



DHAKA BANK
LIMITED
EXCELLENCE IN BANKING

EduSavings Plan

Parent's/Applicant's

Customer Information Form (CIF)

(This form duly filled in to be attached with the individual account opening form)

Date:
d d m m y y y y

Plan Account Opening Requirements

Plan Account Number:

☐ Edu Savings Opening Form; to be filled in and signed by each Plan holder

☐ Recent Passport size photograph for each Plan holder

☐ Copy of Passport / National ID card / Driving License

☐ Nominee details & one copy of nominee's photograph & School ID (attested by the Plan holder)

☐ Foreign citizens in Bangladesh additionally require-Photocopy of passport with valid visa and work permit

Customer IC

Customer ID

Notes:

* Please present the original document for each photocopy submitted

* Please confirm any overwriting by full signature

Name of the Customer/Applicant: Prefix (Mr./ Mrs./ Ms. _____)

First Name Middle Name Last Name

Father's Name/Spouse's Name: _____ Mother's Name: _____

Nationality _____ Marital Status: ☐ Married ☐ Single ☐ Others _____

Date of Birth:
d d m m y y y y

Gender (please tick): ☐ Male ☐ Female

National ID No.: _____ Passport/Driving License No.(if available): _____

Tax Identification No. (TIN) (if available): _____

Present Address: _____

Permanent Address: _____

Mailing Address: _____

Contact Details:

Telephone: Residence: _____ Office: _____ Mobile: _____

Fax: _____ E-mail: _____

Residency Status (please tick): ☐ Resident ☐ Non-Resident

Employment/ Business Details:

Profession ☐ Service ☐ Business ☐ Others (Please specify) _____

Name of the Organization _____

Address _____

Designation _____ Number of years at present Employment/ Business _____

I declare with full conscience that all information provided here is true. I shall provide any kind of relevant necessary information/documents in addition to the information provided herein as per requirement.

Signature of the Applicant



DHAKABANK
L I M I T E D
EXCELLENCE IN BANKING

EduSavings Plan

Child's

Date:

d	d	m	m	y	y	y	y

To
The Manager
Dhaka Bank Limited

Customer IC:

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Customer ID:

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Branch

Applicant's Picture
attested by Introducer

Dear Sir,

Please open an EduSavings Plan with your bank as per following details:

Monthly deposit amount Tk.: _____ (in words _____) only

"Plan" Installment, charges (if any) to be debited from SB Account No. :

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Tenure: ☐ 4 years ☐ 6 years ☐ 8 years ☐ 10 years ☐ 12 years

Child's Personal Information

Child's Name: _____ Date of Birth:

d	d	m	m	y	y	y	y

Applicant's Name: (Child's Father/Mother) _____

Father's Name: _____ Mother's Name: _____

Present Address: _____

Phone: _____

Permanent Address: _____

Name of School: _____ Phone No. _____

Address: _____

Photo of
nominee
attested by
Plan holder(s)

I nominate the following person to receive/draw the balance held in my Edu Savings Plan after my death. I retain the right to cancel or change this nomination at any time. I hereby accord my consent that the Bank shall not be liable in any manner whatsoever to make payment as per my instruction.

Nominee's Name: _____

I declare with full conscience that all the information provided here is true. I shall provide any kind of relevant necessary information/ documents in addition to the information provided herein as per bank's requirement.

Signature of the Applicant



EduSavings Plan

Contingent Nominee (Nominee Being a Minor)



Contingent Nominee's Information

I hereby nominate, Mr/Mrs.....(information furnished below)
as the **Contingent Nominee** to receive the benefit of the nominee if he/she remain a minor in the event of my accidental death/accidental permanent disability before maturity of the Edu Savings Plan.

