

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:

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: _____



