

1. Date:

2. Unique Customer ID No: _____

Instructions for filling the form:

The form is to be filled clearly in capital letters | Any overwriting and/or words struck out must be confirmed by signature of the sole/first depositor or legal guardian of sole/first depositor or authorized signatory(ies), which is applicable.

3. Are you a new client of the Company?

 Yes; If **Yes**, all fields are mandatory to fill up.

 No; If **No**, select the following:

 For new instruction for new scheme/product, all fields are mandatory to fill up.

 For update/change of any information of existing account, fill only the relevant fields.

4. New Account No. : _____ FOR OFFICE USE ONLY

5. New Account No. : _____ FOR OFFICE USE ONLY

6. Existing Account No.: _____

NOMINATION:
First Nominee:

7. Name: _____

 8. Type of ID: National ID Passport Motor Driving License

 Birth Certificate Chairman/Ward Commissioner's Certificate

9. ID No.: _____

10. Relationship: _____ 11. Share: _____ %

Second Nominee:

12. Name: _____

 13. Type of ID: National ID Passport Motor Driving License

 Birth Certificate Chairman/Ward Commissioner's Certificate

14. ID No.: _____

15. Relationship: _____ 16. Share: _____ %

OPERATING INSTRUCTION:

17. Name (Account Operator)*: _____

 18. The Person is : Sole/First Depositor

 Second Depositor

 Guardian of Sole/First Depositor

 Guardian of Second Depositor

 First Nominee

 Second Nominee

 Guardian of First Nominee

 Guardian of Second Nominee

 Authorized Signatory

 Partner

 19. _____

 20. Type of ID : National ID

 Passport

 Motor Driving License

 Birth Certificate

 Chairman/Ward Commissioner's Certificate

21. ID No. : _____

Signature of Account Operator

* Minor cannot be designated for account operation

22. COMMUNICATIONS/STATEMENTS:
 Present Address

 Permanent/Registered Address

 Work/Business Address

 E-Mail: 23. _____

MONTHLY INSTALLMENT DEPOSIT (For Build Up Schemes & Insured Schemes):

 24. Bank : One Bank

 United Commercial Bank

 IFIC Bank

 25. _____

 26. Mode of Payment : BEFTN

 Deposit Slip

BANK ACCOUNT INFORMATION:

I/We hereby authorize United Finance Limited to collect/transfer my/our interest and/or installment and/or principal from/to the following bank account:

27. Bank Name : _____

28. Account No. : _____

29. Branch Name : _____

30. Account Name : _____

31. Branch Phone No. : _____

32. Account Type : _____

33. Branch Address : _____

DECLARATION:

I/We confirm that information provided in this form is/are accurate. I/We acknowledge that, my/our deposit scheme(s) shall be governed by above instructions and any action taken by United Finance Limited based on the above instructions shall be binding upon me/us.

 34. Signature of Sole/First Depositor Authorized Signatory-1

 35. Signature of Second Depositor Authorized Signatory-2

IF DEPOSITOR(S) IS/ARE MINOR:

I/We, the legal guardian of the above mentioned depositor(s) hereby declare that, he/she/they is/are minor(s). The deposit account will be operated under my/our signature(s) as the legal guardian(s) until the depositor(s) becomes mature or until you receive any notice from me/us in writing to the contrary. I/We have provided all required documents and information, as legal guardian(s).

Signature of Legal Guardian of Sole/First Depositor

Signature of Legal Guardian of Second Depositor

UF/Form/001/V3_09/16

36. Received with thanks from: _____

37. Cheque/P.O./Bank Draft Tk.: _____ 38. Cheque/P.O./Bank Draft No.: _____ 39. Date: _____

40. In Words (Taka): _____

41. Drawn on: _____ 42. Bank: _____ Branch

 43. Received by: _____ 44. Date:

Name

Signature

The original instrument will be issued after realization of the deposit amount.

