

## Term Deposit/Recurring Deposit Form - New/Renewal (For Resident Individuals and Corporates)

For Office use only (Please fill the form in block letters only.)

Branch Name: \_\_\_\_\_ Branch Code    Fixed Deposit:  New  Renewal  Recurring Deposit

Date         Product Code  Product Name: \_\_\_\_\_

### Applicant Details

Name of the Applicants	Existing Customer	Customer ID	Date of Birth	PAN
1. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>
2. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>
3. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>

Term Deposit Account No.  (applicable for renewal of TD only)

Operating Instruction :  Self  Either or Survivor  Former/Latter or Survivor  Anyone or survivor  Jointly by all  
 Minor operated by guardian  Others \_\_\_\_\_

Dispatch of Advice :  Courier to communication address  Will collect from branch **TDS Waiver :**  Form 15 H/G attached

Status:  Staff: Emp. ID   Senior Citizen\*  Retired staff  Others \_\_\_\_\_

Constitution :  Individual  Partnership  Public/Private Ltd. Co;  Hindu Undivided Family  Proprietorship  Trust  Others \_\_\_\_\_

Applicants to fill up the Relationship Form if they are new customers of the bank \*Please submit age proof

### Deposit Details

Deposit Period: Day(s):    Month(s):   Year(s):   Rate of Interest: \_\_\_\_\_ p.a Interest From:

Deposit/Instalment Amount Rs. \_\_\_\_\_ (In words) \_\_\_\_\_

Interest Frequency (Tick any one) :  Monthly  Quarterly  Half yearly  Yearly payout  Cumulative

Maturity Instruction :  Closure of fixed Deposit  Renew  
 Incase of renewal  Auto Renewal\*  Renew Principal plus interest  Renew Principal & Pay interest  Others \_\_\_\_\_

Payment Mode on closure :  Credit to my bank account no.:  with Dhanlaxmi Bank Ltd.  
 Demand Draft/PO payable at \_\_\_\_\_ branch of Dhanlaxmi Bank Limited \*At the then applicable rate of interest.

### Payment Details

Mode of payment :  Cash  Debit my/our Account Number   
 Cheque No.  dated       drawn on \_\_\_\_\_ bank \_\_\_\_\_ branch  
 The cheque should be crossed A/c Payee and drawn payable to "Dhanlaxmi Bank Ltd. A/c-<customer name>"  
 NEFT  RTGS A/C No.  IFS Code

### Standing Instruction for Recurring Deposit

I/We authorize Dhanlaxmi Bank Ltd. to debit Monthly Installment of Rs. \_\_\_\_\_  
 from my/our Operative Account No  Signature(s) / Thumb Impression(s) of Applicants

### Declaration

I/We have read and understood the Terms and Conditions governing the opening of an account with Dhanlaxmi Bank Ltd., and those relating to various services including Term Deposits. I/We accept and agree to be bound by the said Terms and Conditions. I/We understand that the Bank may at its absolute discretion, discontinue any of the services completely or partially without any notice to me/us. I/We agree that Bank may debit my/our account for service charges as applicable from time to time. I/We hereby declare that the information furnished above is true and correct to the best of my/our knowledge.

I/We hereby agree that on completion of the term of automatic renewal and in the absence of specific instructions thereafter, interest will be paid at the applicable savings bank rate. I/We agree that in the case of automatic renewal, if I/We decide to prematurely close the term deposit or renew it for a period shorter than the remaining period of the contract, the bank will determine and charge its own penal interest as per the bank's policy. In case joint depositors of term/fixed deposits with "Either or Survivor" or "Former or Survivor" mandate, premature withdrawal of their deposits by the surviving joint depositor/s is allowed. I/We are aware that in the event of death of a deposit holder in E/S status, the deposit can be prematurely closed without any penal charges.

I/We accept and agree that the bank would not renew the deposit without a specific mandate from me/us to the best of my knowledge and belief.

Signatures : 1st Applicant \_\_\_\_\_ 2nd Applicant \_\_\_\_\_ 3rd Applicant \_\_\_\_\_ 4th Applicant \_\_\_\_\_

### Acknowledgment Slip

Branch Name: \_\_\_\_\_ Fixed Deposit:  New  Renewal  Recurring Deposit  
 Product Name: \_\_\_\_\_ Product Code   
 Received from \_\_\_\_\_ sum of rupees \_\_\_\_\_ as a deposit for \_\_\_\_\_ days \_\_\_\_\_ months \_\_\_\_\_ years  
 at the rate of \_\_\_\_\_ % per annum subject to realisation of cheque. Interest frequency \_\_\_\_\_ We acknowledge the nomination registration of \_\_\_\_\_ for the fixed deposit.

Date         **Branch Staff Signature & Stamp**

**Nomination\***

I/We do not wish to make a nomination for above account.

**FORM DA 1** Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I/We nominate the following person to whom in the event of my/our minors death the amount of deposits the above account may be returned by Dhanlaxmi Bank Ltd, \_\_\_\_\_ branch.

Please print the nominee name on the advice.

Title	Name of the Nominee	Is the nominee a existing customer	Nominee Cust ID	Relationship with the Depositor, if any	Date of Birth

Nominee Address: \_\_\_\_\_  
 \_\_\_\_\_

**To be filled only in case the nominee is a minor**

As the nominee is a minor on this date, I/We appoint the following person to receive the amount of deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Title	Name	Age	Address

Witness Name \_\_\_\_\_ Witness Address \_\_\_\_\_

Date  Place \_\_\_\_\_

\*Thumb impression(s) shall be attested by two witnesses.

Witness Signature \_\_\_\_\_

Signature(s)/ Thumb Impression(s) of Applicant(s) \_\_\_\_\_

**DECLARATION - to be filled only incase of a minor**

I \_\_\_\_\_ hereby declare that the date of birth of \_\_\_\_\_ (name of the minor), who is my \_\_\_\_\_ (relationship) is \_\_\_\_\_ and I am his/her natural/lawful guardian appointed by the court order dated \_\_\_\_\_ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the bank against any claim of the above minor for any transaction/ withdrawal made by me in his/her account.

Signature of the Guardian \_\_\_\_\_

**For Branch use only**

I hereby confirm that the fixed deposit form is complete in all respect, relevant document have been obtained & the customer is KYC compliant

Account Sourcing Date:

SBU RMs ID:

LG Code:

Sourcing Staff Emp/POA No.: \_\_\_\_\_ Name : \_\_\_\_\_ Signature: \_\_\_\_\_

Verifying Officer Emp/POA No.: \_\_\_\_\_ Name : \_\_\_\_\_ Signature: \_\_\_\_\_

**For RPC/Branch use only**

I/W Date:

Date Of Cr in the routing A/C

Update of Signature for Ex. ID

I/W. No. \_\_\_\_\_ Cust.ID:  Existing  New

A/c opened before 01/01/2007

<b>A/C Opening</b>	Value Date:		Signature - Teller
	Account Opening Date:		
	Account No.:		Signature - Officer
	PAN no. updation		
Sign & Photo scanning/Linking			
<b>TD Pay in</b>	Tr. From GL/CASA:		Signature - Teller
	Int: Compounding:	Rate Of int:	
	Mat. Value:	Mat. Date:	Signature - Officer
	Interest payout freq.		
<b>Nominee</b>	BA438		Signature - Teller
	BAM64		
<b>Multiple payout</b>	TD039		
<b>L. G. Code</b>	TDM05		Signature - Officer
<b>SI-Recurring Dep.</b>	CHM31		
<b>TDS Waiver</b>	TDS03		Local Authorization
<b>Updation in I/W Reg:</b>			