## Gift City Fixed Deposit Form

Either or Survivor



	Application Date (Inc.)		
Application Date D MM YYYYY  Please fill in Black Ink & in CAPITAL LETTERS only  Value Date D MM YYYYY			
CUSTOMER INFORMATION			
Name of Primary Applicant			
	Customer ID		
Name of Second Applicant (if any)			
	Customer ID		
Name of Third Applic	cant (if any)  Customer ID		
<ul> <li>Please update PAN if not done yet. Please fill a PAN update form or update it through internet banking.</li> <li>If you do not have a PAN please complete a Form 60 available on www.idfcfirstbank.com</li> </ul>			
FIXED DEPOSIT INSTRUCTIONS			
Type of Deposit	Gift City Fixed Deposit		
Type of Deposit	One City Fixed Deposit		
	USD		
Amount			
	Note: The currency for the Fixed Deposit should be same as the currency for FIRST Global Saving Account.		
	Note. The currency for the Fixed Deposit should be same as the currency for Fixer Chobar Caving Account.		
Funding Instruction	Debit to Global Saving Account:(Mention Global Saving Account number)		
	Years Months Days		
Tenure (in days)			
	Note: Gift City Fixed Deposit can be booked for minimum 7 days and maximum 60 months		
	Note: Gift City Fixed Deposit can be booked for minimum 7 days and maximum 60 months		
Interest Rate%			
Interest Mandate	Interest earned on your deposits is re-invested and paid on maturity along with your principal.		
Maturity Instruction	For all Gift City Deposit Principal & Interest will be renewed for a similar tenure.		
Place Ity Instruction	Renew Principal & Interest (if any)  Payout, do not renew		
	rayout, do not renew		
<ul> <li>Maturity and Interest proceeds for the Gift City Deposits will be credited to the FIRST Global Saving Account from which Deposit has been created</li> <li>No interest shall be paid if Gift City Fixed Deposit is closed within 7 days from the date of creation of the deposit</li> <li>Interest paid, if any for Gift City simple interest Fixed Deposit will be recovered from principal before such premature closures</li> <li>For Gift City Fixed Deposits, please share bank details for payout separately.</li> </ul>			
MODE OF OPERATION			



## IBU Gift City

WOULD YOU LIKE TO CHOOSE A NOMINEE FOR THE ACCOUNT?				
(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, IBU Gift City Branch				
No, I do not wish to nominate anyone on my behalf at this moment. I und nominating anyone to my account	derstand the a	dvantages of nomination and the consequences of not		
Customer ID (In case an existing account	ınt holder, don't fi	ill address)		
Nominee Name				
TITLE FIRST NAME MIDDLE NAME	ation address	LAST NAME		
Nominee Address Same as primary account holder communications and the same as primary account holder communications.	ation address	s Update address as below		
		an an this data 1/Ma an asiate		
If the nominee is a minor**, please complete this section. As the nom	ninee is a min			
Relationship with Depositor		Date of Birth		
TITLE FIRST NAME MIDDLE NAME		LAST NAME		
Guardian Address				
to receive the amount of deposits in the account on behalf of the		, , , , , , , , , , , , , , , , , , ,		
minority of the nominee. (** Where deposit is made in the name of a minor the nomi  Please mention the nominee name in the statement/advice/pas		gned by a person lawfully entitled to act on behalf of the minor)		
I/We do hereby declare what is stated above is true to the best of m		and helief		
Date DD MM YYYY Place Place				
DECLARATION (Please read carefully and sign at the and of this section)  1. I/We will be bound by the Terms and Conditions detailed in this Deposit Application Form and understand that the same are in addition to the Terms and Conditions provided to me/us at the time of initial account opening. I/We also understand that the Terms and Conditions may be amended from time to time at the sole discretion of the bank and that the current Terms and Conditions are available at www.idfcfirstbank.com  2. For accounts with method of Mode of operation "either or survivor": I/We authorize IDFC FIRST Bank, IBU Gift City branch to execute pre-mature withdrawals on my deposits placed and/or proposed to be placed, and/or proposed to be placed, based on the instructions from any one of account holders on the deposit account subject to the terms and conditions provided to me/ us by IDFC FIRST Bank, IBU Gift City Branch.  3. In the absence of any special instructions, the deposit will be renewed on maturity for a like term at the then applicable interest rates.				
<ol><li>Rates up to 180 days are on "simple interest" basis. Interest on tenor above 180 days is payable/compounded on quarte such that interest is paid on the interest earned in the previous quarters as well.</li></ol>	rly basis. Compound in	nterest/ re-investment interest is calculated semi-annually and is added to the principal		
Name of Applicant (i) Name of Applicant (ii)		Name of Applicant (iii)		
Name of Applicant (I)		Traine of Applicant (III)		
Signature Signature WITNESS (Required only if nomination for	1	Signature WITNESS 1 and (Required only if nomination form has been filled and		
Date of Application:		any of the applicants use thumb impression)		
BANK US	F			
FD Product Code FI				
Branch Code 42345 Branch Name IBU Gift City Branch		Sourcing Branch Code		
Lead Generator Lead War		-		
Lead Convertor Code Business Division/Segment Code				
Campaign Code				
DECLARATION				
Customer Signed in my Presence		Employee ID		
Request received from registered email id of customer and Banker on Call verification done				
Name	Signature			
Date				