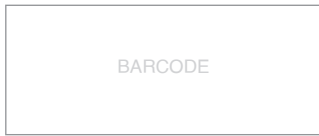


FIXED DEPOSIT (TERM DEPOSIT) / RECURRING FLEXI DEPOSIT

Please fill the form in Block Letter and in Black ink.



Branch Name _____

<input type="checkbox"/> I/We would like to open a Fixed Deposit	<input type="checkbox"/> I/We would like to open a Recurring Flexi Deposit
Resident () <input type="checkbox"/> Premature Withdrawal Allowed (Including Recurring Flexi Deposit)	<input type="checkbox"/> Premature Withdrawal Not Allowed (Deposits > Rs. 1 Crore)
<input type="checkbox"/> Tax Saver Fixed Deposit	

My / Our Details

For Customers without Customer Relationship Number, please fill Customer Identification Form for each of the applicant

Applicant 1 : Customer Identification Number (Fixed Deposit Advice shall be sent on Email id on this CIF)

Name Title First Name Middle Name Last Name
(Upto 40 characters only)

Senior Citizen (> 60 years) Yes No

Applicant 2 : Customer Identification Number

Name Title First Name Middle Name Last Name
(Upto 40 characters only)

Applicant 3 : Customer Identification Number

Name Title First Name Middle Name Last Name
(Upto 40 characters only)

Please open FD in the name of
(Only applicable if different from account name(Third party FD), Please submit supporting documents)

I/we would like to operate this Fixed Deposit/Recurring Deposits as

Singly Either or Survivor Jointly As Guardian (In case of Minor) Others _____

The mandate as above may also be extended to premature closure of term deposit

Please open this Fixed Deposit / Recurring Deposit for

Please fill and attach Form 15G/15H separately if applicable

Time Period : month(s) day(s)

Amount: r Amount in Words

I/We would like to pay for this Fixed Deposit by the following mode

Not Applicable for Recurring Flexi Deposit

Debit My Account

Cheque Cheque No. Cheque Date Bank name & Branch

NEFT/RTGS Date of transaction Reference no.

Others _____

Please pay me/us Interest and Maturity Amount of this Fixed Deposit in the following mode

Not Applicable for Recurring Deposit

The Interest should be Please fill only for deposit >=6 months (181 days)	Option 1 Reinvested Quarterly	Option 2
At Maturity	<input type="checkbox"/> Renew Principal and Interest	<input type="checkbox"/> Paid to me Quarterly <input type="checkbox"/> Paid to me Monthly
	<input type="checkbox"/> Renew Principal and Pay Back Interest	<input type="checkbox"/> Renew Principal
	<input type="checkbox"/> Pay Back (Redeem) Principal and Interest	<input type="checkbox"/> Pay Back (Redeem) Principal <small>Please fill only for deposit >=6 months (181 days)</small>

For Deposits Invested upto a period of 180 days, Interest will be Paid at Maturity. Please fill Maturity Instructions.
For Non-Callable Deposit & Tax Saver Deposit ('Premature withdrawal not allowed'), auto renewal option not applicable.
In the absence of specific maturity instructions, Fixed Deposit will be renewed automatically on the same Terms and Conditions, at the rate prevailing at the time of renewal.
@Cheque should be crossed A/c payee and drawn payable to 'Shivalik Small Finance Bank Ltd. A/c. < Applicant's Name >'

Interest Payment and Maturity Payment instructions

Credit to Shivalik Small Finance Bank Account Account Number

Pay to Other Bank Account Account Number
IFSC Code Bank Name

Do you want to link your Fixed Deposit to your Account (Sweep in facility) Yes No Account with Shivalik Small Finance Bank

Sweep-in the facility of linking Current/Saving accounts with TDs. In case of insufficient balance the linked TDs will be broken prematurely and the required amount is transferred to the saving/current account. This facility is allowed only if the order of names and mode of operation is same in the accounts and the TDs linked to it. The facility is not available for Term Deposit booked under "Premature withdrawal not allowed" option and for Recurring Deposit.

Recurring Flexi Deposit - My/our instructions for monthly installments

Debit my/our Account Number (Account with Shivalik Small Finance Bank) each month for my/our Recurring Deposit

Auto Renew Option is not available for Recurring Deposits. Maturity, Amount will be credited to the Debit Account mentioned above.

Deposit booked with Renew on Maturity facility will be renewed at the rates prevailing on renewal date

Signature(s) / Thumb Impression(s)***

First Depositor	Second Depositor	Third Depositor
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Acknowledgement Slip

Branch _____ Date

Received the Fixed Deposit/Recurring Deposit Form with the following details

Name of the 1st Applicant FD/RD Amount r

Payment Details Debit A/c with Shivalik Small Finance Bank Cheque Number _____ Dated _____ Bank _____ Cash

Shivalik_Fixed Deposit/Recurring Deposit/Version 1.1/Nov.2022

Nomination (Form DA1)

Nomination under section 45ZA of the Banking Regulation Act, 1949, and the Rule 2(1) of the Banking Companies (Nomination) Rules, 1985, in respect of bank deposits

Yes No

I/We _____ Address(es) _____

nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars whereof are given below, may be returned by **Shivalik Small Finance Bank**

Nature of Deposit _____ Distinguishing No. _____ Additional details, if any _____

Nominee Name _____ First Name _____ Middle Name _____ Last Name _____

Address _____

City _____ Pin Code _____ State _____

Relationship with Depositor, if any _____ Age _____ if Nominee is a minor, his date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

As the Nominee is a minor on this date, I/We appoint ShrVSmt./Kum.* _____ Relation with Minor Nominee _____

Address _____

City _____ Pin Code _____ State _____

Age _____ to receive the amount of the deposit on behalf of the nominee, in the event of my/our/minor's death during the minority of the nominee.

