

RECURRING DEPOSIT ACCOUNT OPENING FORM

To,
The Branch Manager

RD A/C No: _____

..... Branch

Base No: _____

Diamond Trust Bank Uganda

Date: _____

Dear Sir / Madam

1. I/We hereby request you to open the **DTB Recurring Deposit Account (RD)**
2. I/We request to recover a sum of UGX/USD _____ towards the first monthly payment under the scheme from my/our Savings or Current account on _____ and subsequently on the same date every month (except where the due date falls on Sunday / holiday, the account will be debited the previous working day).
3. The number of installments shall be _____ (minimum 12 months and in multiples of 3 months thereafter)
4. I / We shall undertake to ensure that my / our account is funded before the executing of the SI.

The maturity amount along with interest * shall be transferred to my / our account as above.

IMPORTANT – Monthly payment should be done on due date to benefit full maturity value

Name(s) of the Account Holder(s)	Signature / Date
(1)	
(2)	
(3)	
(4)	

FOR BANK USE ONLY

Customer Service Officer	Signature Verified
Branch Manager	
Account Opened On	
Inputter	
Authoriser	