Habib Bank AG Zurich

(incorporated in Switzerland 1967)

Time deposit placement instructions

Fill in BLOCK letters and check ☑ where appropriate

Date ____ ____ ____
day month year

The Manager,

_____ Branch,
United Arab Emirates.

CUSTOMER REFERENCE

Account number 0 2 - - - - -
22 digits

Account title _____

Dear Sir/Madam,

With reference to the account details specified above, execute Time Deposit placement as per the details provided below:

TERM DEPOSIT PLACEMENT INSTRUCTION

Placement currency _____ Placement amount _____
in figure

(_____)
in word

TD Tenor Week ☐ Month ☐ 3 months ☐ 6 months ☐ 9 months ☐ 12 months ☐ 18 months ☐ 24 months
☐ Other, please specify _____

Interest payment frequency ☐ Maturity ☐ Others, please specify _____

Interest rate (% p.a.) _____ Placement / Value date ____ ____ ____
day month year

Account to be debited 0 2 - - - - -
22 digits

TERM DEPOSIT MATURITY/RENEWAL INSTRUCTION

☐ Renew the deposit with principal PLUS interest for the same tenor at prevailing interest rate.

☐ Renew the deposit with principal ONLY for the same tenor at prevailing interest rate and credit the interest to the following HBZ Account:
0 2 - - - - -
22 digits

☐ Transfer the maturity proceeds to my/our HBZ account mentioned below:
0 2 - - - - -
22 digits

AUTHORISATION AND AGREEMENT

I/We authorise the Bank to place the funds under Time Deposit account as per above instructions, where applicable and agree to abide and be bound by the Bank's fees & charges and General terms & conditions governing the operations of accounts. I/we further agree that:

(1) The Term Deposit will be renewed for a similar period at the Bank's prevailing rate if no instructions are given under 2 working day prior to maturity.

(2) In case of pre-mature withdrawal the interest rate will be revised based on the lower of the prevailing rate at the time of placement or time of withdrawal and 1% penalty will be charged on deposits withdrawn before maturity date.

Yours truly,

AUTHORIZED SIGNATORY 1:	*AUTHORIZED SIGNATORY 2:*	*AUTHORIZED SIGNATORY 3:*
signature	signature	signature
name	name	name

FOR OFFICE USE

Processed by _____

Date ____ ____ ____
day month year

Signature: _____

SV

NOTE:
- In the case of multiple signatories, authorized signatories must sign as per the account mandate.
- The customer agrees to abide by the Terms & Conditions specified above and bank's General Terms & Conditions, which are subject to change without any prior notice.