

# FIXED DEPOSIT (TERM DEPOSIT) / RECURRING FLEXI DEPOSIT

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

BARCODE

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 (✓) any one	<input type="checkbox"/> Premature Withdrawal Allowed (Including Recurring Flexi Deposit)	<input type="checkbox"/> Premature Withdrawal Not Allowed (Deposits > Rs. 25 Lakh)	<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

<b>Applicant 1 :</b> Customer Identification Number <input type="text"/>				
Name	Title	First Name	Middle Name	Last Name
(Upto 40 characters only)				
<b>Senior Citizen (&gt; 60 years)</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Applicant 2 :</b> Customer Identification Number <input type="text"/>				
Name	Title	First Name	Middle Name	Last Name
(Upto 40 characters only)				
<b>Applicant 3 :</b> Customer Identification Number <input type="text"/>				
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: ₹  Amount in Words

## I/We would like to pay for this Fixed Deposit by the following mode Not Applicable for Recurring Flexi Deposit

<input type="checkbox"/> Debit My Account	<input type="text"/>
<input type="checkbox"/> Cheque	Cheque No. <input type="text"/> Cheque Date <input type="text"/> Bank name & Branch <input type="text"/>
<input type="checkbox"/> NEFT/RTGS	Date of transaction <input type="text"/> Reference no. <input type="text"/>
<input type="checkbox"/> Others	<input type="text"/>

## 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
<b>At Maturity</b>	<input type="checkbox"/> Paid to me Quarterly	<input type="checkbox"/> Paid to me Monthly
	<input type="checkbox"/> Renew Principal and Interest	<input type="checkbox"/> Renew Principal
	<input type="checkbox"/> Renew Principal and Pay Back Interest	<input type="checkbox"/> Pay Back (Redeem) Principal
	<input type="checkbox"/> Pay Back (Redeem) Principal and Interest	Please fill only for deposit >=6 months (181 days)

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 >'

<b>Interest Payment and Maturity Payment instructions</b>	<input type="checkbox"/> Credit to Shivalik Small Finance Bank Account	Account Number <input type="text"/>
	<input type="checkbox"/> Pay to Other Bank Account	Account Number <input type="text"/> IFSC Code <input type="text"/> Bank Name <input type="text"/>

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.**

## The Fixed Deposit Advice would be sent to your Registered Email ID

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Depositor	Second Depositor	Third Depositor

## Acknowledgement Slip

Branch \_\_\_\_\_ Date

Received the Fixed Deposit/Recurring Deposit Form with the following details  
Name of the 1st Applicant  FD/RD Amount ₹

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.  _____ Customers Signature	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.  _____ 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 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 \_\_\_\_\_ Value Date 

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

 Created by \_\_\_\_\_  
 Lead Generator Code \_\_\_\_\_ Sourcing Date 

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

 Checked by \_\_\_\_\_ PAN 

--	--	--	--	--	--	--	--

 Form 60  SSFB Staff  
 Lead Convertor Code \_\_\_\_\_  Individual  Non-Individual Authorised by \_\_\_\_\_ Scheme Code: 

--	--	--	--	--	--

 Branch Code: 

--	--	--	--	--	--

### FOR BANK USE - CPC

Value Date 

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

**OTHER DETAILS:** Tran. ID 

--	--	--	--	--	--	--	--	--	--

 Tran Sri. No. 

--	--	--	--	--	--	--	--	--	--

  
 Tenure 

--	--

 Amount (Rs.) 

--	--	--	--	--	--	--	--	--	--

 15G/15H Attached  Yes  No Relation For Individuals (MOP-OTHERS) A/C No. 

--	--	--	--	--	--	--	--	--	--

Period <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> month(s) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> day(s) <b>Effective Date of Deposit</b> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>									D	D	M	M	Y	Y	Y	Y	<b>Rate of Interest</b> _____ <b>Nominee:</b> _____ Received _____ Officer Signature _____ Bank Seal _____
D	D	M	M	Y	Y	Y	Y										
Nomination received <input type="checkbox"/> Yes <input type="checkbox"/> No Received the Nomination Form (DA-1) with the following details																	