

FIXED DEPOSIT - APPLICATION FORM

Wholesale Banking



Customer ID

Branch Name

Customer Name

Legal Entity Identifier (LEI)

Date

(Mandatory for all entities (non-individual) for value 50 crore and above including interest)

Dear Sir,

Subject: Request for Fixed Deposit

We request you to place Fixed Deposit as per the details mentioned below

FIXED DEPOSIT PLACEMENT								
Mode of Payment	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Amount (INR) <input type="text"/></td> <td rowspan="2" style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Debit Account with IDFC FIRST Bank (please provide account number) <input type="text"/> </td> </tr> <tr> <td>Amount in words (INR) <input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> RTGS/NEFT</td> <td>Cheque No. <input type="text"/></td> </tr> <tr> <td>UTR No. <input type="text"/></td> <td>Drawee Bank <input type="text"/></td> </tr> </table>	Amount (INR) <input type="text"/>	<input type="checkbox"/> Debit Account with IDFC FIRST Bank (please provide account number) <input type="text"/>	Amount in words (INR) <input type="text"/>	<input type="checkbox"/> RTGS/NEFT	Cheque No. <input type="text"/>	UTR No. <input type="text"/>	Drawee Bank <input type="text"/>
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FD to be created in the name of _____ (applicable if different from account name. Please submit supporting documents).

Tenure	Interest Rate %	Interest Payment (tick appropriate)	Maturity Instruction (tick appropriate)
Months		Monthly <input type="checkbox"/>	Renew Principal & Interest <input type="checkbox"/>
		Quarterly <input type="checkbox"/>	Renew Principal & Pay out Interest <input type="checkbox"/>
Days		On Maturity <input type="checkbox"/>	Payout Principal & Interest <input type="checkbox"/>
		Please incorporate TDS Applicable (please submit relevant proofs pertaining to TDS exemption) <input type="checkbox"/> Yes <input type="checkbox"/> No	

PAYOUT ACCOUNT DETAILS	
Credit maturity proceeds to (Principal + Interest)	<input type="checkbox"/> Source Account (In case of IDFC FIRST Bank A/c only) <input type="checkbox"/> Other Account Account No <input type="text"/> Bank Name <input type="text"/> IFS Code <input type="text"/>

Other facilities to be activated in this FD:

Sweep-in If yes, Account Number

I/We confirm that I/We have read and understood the importance and implication of the "Terms & Conditions" pertaining to Fixed Deposits offered by IDFC FIRST Bank Limited, as amended from time to time, and as more specifically notified/displayed on the website of IDFC FIRST Bank Limited (www.Idfcfirstbank.com) and hereby unconditionally agree and confirm to abide by and be bound by the same. We further agree to indemnify and hold harmless the Bank against all loss/liability/claims/actions/demands by any third party for any actions taken by the Bank in pursuance hereof.

Authorized Signatory/ies	Authorized Signatory/ies	Authorized Signatory/ies
FOR BANK USE ONLY		
Branch Code <input type="text"/>	Name & Signature of the Bank Official	<input type="text"/>
Product Code <input type="text"/>		<input type="text"/>
TDS Flag <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>
Interest Rate <input type="text"/>		<input type="text"/>