# STANDALONE FIXED DEPOSIT APPLICATION FORM





ALL fields marked "*" are mandatory.  Date of Application D M M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
If entity is an existing customer of IDFC FIRST Bank, simply share the Customer ID here and fill only the sections marked "✓"    TELL US ABOUT YOUR BUSINESS								
TELL US ABOUT YOUR BUSINESS  *Entity Name  Account Title  *Entity Type  Sole Proprietorship  Public Limited Company  Private Limited Company  Limited Liability Partnerships (LLP)  LO/BO/PO - LLP  LO/BO/PO - Partnership  LO/BO/PO - Public Ltd  Embassy/Consulate/High Commission  *Line of Business  Manufacturing  Service Provider  Retail Trade  E-Commerce  Wholesale Trading  Financial Services  *Nature of Industry  Account Title  Automobile								
*Entity Name  *Entity Type  Sole Proprietorship One Person Company Hindu Undivided Family (HUF) Partnership  Public Limited Company Private Limited Company Limited Liability Partnerships (LLP) Joint Venture (Not incorporated)  LO/BO/PO - LLP LO/BO/PO - Partnership LO/BO/PO - Pvt Ltd LO/BO/PO - Public Ltd  Embassy/Consulate/High Commission  *Line of Business  Manufacturing Service Provider Retail Trade E-Commerce Wholesale Trading Financial Services  *Nature of Industry  Architecture and Engineering activities Automobile								
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Manufacturing Service Provider Retail Trade E-Commerce Wholesale Trading Financial Services  *Nature of Industry  Advertising/Media Agriculture Architecture and Engineering activities Automobile								
*Nature of Industry  Advertising/Media Agriculture Architecture and Engineering activities Automobile								
Advertising/Media Agriculture Architecture and Engineering activities Automobile								
Advertising/Media								
Auto Finance Co.   Cement   Chemicals/Dves/Paints   Civil engineering								
Consultancy Courier/Freight Forwarders Consumer Durables Dairy/Food Processing								
Departmental/Grocery Store Education Engineering Goods Event Catering								
Electronics/Computer Hardware Employment activities Fertilizers/Seeds/Pesticides Fishery/Poultry  Government Contractor/  Government Contractor/  Hardware Management Contractor/								
Furniture/Timber Gems & Jewellery Contractor Hospital  Hospital  Health Club/Spa Internet Café IT/Software/BPO								
Hotel/Resort Health Club/Spa Internet Café IT/Software/BPO  Law firm Marble/Granite Nursing Home/Clinic/ Printing/Publishing								
Plastic/Paper & Allied Products Pharmaceutical/Chemist Rental and leasing activities Real Estate								
Realty & Infrastructure    Realty & Infrastructure   Scrap Metal   Security and Investigation   Sports goods, games, toys								
activities activities								
Self Employed Professional (Doctor/CA/Architect/Lawyer/Consultant)  Self Employed Professional (Entertainment/Alternate Medicine Practitioner/Beautician)								
Telecom Transportation/Logistics Textiles/Garments/Handloom Travel & Tourism								
Warehousing and support activities for transportation If none of the above are applicable, please refer Annexure 8 for more options								
*PAN Form 60								
*Date of Incorporation D D M M Y Y Y Y Seross Annual Turnover (in INR)								
International Trade Turnover (in INR) Import Export Code (IEC)								
Website Address **COMMUNICATION ADDRESS								
*COMMUNICATION ADDRESS								
Landmark (If any) District								
State Country Pin Code								
Contact Details Mobile Landline No. Landline No.								
Fax (STD Code) (Number)								
(STD Code) (Number) <b>E-mail</b>								

