FIXED DEPOSIT LIFE 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 3 Lakhs and above Amount Years Months Days Monthly Quarterly Compounding Amount Years Months Amount Y			
Standard Sta			
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 can be opened only by individual customers with age between 18-50 years.			
Other facilities to be activated in this FD:			
Sweep-in If yes, Account Number			
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 FOR THE DEPOSIT Mode of Operation Singly Either or Survivor			
Mode of Operation Singly Either or Survivor			
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.			
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.			
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).			
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 AND INSURANCE (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.			
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 AND INSURANCE (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. Nominee is mandatory for availing FD Life Secure			
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 AND INSURANCE (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.			
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 AND INSURANCE (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. Nominee is mandatory for availing FD Life Secure 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			
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 AND INSURANCE (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. Nominee is mandatory for availing FD Life Secure 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			
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 AND INSURANCE (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. Nominee is mandatory for availing FD Life Secure 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)			
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 AND INSURANCE (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. Nominee is mandatory for availing FD Life Secure 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:			
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 AND INSURANCE (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. Nominee is mandatory for availing FD Life Secure 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:			
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 AND INSURANCE (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. Nominee is mandatory for availing FD Life Secure 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:			
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 AND INSURANCE (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. Nominee is mandatory for availing FD Life Secure 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: Update address as below			
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 AND INSURANCE (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 is mandatory for availing FD Life Secure 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: Update address Defended and several points are primary account holder address Update address as below Relationship with Depositor select from below: Date of Birth Depositor Select from below:			
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 AND INSURANCE (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 is mandatory for availing FD Life Secure 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: Date of Birth Date May Y Y Y Y Relationship with Depositor select from below: Date of Birth Date of Birth Date May Y Y Y Y Daughter (unmarried) Father-In-Law Spouse Sister Brother Son Daughter Father			

CB-BB/40/04-2020/0

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:			
·	e account on behalf of the nominee in the nade in the name of a minor the nomination must be signed to	3, ,	
Please mention the nominee name in the statement/advice/passbook			
I/We do hereby declare what is stated ab	ove is true to the best of my knowledge and	l belief.	
Date DD MM YYYY	Place		
DECLA	RATION (HDFC LIFE GROUP TERM INSURANCE UIN:10	1N005V06)	
 I hereby provide my consent voluntarily for enrolling as a member of group life insurance offered to me by HDFC Life Insurance Company Limited ("Insurer") for HDFC Life Group Term Insurance (A Non Linked Non Participating Group Term Insurance Product) UIN::101N005V06 - under the group master policy scheme of M/s IDFC FIRST Bank. I am also aware that the sum assured provided by HDFC Life is Rs. 300,000/- (Rs. Three Lacs) and the premium for same shall be paid by IDFC FIRST Bank. I understand, agree and confirm that these statements and this declaration are basis of the contract between the insurer and the policyholder. I also understand that subject to Section 45 of the Insurance Act 1938 as amended from time to time, if any untrue statements are contained herein or there has been any non-disclosure of any material fact, the cover to be issued by the insurer in the name of the member may be treated as void as far as I am concerned. I confirm that the information furnished by me in this form shall constitute my consent and application for enrollment under "HDFC Life Group Term Insurance". I hereby authorize IDFC FIRST Bank and provide my consent to share my details with HDFC Life for purpose of availing Group Insurance term plan." 			
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.			
	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 insurence 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 and seeking information from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and anytor 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 it so 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 fu			
of Fixed Deposit will be at 1%. Name of Applicant (i)	Name of Applicant (ii)	Name of Applicant (iii)	
Signature	Signature WITNESS 1	Signature WITNESS 1	
	(Required only if nomination form has been filled and any of the applicants use thumb impression)	(Required only if nomination form has been filled and any of the applicants use thumb impression)	

Date of Application:



	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 DD MM YYYY	