Name of Contingent Nominee: Prefix (Mr./ Mrs./ Ms. _____)

Father's Name/Spouse's Name: _____ Mother's Name: _____

Nationality _____ Marital Status: ☐ Married ☐ Single ☐ Others _____

Date of Birth:

d	d	m	m	y	y	y	y

 Gender (please tick): ☐ Male ☐ Female

National ID No.: _____ Passport/Driving License No.(if available): _____

Present Address: _____

Permanent Address: _____

Mailing Address: _____

Contact Details:

Telephone: Residence: _____ Office: _____ Mobile: _____

Fax: _____ E-mail: _____

Residency Status (please tick): ☐ Resident ☐ Non-Resident

Employment/ Business Details:

Profession ☐ Service ☐ Business ☐ Others (Please specify) _____

Name of the Organization _____

Address _____

Designation _____ Number of years at present Employment/ Business _____

I declare with full conscience that all information provided here is true. I shall provide any kind of relevant necessary information/documents in addition to the information provided herein as per requirement.

Signature of the Applicant



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EduSavings Plan

Premature Encashment	Applied Rate of Interest
Less than 1 year	No interest
More than 1 year but less than 4 years	Prevailing Interest rate on Savings Account
More than 4 years but less than 6 years	Matured value of 4 years and rest as per the prevailing interest rate on Savings Account
More than 6 years but less than 8 years	Matured value of 6 years and rest as per prevailing interest rate on Savings Account
More than 8 years but less than 10 years	Matured value of 8 years and rest as per prevailing interest rate on Savings Account
More than 10 years but less than 12 years	Matured value of 10 years and rest as per prevailing interest rate on Savings Account

Monthly Deposit (Taka)	Maturity Value (BDT) [pay-out upon regular deposit of all instalments]				
	4 Years	6 Years	8 Years	10 Years	12 Years
500	27,490	44,753	64,889	88,376	115,177
1,000	54,979	89,506	129,778	176,751	230,353
2,000	109,959	179,012	259,556	353,502	460,707
3,000	164,938	268,518	389,334	530,253	691,060
5,000	274,896	447,530	648,890	883,756	1,151,766
8,000	439,834	716,048	1,038,223	1,414,009	1,842,826
10,000	549,793	895,060	1,297,779	1,767,511	2,303,533
12,000	659,751	1,074,072	1,557,335	2,121,013	2,764,239
15,000	824,689	1,342,589	1,946,669	2,651,267	3,455,299
20,000	1,099,585	1,790,119	2,595,558	3,535,022	4,607,066

Parent's/Applicant's Signature

For Bank's Use Only

Sector Code :

Profession Code :

Business Code :

Maker:

Name: _____

Employee Id. _____

Signature: _____

Checker:

Name: _____

Employee Id. _____

Signature: _____

Manager/Authorized Officer

Name: _____

Employee Id. _____

Signature: _____

NB: Fields under with RED INK are to be filled by the Bank.



EduSavings Plan

Application & Good Health Declaration (GHD)

DHAKA BANK
LIMITED
EXCELLENCE IN BANKING

Date :

To
The Manager
Dhaka Bank Limited

Branch

Sub : Group Insurance Coverage with Dhaka Bank EduSavings Plan

Dear Sir/Madam:

I am an EduSavings Plan Applicant of your Bank. I would like to sign up for the Group Insurance Coverage arranged by Dhaka Bank Limited on this Plan from the American Life Insurance Company (MetLife).

I understand and agree that the First Applicant of this Education Savings Plan Mr./Ms. _____ will be insured under the scheme.

I hereby declare that the First Applicant is aged between 18 and (65-N) years, where N is the term of the Deposit Plan in Years and wants to get enrolled into the Insurance Program. I understand that due to loss of life, insurance coverage will BDT15,000 and due to accident, the additional accidental Insurance Benefit will be the Maturity Value of the respective Plan.

I also declare and certify that the First Applicant is in good health, does not intend to undergo any medical investigation, treatment or surgical operation, and is free from any physical or mental infirmity. S/he is 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 s/he is not currently totally or partially disabled to work due to sickness or an accident and does not have any physical impairment.

The Nominee(ies) for Insurance benefits will be as designated in the Account Opening Form by the First Applicant for EduSavings Plan.