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		BUSINESS	S ADDRESS*						
Same as Communic	obile	City Country	Landline No.	District (STD Code)	Pin Code (Number				
	onsolidated statements HE DETAILS OF THE DE	POSIT TO BE BOO	VED TO MAYIN	UZE DETLIBNS ON VO	NID SLIDDI LIS EL	INDS			
Deposit Type	Amount	Tenui Years Months	re*	Interest Ma Long Term > Simple Interest	ndate -	Interest Rate %			
Standard			Days	Monthly Quarterly	Compounding				
In Words		5 Years							
*Tax saver deposits can only be booked by 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 ii) Compound interest FD: On maturity  MODE OF OPERATION  Mode of Operation Singly Jointly Severally As per the Trust/Board Resolution/Account Opening Authority Letter  HOW WOULD THE ENTITY LIKE TO FUND THE FIXED DEPOSIT?  Cheque Number Date Date Date Date Date Date Date Date									
NEFT	WHAT WOULD THE	ENTITY WANT TH	IE MATURITY II	NSTRUCTIONS TO BE	: AS?				
F	OR SIMPLE INTEREST F	Ds		FOR COMPOUND II	NTEREST FDs				
Renew Payout, do no	t renew		Payout,	Principal & Interest do not renew Principal & Payout Inte	rest				
HOW W	OULD THE ENTITY LIKE	THE BANK TO PA	Y THE DEPOSIT	Γ INTEREST AND PRII	NCIPAL TO YOU	?			
<ul> <li>Tax Saver Deposit v</li> <li>If you do not have a per maturity instruction</li> </ul>	ber* in the name of the deposito will not be renewed and will a PAN automatic renewal op	oe paid to customer a	eds will not be cre s per maturity ins	nt Number*	pe Current [	Savings  Savings			
Deduct TDS as  Do not deduct		NOT deduct TDS a	as we are submi	TDS ON THE DEPOSI tting Form 15G for this videncing the same)					

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ENTIT	Y PROOF
*Entity Proof: Name of Document	
ID Number (If applicable)	Expiry Date (If applicable)
*Address Proof: Name of Document	
ID Number (If applicable)	Expiry Date (If applicable)
Additional Documents Shared	
	2
3 Additional Document IDs (If applicable)	4
CIN	TAN TITUT TITUT TAN
Sales Tax	Excise
	HO WILL BE OPERATING THIS ACCOUNT
SIGNATORY 1	SIGNATORY 2
Title Mr. Ms. Mrs.	Title Mr. Ms. Mrs.
*First Name	*First Name
*Middle Name	*Middle Name
*Last Name	*Last Name
Designation	Designation
Internet Banking Yes No Transact View	Internet Banking Yes No Transact View
If Existing IDFC Bank Customer	If Existing IDFC Bank Customer
Customer ID	Customer ID
*DOB	*DOB
*PAN [If you have a PAN it is mandatory to provide details to	*PAN [If you have a PAN it is mandatory to provide details to
Form 60 (If you have a PAN it is mandatory to provide details to the bank at the time of opening an account. If you do not have PAN, please complete a Form 60.)	Form 60 (If you have a PAN it is mandatory to provide details to the bank at the time of opening an account. If you do not have PAN, please complete a Form 60.)
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DIN TITTI	DIN TITITI
*Gender Male Female Third Gender	*Gender Male Female Third Gender
*Nationality	*Nationality
Resident Foreign National - Resident	Resident Foreign National - Resident
Non-Resident Foreign National - Non-Resident	
*Country of Birth	*Country of Birth
*Country of Tax Residence:	*Country of Tax Residence:
*Mother's	*Mother's
Maiden Name  Landline	Maiden Name
*Mobile No.	*Mobile No.
*E-mail ID	*E-mail ID
L-IIIaii ID	L-mainb
Account level Email Statements: Yes No	Account level Email Statements: Yes No
*Address as per OVD	*Address as per OVD
Landmark (If any)	Landmark (If any)
City	City
District	District
State	State
Country	Country
Pin Code	Pin Code
*Identity Proof Name of Document	*Identity Proof Name of Document
Indine of Document	Traine of Document
Document ID No.	Document ID No.
Expiry Date	Expiry Date

Contd...3/10



# **DECLARATION** (Please read carefully and sign at the end of this section after you have filled in all the details in the form)

