## FIXED DEPOSIT/RECURRING DEPOSIT APPLICATION FORM FOR EXISTING CUSTOMERS



Please fill in Black Ink	& in CAPITAL LETTERS only															
		CUSTOMER IN	NEORMATION													
Name of Primary A	pplicant/Authorised Sig	natory 1														
	1: ./a ::			Customer ID												
Name of Second A	oplicant/Authorised Sig	natory 2 (if any)		Customer ID												
Name of Third App	licant/Authorised Signa	tory 3 (if any)														
				Customer ID												
IDFC FIRST Bank A	ccount Number to be d	ebited														
In Case of Entities: Since you already hold an account with IDFC FIRST Bank, please share the Customer ID (of the Entity)																
Tell us the name that should reflect in the FD: (applicable only in case of Non-Individuals)																
Account Title																
		FIXED DEPOS	SITS BOOKING	ì												
Deposit Type	Amount	Tenure	*	Interest Mandate-Long Term>180 days Interest												
Deposit Type	, and and	Years Months	Days	Simple Interest Quarterly Rate %												
				Monthly Quarterly Compounding												
Standard																
Senior Citizen																
Tax Saver		5 Years	S													
In Words		1														
Tax Saver Deposits can only be booked by Individuals and HUFs that hold a valid PAN.  For Short Term FDs with tenure <180 days, interest will be paid on maturity  For Long Term FDs with tenure >180 days, interest pay-out will be as follows: i) Simple Interest FD: Monthly or Quarterly  Other facilities to be activated in this FD:																
Sweep-in	If yes, Account I															
	WHAT WOULD YOU	WANT THE BANK T	O DO WITH T	HE DEPOSIT ON MATUR	ITY											
F	OR SIMPLE INTEREST F	Ds	FOR COMPOUND INTEREST FDs													
Renew			Renew Principal & Interest													
Payout, do no	ot renew		Payout, do not renew													
Renew Principal & Payout Interest																
Tax Saver deposit will not	eeds will be credited to your IDF be renewed and will be paid into automatic renewal option will no	o your IDFC FIRST Bank acc	ount.	t has been booked. urity proceeds will be credited to	your Savings/Current account											
WO	ULD YOU ALSO LIKE TO	START A RECURRII	NG DEPOSIT?	(Applicable in case of Indiv	iduals only)											
Monthly Installment	Amount Rs.	N	umber of Insta	allments Mon	ths (Min. 6 & in multiples of 3 mths, Max. 120)											
Date of Debit every	month D D	In	terest Rate	%	5											
Maturity proceeds will be	credited to your IDFC FIRST Bar	nk account from which the d														
Mode of Operation			er or Survivor	As per the Trust/B	oard Resolution/											
Number of Authori	sed Signatories	(in case of non-individual	ls)	Account Opening	Authority Letter											
	WOULD YOU	LIKE THE BANK TO	DEDUCT TOS	ON THE DEPOSIT?												
	ur PAN if not done yet. Y a PAN, please fill Form		fill the PAN u	pdation form.												
Deduct TDS as	applicable	DO NOT deduct TD	S as we are su	bmitting Form 15G/15H f	or this deposit											

Do not deduct TDS as we are exempt from tax (We are submitting documents evidencing the same).



PLEASE ADD A NOMINATION TO YOUR DEPOSIT (Applicable in case of Individuals and Sole Proprietors only)																										
(Nomination under Section 45 ZA of the Banking Regulations Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rule, 1985 in respect to Bank Accounts.) The Nominee or Guardian (if applicable) cannot be a holder on the account.																										
Yes, I want to nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the account may be returned by IDFC FIRST Bank Ltd													he													
Customer ID			(	Incas	e an (	existi	ng A	cour	nt Ho	lder)																
Nominee Name:																										
Nominee Address: S	ame as prima	ry acco	ount	holo	der a	addı	ress						Jpc	late	ad	dre	ss a	s b	elov	N						
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				Ì			Ī										Ī			Ī			İ			$\exists$
Relationship with Deposit	tor (If any)						Ì			İ	İ		[	Date	e of	Bir	th									
If the nominee is a minor**, please complete this section. As the nominee is a minor on this date, I/We appoint:																										
Guardian Name:																										
Guardian Address:																										
to receive the amount of deposits in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee. (** Where deposit is made in the name of a minor the nomination must be signed by a person lawfully entitled to act on behalf of the minor)																										
Please mention the nominee name in the statement/advice/passbook																										
No, I do not wish to nominate anyone on my behalf at this moment. I understand the advantages of nomination and the consequences of not nominating anyone to my account														ot												
I/We do hereby declare w	/nat is stated	above Plac		le to	the	e be:	st o	T MY	y kr	IOWI	eag	ge a	ina 	bell	ет. Т	_	_			_		_	_			$\neg$
D D M M	YYYY	Flac	.e _																							
	DE	CLARA	TIOI	<b>V</b> (Ple	ease i	read (	caref	ully a	nd si	gn at	the a	and	of th	is sec	tion	)										
<ol> <li>For accounts with Method of Operation "Either or Survivor": I/We hereby confirm that premature withdrawals of all Term Deposits placed and/or proposed to be placed shall be paid by IDFC FIRST Bank under the operation rule of "Either or Survivor".</li> <li>In the absence of any special instructions, the deposit will be renewed on maturity for a like term at the then applicable interest rates.</li> <li>As per Section 139A(5A) of the Income Tax Act, every person receiving any sum of income or amount from which tax has been deducted under the provisions of the Income Tax Act shall provide his/her PAN number to the person responsible for deducting such tax. In case the PAN number is not provided, the bank shall not be liable for the non availment of the credit of tax deducted at Source.</li> <li>As per section 206AA introduced by Finance (No. 2) Act, 2009 w.e.f 01.04.2010 every person receives income on which TDS is deductible shall furnish his/her PAN number, failing to which TDS shall be deducted at the rate of 20% in case of Domestic deposits and 30.90% in case of NRO deposits*. Please further note that in absence of PAN, Form 15G/H and other exemption certificates will be invalid even if submitted &amp; penal TDS will be applicable.</li> </ol>													ble 'AN													
Name of Applicant (i)		N	lame c	of App	olican	t (ii)									Nan	ne of	Appl	icant	: (iii)							
Signature				Signature									Signature													
	(	WITNESS 1 Required only if nomination form has been filled and any of the applicants use thumb impression)										WITNESS 1 (Required only if nomination form has been filled and any of the applicants use thumb impression)														
Date of Application:	YYY																									
						ВА	NK	US	Ε																	
RD Product Code								R	Νι	umb	er_															
FD Product Code								F	Νι	umb	er _															
Branch Code	anch Code Branch Name										Sourcing Branch Code															
Lead Generator Lead Warm								mei	r Co	Code																
Lead Convertor Code Business Division/Segment Code													_													
Campaign Code																										
DECLARATION																										
Customer Signed in n		Employee ID																								
Name			_						c:	an-	tura															
Date D	Y						51	gna	ture																	