

**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 `1Cr < `2 Cr) (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](http://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  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** **FIRST NAME** **MIDDLE NAME** **LAST NAME**

**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