DECLARATION (Plasse read carefully) and sign at the end of this section after you have filled in all the details in the form)

1. I/We wish to avail the banking facilities/products from IDFC FIRST Bank Lamited (TIDFC FIRST Bank), and have read, understood and agree to the Terms and Conditions displayed on the website of IDFC FIRST Bank Lawww.idfcristsbank.com, which may be amended by IDFC FIRST Bank keep with the charges of the charges o

Would you like IDFC FIRST Bank to contact you and tell you about new products, features and offers? Name of Signatory 1\_ Name of Signatory 2 RECENT RECENT Colour Colour Photograph Photograph Signature Signature stamp stamp **BANK USE SECTION Payment Details** Cheque/DD NEFT/RTGS Cheque No. Branch Name Bank Name Date Trace ID D D М Customer ID Account No. Branch Code Product Code Branch Name Sourcing Branch Code Lead Generator Lead Warmer Lead Converter Biz/Segment Code Profit Centre Lead ID Promo Code RM Code Group ID Program Code Work Item ID **Banker Certification** Communication I have met the customer at his: Business Address Other Address AND I have seen the original KYC documents and returned these to the customer. Copy/Photo taken for record AND The customer has signed in my presence Signature/Stamp Date Name Employee ID \_ D D M M Contd...4/10

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of(the "Firm"). We her														th		m,	its	Par	tner	's ai	nd/d	or it	s sı	JCC	esso	ors	shal	Ìbe	joir	ntlý
/ severally liable and future transactions a																er to	o th	ie B	ank	in (	conr	nec	tior	1 W	ith c	ur (	exist	ing	anc	i
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*Please strike off if not	applic	able						<u> </u>	_										2011						_		_			
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Maiden Name (if an	y)								I					М	othe	r's	Nar	me										Ш		
Marital Status		] M	1arrie	d				] U	Jnr	marri	ied	l				] (	Othe	er												
Residential Status		] R	Reside	ent Ir	ndivi	dua			lor	n Res	sid	ent	Ind	ian		] F	ore	ign	Nat	ion	al		] P	ers	on o	of Ir	ndia	n Or	igir	1
Date of Birth	М	М	Υ	Υ	Y	C	oun	try c	of I	Birth																				
Country of Tax Resi	dency	,																												
Separate annexure to	be exe	cute	ed in c	case c	of dua	al cc	ount	ry of	ta	x resi	der	nce																		
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If Country of Birth or	Tax Re	side	ency is	s oth	er tha	an Ir	ndia	, plea	ase	prov	/ide	е Та	x Id	ent	ificat	ion	Nui	mbe	r [											
(Nomination under Section The Nominee or Guardian (			e Bankii	-	gulatio	ons A	ct, 19	949 ar	nd F	Rule 20	(1) o	of the	Banl	king	Comp	oani	es (N	lomir	natior	n) Ru	le, 1	985 i	in res	рес	t to E	ank .			Form	n
Yes, I want to raccount may b											n t	he (	ever	nt c	of m	у/о	ur/ı	min	or's	dea	ath 1	the	am	our	nt of	f de	pos	it in	the	
Customer ID										(In ca	ase	of a	ın ex	istir	ng Ad	cco	unt I	Hold	er)											
Nominee Name:																														
Nominee Address:				П					Т	Т		Τ				Τ														$\Box$
Relationship with D	eposit	tor	(If ar	1V)	Ė	İ	П		İ				П	T	T	Ť			Date	e of	Bir	th	D	D	 ] [	M N	1	Y	Υ	Y Y
If the nominee is a r	· ninor*	*, p	olease	e con	∟ nplet	te th	nis s	secti	on	ı. As	the	e no	omir	nee	is a	mi	⊐ inor						∟ e ar	_	int:					
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to receive the amorminority of the nom	inee. (	** V	Vhere c	deposi	t is ma	ade ir	n the	name	of	a min	or th	he no	omina	ation	n must	be:	signe	ed by	a pe		-		,						_	
Would you like the																					Ļ		/es			No				
No, I do not w consequences  I/We do hereby dec	of not	nc	omina	ating	any	one	to	my a	acc	coun	t										aav	ant	age	S C	or no	mır	natio	on ai	na	tne
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		ANNEXURE 4 - FATCA/CRS DECLARATION			
Α	Incorpo	pration Information	Detai	ls	
	Place of	fIncorporation			
	Country	of Incorporation			
	Compai	ny Identification Number			
В	Declara	ition of Tax Residency			
	Sr. No.	Country(ies) of Tax Residency	Tax Identificati	on Number	
С	Exclusio	n Category, if applicable, for tax residents outside India (Refer Glossary)	Detai	ls	
1	US Perso	ons			
2	Other th	an US Persons			
Note:		rach a copy of the Tax Residency Certificate/Copy of Incorporation or Equiv mentioned above.		or each of the	
		ANNEXURE 5 - FATCA/CRS DECLARATION			
A. List	ed entity/i	ts related entity	Yes	No	
a) Whe	ether the e	entity is a listed entity? If yes,			
Listed		SE, BSE Others (Please specif	у)		
b) Wh	ether the e	entity is a related entity^ of a listed entity?			
Specif	y the name	e of the listed company	fy)		
Listed	in NS	SE, BSE Others (Please specif			
^An entit	ty is a related of .e., Ownership	entity of another entity if either entity controls the other entity, or the two entities are under commo n of more than 50% of the votes/value in an entity)			
B. Non	- Individu	als other than Listed entity/its related entity (Tick applicable category)			
a) Gov	ernment E	ntity			
b) Inte	rnational C	Organization			
c) Cen	tral Bank				
d) Enti	ty wholly (	owned by a, b or c above			
e) Tax-	-exempt E	ntity engaged in a Charitable Purpose			
C. Busi	iness				
a) Hold	ding Comp	any (with subsidiaries engaged in non-financial trade or business)			
b) Con	npany prov	viding, financing and hedging services to related entities			
D. Inco	me/Asset	s Criteria			
a) 50%	or more o	of the income in preceding financial year is from trading/business activities			
b) 50%	6 or more o	AND of the assets in preceding financial year are held for trading/business purposes	s		

