

FIXED DEPOSIT HEALTH SECURE APPLICATION FORM FOR EXISTING CUSTOMERS



Please fill in Black Ink & in CAPITAL LETTERS only

CUSTOMER INFORMATION

Name of Primary Applicant

Customer ID

Name of Second Applicant (if any)

Customer ID

Name of Third Applicant (if any)

Customer ID

IDFC FIRST Account Number to be debited

FIXED DEPOSITS BOOKING

Deposit Type	Amount FD Value between 2 Lakhs to 3 Lakhs	Tenure (Between 2 Years to 10 Years)			Quarterly Compounding	Interest Rate %
		Years	Months	Days		
<input type="checkbox"/> Standard	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	
In Words _____						

PAN/Form 60 is mandatory for booking time deposit exceeding Rs. 50,000/- at each instance and for time deposits aggregating to more than Rs. 5 lakhs during a financial year.

FD will be booked with quarterly compounding interest payout option. FD can be opened only by individual customers with age between 18-50 years. In case of premature liquidation of full FD amount, the critical illness cover offered to customer will be terminated, also in case of partial withdrawal if the residual value of the FD is below Rs. 2 lakhs, critical illness will be terminated.

WHAT WOULD YOU WANT THE BANK TO DO WITH THE DEPOSIT ON MATURITY

Renew Principal & Interest Payout, do not renew Renew Principal & Payout Interest

Maturity and interest proceeds will be credited to your IDFC FIRST Bank account from which the deposit has been booked.

MODE OF OPERATION FOR THE DEPOSIT

Mode of Operation Singly Either or Survivor

WOULD YOU LIKE THE BANK TO DEDUCT TDS ON THE DEPOSIT?

- Please update your PAN if not done yet. You will be required to fill the PAN updation form.
- If you do not have a PAN, please fill Form 60.

Deduct TDS as applicable DO NOT deduct TDS as we are submitting Form 15G/15H for 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

(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 death the amount of deposit in the account may be returned by IDFC FIRST Bank Ltd

Customer ID (Incase an existing Account Holder)

Nominee Name:

Nominee Address: Same as primary account holder address Update address as below

Relationship with Depositor select from below:

Date of Birth

- Daughter (unmarried) Father-In-Law Spouse Sister Brother Son Daughter Father
- Mother Nephew Daughter-in-Law Grand Daughter Sister-in-law Niece Paternal Aunt
- Grand Son Mother-In-Law Grand Mother Grand Father Son-In-Law Brother-In-Law
- Cousin Maternal Uncle Maternal Aunt Self

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

I/We do hereby declare what is stated above is true to the best of my knowledge and belief.

Date Place

ENROLLMENT FORM (FD HEALTH SECURE)

GUIDELINES FOR COMPLETION OF THE FORM

Insurance is a contract of Utmost Good Faith requiring the Proposer not only to disclose all material facts, but also not to suppress any material facts.

*A material fact will mean and include all important, essential and relevant information pertaining to the questions raised below herein, that is likely to influence the Company's acceptance or assessment of the proposal.

The Policy shall become void at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in this form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or any one acting on his behalf. Kindly contact the Company's Offices or Agents for any doubts or clarifications on the enrollment form.

Note: The liability of the company does not commence until this proposal has been accepted and premium is duly received by the company.

Benefit section

Section*	Benefit Name	Annual Sum Insured payable
Section B	Benefit 2: Critical Illness List of 33 Critical Illnesses is specified in the Policy wordings	Rs. 1,00,000

*PLEASE REFER TO THE POLICY WORDINGS FOR COMPLETE DETAILS, LIST OF 33 CRITICAL ILLNESS & OTHER POLICY TERMS AND CONDITIONS. POLICY WILL BE ISSUED POST SUCCESSFUL PREMIUM TRANSFER TO ICICI LOMBARD GIC LTD.

THE TENURE OF THIS POLICY IS ONE YEAR ONLY AND WILL NOT BE RENEWED AFTER 1 YEAR

POLICY WILL BE ISSUED POST SUCCESSFUL PREMIUM TRANSFER TO ICICI LOMBARD GIC LTD.

POLICY WILL BE ISSUED TO THE PRIMARY HOLDER ONLY FOR ANY CLAIM RELATED ISSUE PLEASE CONTACT ICICI LOMBARD GIC LTD. AT 1800-2666.

COVER IS ONLY FOR PRIMARY APPLICANT. AGE BAND - 18-50 YEARS.

Premium of Rs. 249 would be paid by IDFC FIRST Bank Ltd

HEALTH STATUS (PLEASE ANSWER ALL QUESTIONS FULLY AND CORRECTLY. WHERE ANY QUESTION DOES NOT APPLY, PLEASE MENTION CLEARLY THE QUESTION IS NOT APPLICABLE)

Q1. Please confirm if you are suffering from Diabetes, Hypertension, High Cholesterol Yes No

If yes, Please specify the duration of illness _____

Q2. Has Prospect consulted with any doctor or other healthcare provider for any other condition or symptom(s)/undergone any hospitalization for any illness or surgery. Yes No

If yes, Please specify details along with the duration _____

Q3. Is Prospect currently taking medication(s)/or taken in the past for any condition or medical procedures (including diagnostic testing) Yes No

If yes, Please specify details along with the duration _____

Q4. Any other medical condition/disability/Physical deformity arising out of any illness or Prior History of Accident: Yes No

