

THE TRINIDAD BUILDING AND LOAN ASSOCIATION FIXED DEPOSIT APPLICATION FORM

MEMBER 1 Title: First Name: Surname:	Street Address 2: Cell Phone No: Marital Status: ID No:	Middle Name:		
Surname:	Cell Phone No:	City: Email:		
Iome Street Address: Iome Phone No: Date of Birth: (yyyy/mm/dd) Passport No: Employer:	Cell Phone No:	Email:		
Home Phone No: Date of Birth: (yyyy/mm/dd) Passport No: Employer:	Cell Phone No:	Email:		
Date of Birth: (yyyy/mm/dd) Passport No: Employer:	Marital Status:			
(yyyy/mm/dd) Passport No: Employer:		Gender:		
Passport No: Employer:	ID No:			
		DP No:		
Vork Street Address:				
	Street Address 2:	City:		
Work Phone No:	Fax No:	Job Title:		
IOINT MEMBER TENANT IN CO	OMMON "AND" / 🗌 NOT I	IN COMMON "OR"		
1EMBER 2				
Fitle: First Name:		Middle Name:		
Surname:				
Iome Street Address:	Street Address 2:	City:		
Home Phone No:	Cell Phone No:	Email:		
Date of Birth: (yyyy/mm/dd)	Marital Status:	Gender:		
Passport No:	ID No:	DP No:		
Employer:				
Vork Street Address:	Street Address 2:	City:		
Work Phone No:	Fax No:	Job Title:		
IXED DEPOSIT				
Receipt No:	Date: JV	/#: Date:		
Fransfer From:	(yyyy/mm/dd) Reference No:	(yyyy/mm/dd) Date:		
Account No:	Principal: \$	(yyyy/mm/dd)		
`ERM: 1 Year 2 Years 3				
NTEREST PAYMENT	est Cheques Credit Interest to S	Savings		

FIXED DEPOSIT Continu	ed								
RENEWAL OF FIXED DEI Upon maturity I would like t									
○ Transfer Principal and interest to Member's account number:									
C Reinvest Principal and transfer interest to Member account number:									
C Reinvest Principal and interest at existing market rate.									
C Receive cheque for both principal & interest									
○ Transfer Principal & Inter	rest to bank accou	nt no	at			,			
No interest is payable if the Deposit is withdrawn within three months of the value date. A breakage fee of 3 percentage points less than the agreed rate will apply if the Deposit is broken or withdrawn before maturity.									
I\We hereby authorize The Trinidad Building and Loan Association to open a Fixed Deposit Account in the above name(s) on my behalf.									
$\bigcirc I \land \bigcirc We$,		;	agree to comply and be b	ound by the R	cules of the As	ssociation.			
SIGNATURE OF MEMBER: DAT									
SIGNATURE OF MEMBEI	R (JOINT)			(yyyy/mm/dd) DATE:					
FOR OFFICIAL USE ONLY									
ACCOUNT TYPE:	() INDIVIDUAL	○ JOINT	O NON INDIVIDUAL	○ MINOR	⊖ CHARITA	ABLE CRELIGIOUS			
ACCOUNT NUMBER:									
RECEIPT #		DATE		AMOUNT PAID \$					
INTEREST RATE:	Per Cent	TERM:							
INTEREST PAYMENT: [ANNUALLY								
<u>SPECIAL INTEREST PRO</u>	OVISION								
DATE OPENED: (yyyy/mm/dd)									
MATURITY DATE: (yyyy/mm/dd)									
CERTIFICATE ISSUE DA (yyyy/mm/dd)	ГЕ:								
SEAL DATE: (yyyy/mm/dd)									
RATIFICATION DATE: (yyyy/mm/dd)									
PREPARED BY: NAME:			SIGNATURE:			DATE: (yyyy/mm/dd)			
CHECKED BY: NAME:			SIGNATURE:			DATE:			
						(yyyy/mm/dd)			
APPROVED BY: NAME:			SIGNATURE:			DATE: (yyyy/mm/dd)			
						·			
		Pa	ge 2 of 2						