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# ANNEXURE 6\* - BENEFICIAL OWNERSHIP DECLARATION

(Not to be filled in for listed entities, subsidiaries of listed entities, Government Entities, and International Organisations)

Please tick the relevant option below:	
The following natural person(s) (listed in table below) exercise control or ultimately have a controlling ownership interest i.e. having ownership/entitlement of the specified limit (Note 1) c	ment of the specified limit (Note 1)
shares/capital/profit/property or exercise control through other means such as voting rights, agreement, arrangement etc. OR	
There are no natural person(s) who exercise control or ultimately have a controlling ownership interest as stated above, therefore details of all partner(s) (for partnership)/trustees (for	tner(s) (for partnership)/trustees (f

ζ.		Address as per	per OVD	:			Control Details	tails
S 2	Name	(R - Residence / O - Office)	/ O - Office)	Mobile No.	Date of Birth	Birth Gender	Type (Note 2)	%
<del>-</del>				ж O				
2.				K 0				
ь;				ж O				
4.				ж O				
rų.				ж O				
S. S.	Nationality Resident of India	cuments (Note	Father's Name	Occupation (Service/Business, Others)   Country of Birth	Country of Birth	Country of Tax	Tax Identification	ion
2		Document		() () () () () () () () () () () () () (		שמאוכתוכת	2	

Tax Identification	Number										
Country of Tax	Residence										
4+2:0 +0 ,2:+2:0											
Occupation	(Service/Business/ Others)										
Father's Name	(Note 4)										
(Note 3)	Document										
Documents (Note 3)	PAN⁵										
Bosidant of Indian	ולא וילא	Resident	Non-Resident	Resident	Non-Resident	Resident	Non-Resident	Resident	Non-Resident	Resident	Non-Resident
Sr. Nationality No		-	<u>-</u>	0		1	5.		<del>1</del> .	и	ń
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6 3 Note:

