

# Term Deposits -Additional Fixed / Recurring Deposit



Note: Please use this Form for additional deposits to be opened in an existing account title (i.e. if you have opened an earlier account held by A & B, you can use this Form to open an additional deposit in the combination of A & B, where A is the first applicant and B is the 2<sup>nd</sup> applicant.

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

**1<sup>st</sup> Applicant**

**2<sup>nd</sup> Applicant**

**3<sup>rd</sup> Applicant**

Account Details	Name			
	Cust ID			
Choice of Scheme	<input type="checkbox"/> Simple FD <input type="checkbox"/> Re-Investment <input type="checkbox"/> Quarterly Interest <input type="checkbox"/> Monthly Interest <input type="checkbox"/> Recurring Deposit <input type="checkbox"/> Others (specify): _____			
Amount of Deposit	<input type="checkbox"/> TD Rs. _____ (Rupees _____ only) <input type="checkbox"/> RD – Amount of Monthly Instalment : Rs. _____			
Payment Details	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit A/c No. _____			
Period	Days	Months	Years	Rate of Interest %
Interest Payment and Renewal Instructions	<p><b>Deposit Renewal Instructions</b>  <input type="checkbox"/> Renew Principal only <input type="checkbox"/> Renew Principal &amp; Interest <input type="checkbox"/> Do not renew</p> <p><b>Interest Payment Instructions</b> (if interest is not to be renewed with Principal and in case of Quarterly / Monthly Schemes)  <input type="checkbox"/> Credit A/c No. _____  <input type="checkbox"/> Pay Order to mailing address <input type="checkbox"/> Others _____</p> <p><b>Payment Instructions on Maturity</b> (if deposit is not be renewed)  <input type="checkbox"/> Credit A/c No. _____  <input type="checkbox"/> Pay Order to mailing address <input type="checkbox"/> Others _____</p>			
Operating Instructions	<input type="checkbox"/> Self <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Jointly <input type="checkbox"/> Any one or survivor <input type="checkbox"/> Others (specify): _____			
TDS	<input type="checkbox"/> Form 15 G or 15 H submitted. <i>(Please note that you need to submit separate Form 15 G or H, as applicable, for all subsequent financial years.)</i>			
				I / We consent to receiving TDS Certificate annually after the end of the financial year.

I / We have read and understood the terms and conditions. I / We accept and agree to be bound by the said terms and conditions including those excluding / limiting your liability. I/We agree that the bank may debit my / our account for service charges as applicable from time to time.

\_\_\_\_\_  
Signature(s) – to be signed by all the joint account holders.

**FOR OFFICE USE ONLY**

Signatures Verified	TD Account Number
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Date: \_\_\_\_\_

Signature(s) of Bank Officials

**Acknowledgement**

Received request for Additional TD / RD Amt.Rs. \_\_\_\_\_ under  FD  RIC  QIC  MIC  Others for \_\_\_\_\_ days/months/years.

\_\_\_\_\_  
Signature & Date Receipt Stamp



**DEVELOPMENT CREDIT BANK LTD.**