (including without limitation, strikes, industrial action equipment failure or interruption of power supplies) provided that SFIL shall in each case endeavor to notify the customer of any anticipated delays due to any of the above events once SFIL is in communication with the customer. SFIL Deposit schemes and their payments are governed by the existing and applicable laws in Bangladesh and the proceeds of deposit with SFIL are only payable at Branch offices of SFIL. The customer shall release from, indemnify and hold SFIL harmless from and against all the actions, suits, proceedings, costs, claims, demands, charges, expenses, losses and liabilities whatsoever arising in consequences of or in any way related to: I. SFIL having acted in good faith in accordance with customer's telephone, email, instruction (s) as above may be initiated or transmitted in error or fraudulently altered, misunderstood or distorted in the line of communication or transmission, and II. SFIL having referred from acting in accordance with customer written, telephone, email instruction (s) by reason of failure of actual transmission thereof to SFIL or receipt by SFIL for whatever reason, whether connected with fault, failure, or un-readiness of the sending or receiving equipment's; or III. Customer's failure to forward all original copies of email or facsimile instruction (s) to SFIL within such period as SFIL may specify. SFIL is authorized to communicate in any form with the client through given mailing address, email, facsimile or mobile no, in case of change customer's contact details, customer is responsible for updating the information with SFIL authorized offices. Save as otherwise provided in these terms & conditions, any demand of communication made by SFIL under terms and conditions shall be in writing and made at the address given by Depositors (or address (es) will notify SFIL from time to time) and if posted, shall be deemed to have been served on depositor on next day from the date of posting.

9.2. "Deposit" shall mean money deposited with SFIL for a certain period in the form of any banking instruments including but not limited to, cheques, Pay Order and Demand Draft or through any Bangladesh Bank approved fund transfer mechanism. "Customer" shall mean individual or organization that deposits money with SFIL. "Premature Encashment" shall mean encashment of deposit after elapse of such period as may be prescribed by Bangladesh Bank as the minimum term of deposits, currently being three (03) months, but before end of fixed term for which customer places deposit with SFIL. "Government" shall mean the Government of People's Republic of Bangladesh. These Terms and Conditions are supplemental to the other terms and conditions of SFIL prevailing in relation to the deposit schemes and in the event of any conflict, the terms and conditions as framed in later dates shall prevail unless otherwise stated or framed by SFIL.

9.3. Interest Rate prevailing on the opening or renewal day of the deposit account will be applicable for interest calculation, Rates of Interest are subject to change at any time without notice to customers, either at the point of maturity or renewal.

9.4. SFIL may set any minimum amount of Term Deposit and Deposit Scheme as per discretion of SFIL.

9.5. Minimum period for any term deposit product is 3 (three) months. Any term deposits cannot be encashed before completion of (3) months as per the rules of Bangladesh Bank.

9.6. Mode of Acceptance Deposit shall be made by "Account Payee" cheque, pay order, bank draft or through Bangladesh Electronic Fund Transfer Network (BEFTN) drawn in favor of "SFIL Finance PLC." together with filled application form and necessary documents. Deposit cheque or fund transfer should be issued from customer's bank account and repayment cheque will also be made on that account. No cash deposit will be accepted by SFIL. For MSS, DPS and Millionaire Scheme, the depositor is liable to ensure timely payment of installment as per the terms and conditions of the scheme. When a depositor fails to deposit any installment on time, she/he will have to pay a late payment fee of TK. 300/- at the time of paying their overdue installments, If the monthly installments are not paid for three (3) consecutive months, the scheme will become dormant and will stand closed. Installment must be deposited within 1st to 25th day of each month (as selected by depositor) at the bank nominated.