25% or more in case of a company and 15% or more in other type of entities
Types of control - please use the applicable one
(a) Sourceship (b) Other means (c) Senior managing official (d) Trustee (e) Settlor (f) Protector (g) Beneficiary (h) Others (please specify)
(a) Ownership (b) Other means (c) Senior managing official (d) Trustee (e) Settlor (f) Protector (g) Beneficiary (h) Others (please specify)
(a) Ownership (b) Other means (c) Senior managing official (d) Trustee (e) Settlor (f) Protector (g) Beneficiary (h) Others (please specify)
(a) Other means (c) Senior managing official (d) Trustee (e) Settlor (f) Protector (g) Beneficiary (h) Others (please specify)
(a) Other means (c) Senior managing official (d) Trustee (e) Settlor (f) Protector (g) Beneficiary (h) Others (please specify) 33

\*Applicable for Indian nationals/resident individuals. For other countries, functional equivalent of PAN (like Tax identification number or any unique number like SSN) can be provided

I/We agree that I/We will notify IDFC FIRST Bank without delay of any changes to the Beneficial Owner/Controlling natural person, as declared in the table above.

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Date         Date <th< th=""><th>I. Signature of Authorised Signatories:</th><th>Name</th><th>2. Signature of Authorised Signatories:</th><th>Name</th></th<>	I. Signature of Authorised Signatories:	Name	2. Signature of Authorised Signatories:	Name
D D D         M M         Y Y Y Y    Date		Designation		Designation
		Ω		

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# ANNEXURE 6\* - PHOTOGRAPHS OF BENEFICIAL OWNERS

	RECENT Colour Photograph		RECENT Colour Photograph	
Name _		Name _		

RECENT Colour Photograph

Name \_\_\_\_\_

RECENT Colour Photograph

Name

RECENT Colour Photograph

Name \_\_\_\_\_

RECENT Colour Photograph

Name \_\_\_\_\_

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Branch Name			ANNEXURE 7 - GS1	ANNEXURE	
Branch Name Customer Name Customer Cust	CUSTOMER DETA	II S			
Customer Name					
GST Status Registered Unregistered Virse (Please submit documentary evidence for the exemption) No If recempt Customer level exemption Account level exemption Related person to IDFC FIRST Bank Yes No (If yes, please note that GST as may be applicable, needs to be paid by the related person) If Registered then Provide the State wase GST details = Please monton the primary GSTN for this account as the first GSTN.  Sr.No. Name of the State GST Registration Number* Address as per GSTN records* Remarks  \$ Address as per GSTN records is the address of receiving the service.  If you have more than 10 GST Registration Numbers please use another copy of this sheet.  Name	Customer				
Are you exempted from GST?	Name				
Are you exempted from GST?					
If exempt	GST Status F	Registered	Unregistered		
Related person to IDFC FIRST Bank	Are you exempted	from GST?	Yes (Please submit documentary evider	ice for the exemption) No	
(Refer Glossary of terms for definition of related person)  If Registered then Provide the State wise GST details # Please mention the primary GSTN for this account as the first GSTN.  Sr.No. Name of the State GST Registration Number* Address as per GSTN records* Remarks	If exempt (	Customer lev			
If Registered then Provide the State wise GST details # Please mention the primary GSTN for this account as the first GSTN.  Sr.No. Name of the State   GST Registration Number*   Address as per GSTN records*   Remarks	Related person to	IDFC FIRST I	Bank Yes No (If yes, please r	ote that GST as may be applicable, needs to	be paid by the related person.)
# Please mention the primary GSTN for this account as the first GSTN.    Sr.No.   Name of the State   GST Registration Number!"   Address as per GSTN records!   Remarks	(Refer Glossary of term	is for definition (	of related person)		
Sr.No. Name of the State  GST Registration Numbers Address as per GSTN records Remarks  Address as per GSTN records Remarks  Address as per GSTN records Remarks  Address as per GSTN records Remarks  Address as per GSTN records Remarks  Address as per GSTN records Remarks  Address as per GSTN records Remarks  Address as per GSTN records Is the address of receiving the service. If you have more than 10 GST Registration Numbers; please use another copy of this sheet.  Name Name  Designation  Designation	If Registered then	Provide the	State wise GST details		
\$ Address as per GSTN records is the address of receiving the service.  If you have more than 10 GST Registration Numbers: please use another copy of this sheet.  Name			this account as the first GSTN.		Т
Name Designation Designation	Sr.No. Name of	f the State	GST Registration Number#	Address as per GSTN records\$	Remarks
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Name Designation Designation	\$ Address as per GSTN	records is the a	address of receiving the service.	<u> </u>	<u> </u>
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## **GLOSSARY OF TERMS**