Based on the Exclusion Conditions like Pre-Existing Illness/Disability, AIDS, Suicide, Assault or Murder, Participation in War or War like Operations etc., and Age Eligibility, I believe that the First Applicant is 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/we have not withheld any relevant information. I agree that this declaration shall be the basis of this insurance.

I also understand that failure to disclose facts that affect the assessment of risk by the MetLife would invalidate the insurance coverage.

I hereby authorize any doctor, hospital, clinic or medical provider, an MetLife or any other company, institution or any other person who has any record or information about the Insured 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 this Insurance Coverage shall be, at all times, subject to the terms and conditions of the Master Policy issued by MetLife to Dhaka Bank Limited.

Accordingly, I hereby agree to pay the Insurance-related Charges against the Education Savings Plan provided that the First Applicant is Eligible for Insurance coverage.

1. (Signature & Date) _____
(NAME OF THE APPLICANT)

Witnessed by:

(Signature & Date) _____
(NAME OF DBL OFFICIAL)



DHAKA BANK
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EduSavings Plan

Terms & Conditions of EduSavings Plan

1. In the event of failure to pay monthly installment within next ten days of due dates, it will be sole responsibility of the EduSavings Plan holder to settle the arrear installment(s) along with the next deposit due through a written instruction to the Bank. In such case there will be a penalty of 5% on the installment amount to be paid with subsequent installment.
2. If any monthly installment remains unpaid for three consecutive months, the account will be closed automatically and the account will be settled.
3. If the customer closes the account before minimum maturity (4 years), the aggregate of all his/her monthly deposit plus interest at savings rate, less applicable charges will be returned to the customer.
4. In case of death of the applicant the relevant account will be closed. Nominee/ Nominees will receive the proceeds of the account(s). If the nominee is a minor, the proceeds of the account will go to the legal guardian of the minor.
5. The EduSavings Plan holder is eligible to open two plans in one name.
6. The law, rules, regulations of Bangladesh, customs and procedures applicable to the scheduled bank in Bangladesh shall apply to and govern the conduct of EduSavings Plan opened with the Bank.
7. Any person opening an EduSavings Plan shall be deemed to have read, understood and accepted the rules governing the EduSavings Plan.
8. Each Plan shall be given one account number. This number is to be properly quoted on all letters and / or documents addressed to the Bank and on all deposit slips. The Bank shall not be responsible for any loss of damage occurring as a result of wrong quotation of Plan account number.
9. Interest/Commissions/Service of maintenance of Plan account charges shall be levied by the Bank as determined by the Bank from time to time and as per Bangladesh Bank Regulations.
10. The funds available in any of the EduSavings Plan account holder (the customer) with the Bank shall be considered by the Bank to be a security for any commitment(s) and/or obligation(s) present and/ or future of the customer to the Bank.
11. The Bank reserves the right to close any EduSavings Plan without giving prior notice if the conduct of the plan is unsatisfactory in the opinion of the Banker for any other reason(s) whatsoever.
12. The balance in the EduSavings plan is payable solely at Dhaka Bank Limited and shall be governed by and subject to Laws with effect in Bangladesh. As used herein "Laws" will include Bank Circulars, Modifications, Regulations and Orders of the Government and Bangladesh Bank including Practice of Banking.
13. The Bank reserves the right to amend the present rules at any time in any manner with or without giving prior notice to the account holder(s) separately or to the public.
14. If installment remains unpaid for 3 (three) consecutive months the account will be closed automatically by the branch.
15. Branch will ensure sufficient balance is available in the account for continuity of the plan.
16. Maturity value is inclusive of VAT & Taxes.

Declaration

I hereby declare that all the above information and all information provided in the Customer Information Form (CIF) by me is true and I am not barred from opening EduSavings Plan under any Law of Act that is enforceable within Bangladesh. I am aware of the rules of opening and operation of the EduSavings Plan as stated in the terms and conditions section above and I agree to abide by the rules and regulations of Dhaka Bank Limited.

I further declare that I shall solely be responsible for any misinformation and hold the Bank absolutely indemnified against any consequences arising from there.

Signature of the Applicant