9.7. Customer would be entitled to receive payment against the deposit in the following cases - I. Encash of deposits [after elapse of such period as may prescribed by Bangladesh Bank as the minimum term for deposit(s), currently being (3) three months] II. Interest payment in accordance with the terms and conditions of the relevant deposit product. Payment will be made through account payee cheque or Bangladesh Electronic fund Transfer Network (BEFTN) in favor of customer into his/her bank account from where the cheque was earlier issued. No cash payment will be made. Customer is responsible for providing required information for making payments. In case of encashment and disbursement for loan against deposit, duly signed original instrument has to be submitted to SFIL, along with written instruction from customer. Payment Instruction/Instrument will be issued on following working day after receipt of instruction, If the deposit mature on a holiday, payment instruction/Instruments will be issued on the following working day and no interest will paid for the holiday period (days). Deposit interest will be transferred to customer's bank account through Bangladesh Electronic Fund Transfer Network (BEFTN) or by account payee cheque in favor of customer. Customer availing the cheque facility for any payment is liable to deposit the cheques to their Bank in due time. If any cheque is stolen or lost, SFIL reserves the right to charge a fee for re-issuance of cheque. SFIL deposit schemes and their payments are governed by the existing and applicable laws in Bangladesh and proceeds of Deposits with SFIL are only payable at offices of SFIL.

9.8. Interest Calculation: Interest on Deposit Account(s) as well as on loan facilities against such account(s) will be calculated as per relevant Bangladesh Bank Guideline.

9.9. Loan Against Deposit: Depositor can avail loan facilities against deposit at any time after opening of account. SFIL at its sole discretion shall determine the amount of loan. Interest rate of loan will be as per prevailing policy.

9.10. Maturity & Auto Renewal Any and all matured accounts will be automatically renewed under the same deposit product and the same tenure if no instruction from customer is received by SFIL in writing or in any other form acceptable to SFIL prior to maturity except DPS, MSS, Millionaire Scheme & Multi- Millionaire Scheme. SFIL prevailing interest rate on maturity date of the respective deposit account will be applicable during auto renewal.

9.11. Premature Encashment or Early Encashment: Deposit accounts cannot be encashed before completion of 3 (three) months from the opening date of the new deposit (not applicable for renewal option). After completion of first 3 (three) months, customer may encash his deposit and in such a situation SFIL will pay interest at reduced rates for the broken period as per its prevailing premature encashment policy.

9.12. Nomination: There can be more than one nominee for a single deposit scheme. If the shares of multiple nominees are not specified, all nominee will share equally in the event of the death of the depositor(s), the nominee shall receive/draw the proceeds of deposits from SFIL as per rules of the Government of Bangladesh. In the event the nominee so authorized remains minors at the time of death of the depositors, the nominated guardian shall be authorized to operate the deposit account. The nominee so authorized, shall be entitled to the proceeds of the deposit account(s) to the exclusion of all other persons i.e. depositors heirs, executors and administrators and all other persons claiming through or under the depositor(s) and any payment made to the nominee in pursuance of this authority shall be binding on all other persons.

9.13. Tax & Excise Duty Tax on interest earnings will be applicable as per prevailing Government rules and regulations. Government Excise Duty will be applicable for each deposit. Account as per prevailing Government rules and regulations. Any other charges imposed by Government, Regulator or any other relevant authority from time to time will be applicable on each deposit account. SFIL reserves the right to adjust and set off any such taxes or duties from the deposit or interest accrued thereon.

9.14. Transferability: Deposit Account are strictly non-transferable.

9.15. Fees & Charges: SFIL reserves the right to charge fees for any service it deems appropriate as per prevailing fees schedule. VAT on fees will be borne by the customer as per prevailing law of the land as the time of realization of fees. The fees schedule can be changed at any time without prior notice to the Customer. SFIL reserves the right to adjust and set off any such fees, costs, charges and taxes from the deposit or interest accrued thereon.

9.16. Customer Information: Though SFIL maintains strict confidentiality in all affairs of the account, SFIL shall always be entitled to disclose any information regarding customers deposit account(s) held with SFIL to any of the followings: I. Any regulatory, supervisory, governmental of quasi-governmental authority with the jurisdiction over SFIL. II. Any person to whom SFIL is required (in connection with its administration and business, for data information, transaction, document and records collection, processing and storage, fraud detection or prevention, suspicious activities, audit, inspection, provision of services by any third party, debt collection) or authorized by law or court order to make disclosure.

9.17. Right to Change: SFIL reserves the right to change or amend any of the terms & conditions mentioned above any time without prior notice of customer.

9.18. Severability: If any terms or provisions of this agreement shall be held to be invalid, illegal, unenforceable or in conflict with the law of any Jurisdiction, in whole or in part under any enactment or rules of law, such term or provision or part thereof shall to that extent be deemed not to or part of this instrument but the validity, legality and enforceability of the remaining terms or provisions shall not in any way be affected or impaired thereby.

