_____***BRANCH***

Date:

JOINT MANDATE

TERM DEPOSIT ACCOUNT NUMBER | | | | | | | | | | | | | | | |

(Applicable only for accounts with 'Either or Survivor' or 'Former or Survivor' clause)

☐ *We hereby give our joint mandate for the termination of Term Deposit before maturity in the event of death of any one of the depositors before maturity. Bank can allow premature withdrawal of the term deposit to the surviving depositor before maturity.*

Signature of the Account Holders _____ _____

Verified

Signature of Officer