

FIXED DEPOSIT FORM FOR EXISTING SA/CA CUSTOMER-INDIVIDUAL

(All fields marked with * are mandatory) and to be filled in CAPITAL LETTERS only.

Application Date

APPLICANT DETAILS*

Applicant CUST ID

Applicant Name

Co-Applicant-1 (If applicable) CUST ID

Co-Applicant-1 Name

Co-Applicant-2 (If applicable) CUST ID

Co-Applicant-2 Name

MODE OF OPERATION*

- Self Either or Survivor Former or Survivor All Jointly Any one or Survivor
- Operated by Guardian POA Holder Minor alone operated by Guardian Minor Account self operated

TYPE OF FIXED DEPOSIT

- Smart Deposit (for < ₹2 Cr) Smart Deposit Plus ((For ₹50L < ₹2Cr) (Without Premature Withdrawal) Priority Plus Deposit (For >= ₹2 Cr) (With Premature Withdrawal) Priority Plus Deposit (for >= ₹2 Cr) (Without Premature Withdrawal)
- 5 Year Tax Saver Deposit (Without Premature Withdrawal) Amount Period: Years Months Days Interest Rate %

In words

INTEREST FREQUENCY OPTIONS

- 7 to 181 days (Simple Interest) Monthly Interest Payout Quarterly Interest Payout Reinvestment (Quarterly Compounding)

MATURITY INSTRUCTIONS

- Renew Principal and Interest (not applicable for Priority Plus & Tax Saver Deposit) Renew Principal Only and Pay Interest (not applicable for Priority Plus & Tax Saver Deposit) Transfer to bank Account (Repayment Details Mandatory)

In case of Auto renewal of FD, the same would be done at the prevailing interest rate for the same tenure.

FD INITIAL PAYMENT DETAILS*

Debit from Fincare Account Fincare A/c No:.....

Repayment will also go to the above A/C Number

TDS Applicable: Yes No, (If no, attach any one) Form 15G/H Income Tax Exemption Letter

Terms and conditions will be applicable as agreed at the time of account opening. For detailed terms and condition are available on website www.fincarebank.com/Branch

Signature of Applicant(s)

Applicant's Signature

Co-Applicant's Signature 1

Co-Applicant's Signature 2

Date:

Place:

NOMINATION DETAILS (FORM DA 1)

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 deposit.

I/we wish to nominate

I/we do not wish to nominate

Print Nominee Name Yes

No

I/we

Address(es)

Nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the above opened account may be returned by Fincare Small Finance Bank Limited Branch.

Nominee Name

Address

Address Line-1*

Address Line-2*

City* District Pincode*

Country* State/UT*

Relationship with the depositor (if any) Date of Birth

As the nominee is a minor on this date, I/We appoint* residing at

Relationship with Minor Nominee Age:

to receive the amount of the deposit in the account on behalf of the nominee in the event of my/Minor's death during the minority of the nominee.

Name & Signature of 1st Witness

Name & Signature of 2nd Witness

Signature/*/Thumb Impression of depositor/s

Date:

Place:

*Leave out if nominee is not a minor *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 minor. *** Thumb Impression shall be attested by two Witnesses

Applicable, if no nomination is provided

The bank through its authorized representative has 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 fully aware of the hardship my legal heirs would face in the event of my death without nomination registered in your bank records.

Applicant's Signature

Co-Applicant's Signature

For Bank use only (In case of No Nomination given)

I have clearly explained to the customer the advantages of nomination facility and inspite of the same, he/she still does not want and he/she also refused to provide a specific letter to the effect that he/she does not want to make a nomination.

Employee Signature and Employee Code

FOR BANK USE ONLY

Product Code

Branch Name

Branch Code

Sourcing Officer code

Lead Generator code

FD Value Date

Customer Signed in my presence: Yes

FD A/c may please be setup in Core Banking System of bank: Yes

Employee Name:

Employee Code:

Employee Signature:

Document verification done by:

Employee Name:

Employee Code:

Branch Stamp with Date

BM Signature & Date

CPU Stamp with Date

CPU officer signature & Date