10. DECLARATION AND SIGNATURE:

I/we hereby confirm that I/we have read and understood the Terms and Conditions governing the Deposit account and I/we shall abide by said terms and conditions. I/We also confirm that the above-mentioned information is true and accurate. I/we shall provide any relevant information/document as per your requirement in addition to those already provided.

<p>.....</p> <p>Signature (1st Applicant) Name: Date:</p>	<p>.....</p> <p>Signature (2nd Applicant) Name: Date:</p>	<p>.....</p> <p>Signature (3rd Applicant) Name: Date:</p>	<p>.....</p> <p>Signature (4th Applicant) Name: Date:</p>
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Photo of Applicant(s)

11. CLIENT INFORMATION FORM

Reference Account No..... Individual CIF No 1) 2)

Details	1 st Applicant	2 nd Applicant
Client's Name (In English)		
Client's Name (In Bangla)		
Client's Relation with Account	<input type="checkbox"/> Account Holder <input type="checkbox"/> Joint Applicant <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Attorney Holder <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Others	
Father's Name (In English)		
Father's Name (In Bangla)		
Mother's Name (In English)		
Mother's Name (In Bangla)		
Spouse Name (In English)		
Spouse Name (In Bangla)		
Present Address		
Permanent Address		
Work Address		
Mobile Number		
E-mail		
Occupation (In Details)		
Monthly Income		
Nationality		
Gender		
Date of Birth	DD/MM/YYYY	DD/MM/YYYY
Place of Birth		
National ID Number		
E-TIN (If Any)		
Marital Status		
Passport Number		
Passport Issue Date & Country of Issue		
Other ID Details (If No NID)		
Contact Address	<input type="checkbox"/> Present Address <input type="checkbox"/> Permanent Address <input type="checkbox"/> Work Address. <input type="checkbox"/> Others (As prescribed)	
Resident Status	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident

*For more than 2 applicants, please include another page.

Signature (1 st Applicant) Name: Date:	Signature (2 nd Applicant) Name: Date:
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12. INFORMATION OF NOMINEE: [নমিনী সংক্রান্ত তথ্য]

Reference Account No.....

Nominee CIF No.....

Photo of
Nominee 1

Photo of
Nominee 2

Photo of
Legal
Guardian

Details	Nominee 1	Nominee 2
Nominee Name (in English)		
নমিনীর নাম [বাংলা]		
Share (%)		
Relationship with Applicant		
Father's Name (In English)		
Father's Name (In Bangla)		
Mother's Name (In English)		
Mother's Name (In Bangla)		
Spouse Name (In English)		
Spouse Name (In Bangla)		
Present Address		
Permanent Address		
Mobile Number		
E-mail		
Profession		
Date of Birth	DD/MM/YYYY	DD/MM/YYYY
Place of Birth		
National ID Number		
Passport Number		
Passport Issue Date & Country of Issue		
Other ID Details (If No NID)		
Guardian's Name (If Nominee is Minor)		
Relationship with Nominee		
Guardian's CIF Number		
Signature of Nominee(s) [নমিনীর স্বাক্ষর]		

N.B. Personal information form must be filled in for both the minor and the guardian and both the forms must be signed by the guardian.

13. DECLARATION AND SIGNATURE:

I/we hereby confirm that I/we have read and understood the Terms and Conditions governing the Deposit account and I/we shall abide by said terms and conditions. I/We also confirm that the above-mentioned information is true and accurate. I/we shall provide any relevant information/document as per your requirement in addition to those already provided.

Signature (1 st Applicant) Name: Date:	Signature (2 nd Applicant) Name: Date:	Signature (3 rd Applicant) Name: Date:	Signature (4 th Applicant) Name: Date:
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14. CLIENTELE ACKNOWLEDGEMENT FORM (CAF)

Name of the Client	
Type of Deposit	
Deposit Amount (BDT)	

SL. No.	Questions	Comments	
		SFIL Finance PLC.	Client(s)
1.	What will be the interest rate?		
2.	When will be the Deposit account matured?		
3 (a).	Will the interest rate be same in case of early encashment?		
3 (b).	If no, whether the client is fully informed about tenure-wise different rates for early encashment?		
4.	Will it be automatically renewed if the amount is not withdrawn at maturity and no instruction is given by the client in this regard?		
5 (a).	Will there be any fees charged against the deposit account?		
5 (b).	If so, whether the depositor is informed about it or not.		
		SFIL Sign-Off	Client(s) Sign-Off
	Date:		

15. Payment Mode for Encashment:

☐ Cheque (If Cheque, please arrange to collect the payment cheque (s) from SFIL Branch) ☐ BEFTN (If BEFTN, please mention your bank account detail as):

Account Name.....Account Number.....

