

	ction for opening Star Fixed T	erm Deposit Accoun	t / Star Recurring Dep	osit Account / Star Rec	curring Deposit Plus A	ccount
	Nanager					Date:
	of India (New Zealand) Limite					
Branc	h:					
Dear '	Sir/Madam,					
	equest for opening Star Fixed	Term Deposit Accou	int / Star Recurring De	eposit Account / Star R	ecurring Deposit Plus	Account
	mer Name/s:	- 25			,	
	gs/Current A/c No. (for existin					
	gs/current Ayc No. (for existir hereby irrevocably request yo	1.7) 16 N-1101/1101				
	Scheme Name	Deposit Period	Initial Deposit	Interest Rate*	Maturity Date	Auto Renewal
	Scheme Name	(days/years)	Amount	IIICIESC NACE	Metunty Date	Auto Kenewai
	Star Term Deposit		NZD / USD			Yes/No
×	Star Recurring Deposit		NZD ONLY			N/A
Ø	Star Recurring Deposit Plus		NZD ONLY			Yes/No
*At th	ne time of auto renewal, inter	est rate will be appl	icable as per prevailin	g card rate at that date	2.	
For St	ar Recurring Deposit Scheme	and Star Recurring	Deposit Plus Scheme	e, nature of monthly p	ayments (Please √ yo	our option):
	eposit in Star Recurring Deposit / Star Recurring Deposit Plus account (I/We agree to contribute \$					
	monthly)		40			
×	Standing Instruction with Ba	ink of India (New Ze	aland) Limited accou	nts (please fill in the St	anding Instruction)	
Stanc	ling Instruction for Star Recur	ring Deposit Schem	e and Star Recurring	Deposit Plus Scheme	(Strike out if doesn't	apply)
Date	e of debit (every month)					
Amo	ount to be debited (every mor	nth)				
Stan	ding Instruction Start Date					-New 188
Stan	ding Instruction End Date					
			9000	3 4	***************************************	
I/We	authorise you to debit Saving	s/Current A/C No _				to open new deposit.
	authorise you to debit Saving					
(Strik	e out if doesn't apply).					
Matu	rity amount and/or or monthly	y interest should be	credited to Savings/C	urrent A/c No		0
	rs/Ms			- (1)		
	nderstood and accepted that					
	s a premature payment of the sit remained with the Bank. A					
	ctions. I/We have read and a					
	certify that I/we have been p					
Depo	sits, that I/we have read and	understood the sam	e, and that I/we mak	e this application with	full knowledge of my,	our risks and obligations
Signa	tures:					
	The second of th					
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		T	Ĺ	100 to 100 to 100		
1000	cer/Supervisor's Signature & arnents		Da	ate of FD Booking		