If yes, Please specify details _____

Q5. Does the prospect have any other Secure Mind/Group Secure Mind/Critical Illness/Health/Income Protect Policy with ICICI Lombard GIC Ltd. or similar policies with any other insurance company? Yes No

If yes, please provide the policy number and sum insured _____

Q6. Has any of your previous health proposals been declined by ICICI Lombard GIC Ltd. /any other insurance company in the past. Yes No

If yes, Please specify details: _____

PAST CLAIM EXPERIENCE

Please mention if you have lodged any claim in the past under Secure Mind/Group Secure Mind/Income Protect/CI/Health policy with ICICI Lombard GIC Ltd./Under similar policies with other insurance companies, if yes, please specify details _____

DECLARATION

- I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the enrollment form has been submitted but before communication of the risk acceptance by the company.
- I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I have read and understood the terms and conditions of the Policy and confirm to abide by the same. I hereby agree that the insurance coverage/ risks under the policy will commence subject to realization of full premium. Receipt of this form by the Company shall not be construed as acceptance of proposal. Company in its sole discretion reserves the right to accept or reject any proposal without assigning any reasons thereof.
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.
- I declare that the contents of this products covered in this form and the form have been fully explained to me and I have fully understood the significance of the proposed contract
- I hereby confirm that all details shall be considered as per mentioned in the Fixed Deposit Account.
- I/We hereby give my/our consent to enroll me/us into Income Protect policy underwritten by ICICILombard General Insurance Co. Ltd. (IRDA Reg No 115).
- I/We agree to abide by the Terms & Conditions of the policy and provide my consent to share my personal details, as required, regarding my enrollment into the policy with the Insurer.
- I hereby understand that receipt of this form by the Company shall not be construed as acceptance of proposal. Company in its sole discretion reserves the right to accept or reject any proposal without assigning any reasons thereof.
- I understand that the insurance coverage will commence not earlier than the Fixed Deposit start date as referred overleaf or after the full premium is received by ICICI Lombard General Insurance Co. Ltd whichever is later subject to underwriting approval by ICICI Lombard General Insurance Company Ltd.

13. I/We hereby undertake to abide by the General Terms and Conditions and Schedule of Charges as communicated at the time of account opening and available on our website www.idfcfirstbank.com
14. 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".
15. In the absence of any special instructions, the deposit will be renewed on maturity for a like term at the then applicable interest rates.
16. 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.
17. 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 & penal TDS will be applicable.
18. Rates up to 180 days are on "simple interest" basis. Interest on tenor above 180 days is payable/compounded on quarterly basis. Compound Interest/ re-investment interest is calculated every quarter, and is added to the Principal such that Interest is paid on the Interest earned in the previous quarter as well. For deposits with monthly interest pay-out option, the interest shall be calculated for the quarter and paid monthly at a discounted rate over the Standard FD Rate.
19. For the purpose of interest calculation financial year is taken to consist of 365 days, except in a leap year when it is taken to consist of 366 days.
20. Premature Closure Penalty shall be applicable and imposed on all Term/Fixed Deposits booked and/or renewed on or after May 2, 2019. Penalty for pre-mature closure of Fixed Deposit will be at 1%.

Name of Applicant (i) _____

Signature

Name of Applicant (ii) _____

Signature

WITNESS 1

(Required only if nomination form has been filled and any of the applicants use thumb impression)

Name of Applicant (iii) _____

Signature

WITNESS 1

(Required only if nomination form has been filled and any of the applicants use thumb impression)

Date of Application:

D	D	M	M	Y	Y	Y	Y

BANK USE

FD Product Code _____ FD Number _____

Branch Code _____ Branch Name _____ Sourcing Branch Code _____

Lead Generator _____ Lead Warmer Code _____

Lead Convertor Code _____ Business Division/Segment Code _____

Campaign Code _____

DECLARATION
 Customer Signed in my Presence

 Employee ID

Name _____

 Date

D	D	M	M	Y	Y	Y	Y

Insurance is underwritten by ICICI Lombard GIC Ltd

**Receipt of enrollment form by the Bank shall not be construed as acceptance of enrollment under the policy. The insurer reserves the right to accept or reject any enrollment as per their underwriting guidelines. The alternate policy number will be linked to the primary policy number once and only if the insurer accepts the enrollment and issued the policy.

The insurance coverage will commence not earlier than the Fixed Deposit start date as referred in the enrollment form or after the full premium is received by ICICI Lombard General Insurance Co. Ltd whichever is later subject to underwriting approval.

*Please refer to the policy wordings for complete details, list of 33 Critical Illness & other policy terms and conditions.

Insurance benefit shall become voidable at the option of the company, in the event of any untrue or incorrect statement, misrepresentation non-description of any material particular in the proposal form/ personal statement, declaration and connected documents, or any material information has been withheld by beneficiary or anyone acting on beneficiary's behalf to obtain insurance benefit. Please note that any claims arising out of pre-existing illness/ injury/ symptoms is excluded from the scope of this policy subject to applicable terms and conditions. Refer to policy wordings for the terms and conditions. For claims, please call us at our toll free no. 1800 2666 or e-mail to us at ihealthcare@icicilombard.com or write to us at ICICI Lombard GIC, ICICI Bank Tower, Plot no-12, Financial district Nanakramguda, Gachibowli, Hyderabad, Andhra Pradesh 500032.