FOR OFFICE USE ONLY

45. Introducer's Name : _____ 46. Introducer's Code: _____
 47. Introducer's Address : _____ 48. Telephone : _____
 49. Introducer's Signature : _____ 50. TC/GC's Signature : _____

Required Documents

Individual

51. Account Information Form 52. Personal Information Form 53. Account Operations Form 54. Photo of Depositor(s) & Nominee(s)
 55. Photo ID/Certificate of Depositor(s) & Nominee(s) 56. KYC Form of Depositor(s) & Nominee(s)

57. Sole/First/Second Depositor is minor : No Yes; 58. if **Yes**, Legal Guardian's : Personal Information Form Photo ID/Certificate
 Photo KYC Form

59. First/Second Nominee is minor : No Yes; 60. if **Yes**, Legal Guardian's : Personal Information Form Photo ID/Certificate
 Photo KYC Form

61. Account Operator is Nominee/Legal Guardian: No Yes; 62. if **Yes**, Account Operator's : Personal Information Form Photo ID/Certificate
 Photo ID/Certificate KYC Form

Notarized/Registered Partnership Form

63. Account Application Form 64. Organizational Information Form 65. Personal Information Form of Authorized Signatories
 66. Account Operations Form 67. Photo ID/ Certificate of Authorized Signatories 68. Photo of Authorized Signatories
 69. Partnershit Deed/Agreement 70. Trade License 71. Resolution 72. KYC Form of Authorized Signatories

Private/Public Limited Company

73. Account Application Form 74. Organizational Information Form 75. Personal Information Form of Authorized Signatories 76. Forwarding Letter
 77. Account Operations Form 78. Photo ID/ Certificate of Authorized Signatories 79. Photo of Authorized Signatories 80. Board Resolution
 81. Certificate of Incorporation 82. Form XII/List of Directors 83. Trade License 84. MOA/AOA 85. KYC Form of Authorized Signatories

Association/Club/Society/Trust/Charitable Organization

86. Account Application Form 87. Organizational Information Form 88. Personal Information Form of Authorized Signatories
 89. Account Operations Form 90. Photo ID/ Certificate of Authorized Signatories 91. Photo of Authorized Signatories
 92. Registration Certificate 93. Resolution 94. KYC Form of Authorized Signatories

95. Tax Exemption is applicable : No Yes; 96. if **Yes**: Certificate of Tax Exemption
 97. Insured Scheme : No Yes; 98. if **Yes**: Insurance Application and Good Health Declaration Form
 99. Sole/First Depositor is a Senior Citizen: No Yes; 100. if **Yes**: Age Verified Special Rate
 101. Mode of Pyament is BEFTN : No Yes; 102. if **Yes**: Copy of one Cheque

SOURCE OF FUND

103. Please select from the following categories:
 Personal Savings Business Salary and/or Bonus Inheritance

104. If source is not from above category, please select from the following category with Details and supporting Documents:
 Remittance Investment Returns Commission Honorarium
 Land/Apartment Sale Proceeds Gifts from Family Members/Relatives 105. _____

106. Details: _____

107. As per selection above, obtain the following documents:
 Certificate of Investment Copy of Sale Deed 108. _____

109. If any Document not received, explain **Why**: _____

110. First Payment of Build Up & Insured Scheme/Deposit amount received: Yes; if **Yes**, details as below:

Details of Cheque/Pay Order/Bank Draft:

Type of Instrument	Instrument No.	Date	Bank	Amount in Taka	Lodged On
111	112.	113.	114.	115.	116.
117.	118.	119.	120.	121.	122.
Total				123.	

No; 124. if **No**, Acknowledgement of cheque attached:
 Yes No; if **No**, provide reason below:

125. Reason: _____

126. In case of Cheque, is it from Own Account: Yes No; 127. if **No**, give **Reason** of the Cheque Issuer: _____

Details of Cheque Issuer:

128. Account Name: _____ 129. Cheque No.: _____ 130. Bank: _____ 131. Relation: _____

132. Account Name: _____ 133. Cheque No.: _____ 134. Bank: _____ 135. Relation: _____

136. Remarks : _____

Received By

137. Date:

D	D	M	M	Y	Y	Y	Y
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 138. Name: _____ 139. ID No.: _____ Signature: _____ 140. Time:

H	H
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 :

M	M
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 AM/PM

Build Up & Insured Scheme

141. Cutomized deposit book issued: No Yes; 142. if **Yes**, fill up the following:

143. Installment Deposit Book: _____ 144. Issued by: _____ *Name* _____ *Signature with Date*

Please collect original instrument from:

Written authorization is required for the collection of the original instrument by any person other than the depositor

For any additional query, please contact us at:

16354

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