### Definition of related person under GST is as under:

- (a) persons shall be deemed to be "related persons" if-
  - (i) such persons are officers or directors of one another's businesses;
  - (ii) such persons are legally recognised partners in business;
  - (iii) such persons are employer and employee;
  - (iv) any person directly or indirectly owns, controls or holds twenty-five per cent or more of the outstanding voting stock or shares of both of them;
  - (v) one of them directly or indirectly controls the other;
  - (vi) both of them are directly or indirectly controlled by a third person;
  - (vii) together they directly or indirectly control a third person; or they are members of the same family;
- (b) the term "person" also includes legal persons;
- (c) persons who are associated in the business of one another in that one is the sole agent or sole distributor or sole concess ionaire, howsoever described, of the other, shall be deemed to be related.
- Explanation I. The term "person" also includes legal persons.
- Explanation II. Persons who are associated in the business of one another in that one is the sole agent or sole distributor or sole concessionaire, howsoever described, of the other, shall be deemed to be related.

### U.S. Persons

- a) A tax resident of U.S.
- b) A U.S. entity or organization incorporated in U.S.
- c) A partnership or a corporation organized in the U.S. or under the law of the U.S. or any states thereof
- d) A trust- (i) where a court within the United States would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust, and (ii) one or more U.S. persons have the authority to control all substantial decisions of the trust,
- e) An estate of a decedent that is a citizen or resident of the United States

### **Exclusion Categories for U.S. Persons**

- a) A corporation the stock of which is regularly traded on one or more established securities markets
- b) Any corporation that is a member of the same expanded affiliated group as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i)
- c) The United States or any wholly owned agency or instrumentality thereof
- d) Any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing
- e) Any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code
- f) Any bank as defined in section 581 of the U.S. Internal Revenue Code
- g) Any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code
- Any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);
- i) Any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code
- j) Any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code
- k) A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State
- A broker as defined in section 6045(c) of the U.S. Internal Revenue Code
- m) Any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code

### Exclusion Category - For other than U.S. Persons

- a) A corporation, the stock of which is regularly traded on one or more established securities markets
- b) Any corporation that is a related entity of a corporation mentioned above:
- c) A Governmental Entity
- d) An International Organisation
- e) A Central Bank
- f) A Financial Institution

ANNEXURE	8-NAT	URE OF	INDUSTRY

	Airlines	Arms/Antique/Art Dealer	Boat/Plane Dealership	Bar/Casino/Night Club
	Bullion/Forex Dealer	Dot-com Company or Internet business	Electric power generation, transmission and distribution	Exchange House
	Financial Advisory - Portfolio management services	Gas-distribution of gaseous fuels	Housing Finance Co.	Insurance Co.
1 1	Investment /Money Management / Personal Investment Company	Iron and Steel	Liquor Distributor	Merchant Banking
1 1	Money Services (Money transfer agent, remittance house, bank note traders)	Mining	Movie theatre	Petroleum Oil & Gas
	Pawn Shop	Stock Broker	Term Lending Co.	Used car dealer
	Veterinary activities	Venture Capital Companies	Waste collection, treatment and disposal activities; materials red	
	Other Pvt. Financial Corp.		, , , , , , , , , , , , , , , , , , , ,	

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