Bank Name.....Branch Name.....Routing No.....

16. Authorization (If Any)

I/we do hereby authorize Mr./Ms. whose signature is attached below to collect the cheque/instrument of my /our deposit on my /our behalf from SFIL Finance PLC.

.....
Signature of Authorized Person

.....
Signature verified by Client's



CHEQUE ACKNOWLEDGEMENT RECEIPT

Received with thanks from Mr./Ms.

Cheque Amount (BDT) Amount (In Words)

Cheque No. / P.O / D.D. No. Account No.....Date.....

Drawn On Bank

Received by (Full Name): Department : ID Number : Signature with date
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Note: The Original Instrument will be issued after realization of the proceeds of the cheque/Pay Order/Demand Draft

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Account Opening Form Supplement

This form must be completed by any individual who wishes to open a loan/deposit account (Please complete in BLOCK LETTERS)

Name
Country of Residence
Country of Birth
Please check '✓' Yes or No for each of the following questions:	
	Yes / No
1 Are you a U.S. Resident?	<input type="checkbox"/> <input type="checkbox"/>
2 Are you a U.S. Citizen?	<input type="checkbox"/> <input type="checkbox"/>
3 Do you hold a valid U.S. Permanent Resident Card (Green Card)?	<input type="checkbox"/> <input type="checkbox"/>

I hereby confirm the authenticity of information provided above.

Subject to relevant regulatory requirements, I hereby give my consent that SFIL or any of its subsidiaries (collectively SFIL) may disclose my information to Bangladeshi or foreign regulators, including tax authorities, as necessary to ascertain my tax liability in any jurisdiction.

I further consent and agree that, SFIL may withhold from my account (s) such amounts as may be required by applicable laws, regulations and / or directives issued by relevant Bangladeshi or foreign regulators or tax authorities.

I undertake to notify SFIL within 30 calendar days of any changes in the information provided by me during opening the account.

Signature.....Date.....

For Official use only

BACK SIDE OF
CHEQUE ACKNOWLEDGEMENT RECEIPT

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KYC PROFILE FORM - INDIVIDUAL

1. Account Title		
2. Branch ID & Account No		
3. CIF No		Group CIF No: <input type="text"/>
4. Client's Name		
5. Name of account opening officer		

Documents:	If Photocopy is obtained; in applicable cases	
6. Birth Registration Certificate	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Passport number	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. National ID number	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Commissioner Certificate	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. E-TIN	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Driving License number	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO

12. Information on Beneficial Owner (Beneficial owner of the account must be identified and KYC of beneficial owner must be completed in details)

13. What is the source of fund? How source of fund has been verified (if applicable)?

14. Is the source of fund consistent with the profession of the client? (Justify the consistency by giving details description of client's profession)

15. Risk Score: ☐ Low ☐ Medium ☐ High ☐ Extreme

Comment:

Risk score to be ascertained as per SFIL Finance PLC's "Money Laundering and Terrorist Financing Risk Based Assessment Guidelines."
Risk Treatment action plan to be provided in details under the comment field.

Signature & Date
Name of Relationship Manager/Introducer

Signature & Date
Approving Officer's Name

Is any of the Names of the applicant/nominee/beneficiary is found in the sanction list or any other blacklist? If answer is Yes, then give detailed description in the comment field

Comment ☐ YES

☐ NO

Verifying Officer's Name, Signature (with Seal) and Date

Name, Signature (With Seal) of Review/Updating Officer and Date

Signature and Date with Seal of Approving Officer

Signature and Date with Seal of Account Opening Officer

Signature and Date

16. Last date of review/update of account and customer information

☐ Please open ☐ Do not open

Account Opening Date:

Maturity Date:

Account Opening form scanned by

Name

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SFIL FINANCE PLC.

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