Nominee name to be printed on the Statements/Advices Yes No Date & Place _____

Signature(s) / Thumb Impression(s)***		
First Depositor	Second Depositor	Third Depositor

Witness***	
First Witness	Second Witness

*Strike out if nominee is not a minor ***Thumb impression(s) shall be attested by two witnesses.
 Note: Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

Applicable, if no nomination is provided in a Single Holder A/c	FOR BANK USE ONLY
The Bank, through its authorized representative had explained to me the advantages of nomination facility as per the extant guidelines of RBI. However, I hereby decline to presently nominate any individual and understand the risks and consequences of my failure to give nomination and am fully aware of the hardships my legal heirs would face in the event of my death without nomination registered in your Bank records.	I have clearly explained to the customer the advantages of nomination facility and inspite of the same he/she still does not want to nominate and he/she also refused to provide a specific letter to the effect that he/she does not want to make a nomination.
Customers Signature	Employees Signature & Code

DECLARATION:
 I/We am/are aware that the pre-mature withdrawal of Deposit(s) will require consent and signature of all Depositor(s) irrespective of mode of operation. * I/We hereby authorize the Bank that in event of death of anyone of the Depositor(s), the bank on receipt of written request from the surviving Depositor(s), as per the mode of operation, so allow the surviving Depositor(s) to prematurely withdraw the fixed deposit without seeking concurrence from the legal heirs of the deceased depositor(s), if I/We have given a joint mandate for premature withdrawal of deposit by the surviving Depositor(s) at the time of booking the deposit or subsequently. I/We am/are aware that Fixed Deposit booked under 'Premature Withdrawal not allowed' option cannot be withdrawn till maturity. For the Fixed Deposit booked under 'Premature Withdrawal not allowed' option linking of Fixed Deposit of Savings Account, Auto Renewal option and Monthly payout option is not available. I/We further declare and confirm that any modification to the above authorization/mandate shall be only by way of joint instructions by all the applicants/Joint holders. I/We am/are aware that penalty charges will be levied for the premature withdrawal of deposits as per the applicable terms and conditions of the bank and I/We have been informed about the applicable penal interest rate for premature withdrawal. The calculation of interest is basis 365 days in a non-leap year and 366 days in a leap (calendar) year. I/We have read & understood the terms and condition governing the opening of an account with Shivalik Small Finance Bank and those relating to various services including term deposit(s). I/We accept & agree to be bound by the said Terms & Conditions including those excluding/limiting the bank liability. I/We understand that the bank may at its absolute discretion, discontinue any of its services completely or partially without any notice to me/us. I/We agree that the bank may debit my/our account for service charges as applicable from time to time. I/We accept & agree to inform the bank in case of change in my/our status from Resident to Non resident. I/We hereby declare that the information furnished above is true & correct to the best of knowledge. * Above declaration is not applicable where account is maintained with mode of operation as "Jointly".

Declaration under 'Foreign contribution (Regulation) Act, 2010 and foreign contribution (Regulation) Rules, 2011
 I/We confirm that as part of the regular operations, I/We do not receive any foreign contribution from abroad and if in future we will be receiving the same then we will inform the bank in advance with sufficient notice.

FOR BANK USE - BRANCH					
Source Code	<input type="text"/>	Value Date	<input type="text"/>	Created by	_____
Lead Generator Code	<input type="text"/>	Sourcing Date	<input type="text"/>	Checked by	_____ PAN <input type="text"/>
Lead Convertor Code	<input type="text"/>	<input type="checkbox"/> Individual <input type="checkbox"/> Non-Individual	Authorised by	_____	Scheme Code: <input type="text"/> Branch Code: <input type="text"/>

FOR BANK USE - CPC					
Value Date	<input type="text"/>	OTHER DETAILS: Tran. ID		<input type="text"/>	Tran Sri. No.
Tenure	<input type="text"/>	Amount (Rs.)	<input type="text"/>	15G/15H Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Relation	For Individuals (MOP-OTHERS) _____ A/C No. <input type="text"/>	

Period	<input type="text"/>	month(s)	<input type="text"/>	day(s)	Effective Date of Deposit	<input type="text"/>	Rate of Interest	_____	
Nomination received	<input type="checkbox"/> Yes <input type="checkbox"/> No	Received the Nomination Form (DA-1) with the following details				Nominee: _____			
Received	_____	Officer Signature	_____	Bank Seal					