



**THE TRINIDAD BUILDING AND LOAN ASSOCIATION
FIXED DEPOSIT APPLICATION FORM**

NEW MEMBER: YES NO IF NO, Please state existing Account Number _____

MEMBER 1

Title: _____ First Name: _____ Middle Name: _____

Surname: _____

Home Street Address: _____ Street Address 2: _____ City: _____

Home Phone No: _____ Cell Phone No: _____ Email: _____

Date of Birth: _____ Marital Status: _____ Gender: _____
(yyyy/mm/dd)

Passport No: _____ ID No: _____ DP No: _____

Employer: _____

Work Street Address: _____ Street Address 2: _____ City: _____

Work Phone No: _____ Fax No: _____ Job Title: _____

JOINT MEMBER TENANT IN COMMON "AND" / NOT IN COMMON "OR"

MEMBER 2

Title: _____ First Name: _____ Middle Name: _____

Surname: _____

Home Street Address: _____ Street Address 2: _____ City: _____

Home Phone No: _____ Cell Phone No: _____ Email: _____

Date of Birth: _____ Marital Status: _____ Gender: _____
(yyyy/mm/dd)

Passport No: _____ ID No: _____ DP No: _____

Employer: _____

Work Street Address: _____ Street Address 2: _____ City: _____

Work Phone No: _____ Fax No: _____ Job Title: _____

FIXED DEPOSIT

Receipt No: _____ Date: _____ JV #: _____ Date: _____
(yyyy/mm/dd)

Transfer From: _____ Reference No: _____ Date: _____
(yyyy/mm/dd)

Account No: _____ Principal: \$ _____

TERM: 1 Year 2 Years 3 Years Other _____

INTEREST PAYMENT Print Interest Cheques Credit Interest to Savings Roll over on Maturity

PLEASE PRESENT ORIGINAL AND COPY OF ID SPECIFIED

FIXED DEPOSIT Continued...

RENEWAL OF FIXED DEPOSIT

Upon maturity I would like to:

- Transfer Principal and interest to Member's account number: _____
- Reinvest Principal and transfer interest to Member account number: _____
- Reinvest Principal and interest at existing market rate.
- Receive cheque for both principal & interest
- Transfer Principal & Interest to bank account 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No interest is payable if the Deposit is withdrawn within three months of the value date. A breakage fee of 3 percentage points less than the agreed rate will apply if the Deposit is broken or withdrawn before maturity.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.

I \ We, _____ agree to comply and be bound by the Rules of the Association.

SIGNATURE OF MEMBER: _____ DATE: (yyyy/mm/dd) _____

SIGNATURE OF MEMBER (JOINT) _____ DATE: (yyyy/mm/dd) _____

FOR OFFICIAL USE ONLY

ACCOUNT TYPE: INDIVIDUAL JOINT NON INDIVIDUAL MINOR CHARITABLE RELIGIOUS

ACCOUNT NUMBER: _____

RECEIPT # _____ DATE: (yyyy/mm/dd) _____ AMOUNT PAID \$ _____

INTEREST RATE: _____ Per Cent TERM: _____

INTEREST PAYMENT: ANNUALLY

SPECIAL INTEREST PROVISION

DATE OPENED: (yyyy/mm/dd) _____

MATURITY DATE: (yyyy/mm/dd) _____

CERTIFICATE ISSUE DATE: (yyyy/mm/dd) _____

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) _____