

Branch _____

Request form for opening of Term Deposit (s)

Date of a/c opening

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Tax Saver

Recurring Deposit

Short Term Deposit

Cumulative Deposit

Others.....

Cust. ID No.

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Deposit Account No.

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Senior Citizen Y N

Mode of Operation Self Either or Survivor Anyone or Survivor Other
 Jointly by all Minor a/c operated by Guardian

Please open Fixed Deposit account in the name(s) of

APPLICANT

NAME

PAN No.

Applicant 1

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Applicant 2

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Applicant 3

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Standing Instructions for RD a/c
Please debit Monthly Instalment
of Rs..... From my/our
Operative Account No.

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PERIOD

DAYS MONTHS

YEARS

Rate of Interest % P.A.

Address

CHEQUE NO.	DRAWN ON	CASH/ TRANSFER	AMOUNT
	Bank's Name	Branch	Rs. Ps.

Please Debit my/our saving bank a/c no.

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 for the opening of fixed deposit Account.

FOR OFFICE USE ONLY

INSTRUCTIONS

TRANSACTION
ENTERED BY

VERIFIED BY

Signature of Applicant (s)

- Please pay interest at monthly/ quarterly intervals/ maturity by credit to SB/CA A/C

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, Banker Cheque / Cash
 - In case of renewal without any change in the existing mode of operation, the relative account opening form be treated as valid and continuing.
 - I/We agree that the proceeds of the deposit will be paid on the due date or on request, before the due date (subject to penal clause for premature payment as per RBI Guidelines and as per bank's policy.)
 - I/We also understand that, at the discretion of the bank, loan against the deposit may be given to the depositors, who are authorised to withdraw deposit, as per original mandate.
 - I/We authorize the bank to allow premature withdrawal of term/fixed deposits to the surviving Depositor (s) and in the case death of all account holders to the nominee, without seeking the concurrence of the legal heirs of the deceased joint deposit holders(s). The said mandate is applicable, if the operating clause of the account is "Either or Survivor" of "Former or Survivor" or "Any One or Survivor" or "Self".
 - We authorize the bank to allow premature withdrawal of term/fixed deposits to the nominee, in case of death of all the account holders without seeking the concurrence of the legal heirs of the deceased joint deposit holder(s.) The said mandate is applicable if the operating clause of the account is "Jointly by all".
 - Each depositor in a bank is insured upto a maximum of Rs. 5,00,000 (Rupees Five lakh) for both principal and interest amount.
 - TDS Details for TD.: Deduct TDS (if applicable) Yes No if No, attach Form 15 G/H or Income Tax exemption letter.
- No TDS shall be deducted where the aggregate amount of interest credited or paid or likely to be credited or paid during the financial year does not exceed Rs. 40,000/- on Term deposits. However, the limit for senior citizen remains Rs. 50,000/-
 - The bank shall not be liable for any consequences or loss arising due to delay or non submission of form 15G/H. To enable us to serve you better, kindly submit the form 15G/H in triplicate within the first week every new financial year and for all subsequent deposit booked in the Financial Year.
 - As per section 139A (5A) of the Income Tax Act, 1961 every person receiving any sum of income or amount from which tax has been deducted under the provisions of the Income Tax Act shall provide his PAN number to the person responsible for deducting such tax. in case the PAN No is not provided, the bank shall not be liable for the non availment of the credit of tax deducted at source.
 - TDS rates will applicable in accordance with the provisions of income tax Act, 1961. and subject to change as per directives of Finance Ministry Govt. of India.
 - I/we hereby give my consent to the processing of my Personal Information and Sensitive Personal Data or Information which I/we hereby voluntarily provide to the Bank and acknowledge that the shared Personal Information and Sensitive Personal Data or Information represents sensitive personal data or information within the meaning of Section 43A of Information Technology Act, 2000 and Section 3 of Information Technology (Reasonable Security Practice and Procedure and Sensitive Personal Data or Information) Rules, 2011 ("Data"). I/we hereby represent that I/we have been informed of the fact that my Bio-metrics and Data, will be processed and I/we hereby give my voluntary, unequivocal and informed consent hereto. I/we hereby give my consent to the Bank to disclose my/our Data to third parties/vendors and that the Bank shall be entitled to transfer such data or information in particular to the following categories of recipients not limited to the Bank's suppliers, the Bank's employees, providers of marketing and advertising services to the Bank, and other parties in other contractual relationship with the Bank. I/we further give my consent to the Bank to share my Data with Government Agencies/regulatory/statutory bodies mandated under the law as and when required to obtain information for the purpose of verification of identity, or for prevention of intrusion or spread of computer contaminant, detection, investigation, analysis, including cyber incidents/security, prosecution and punishment of offences related thereto. I/we have no objection to the Bank providing me information on various products, offers and services rendered by the Bank through any mode (including without limitation through telephone calls/ SMS/ E-mail) and authorize the Bank/ its group companies/ its agents/ its representatives for the above purpose. I/we agree to indemnify and keep indemnified the Bank and the persons or entities from whom it may obtain, or with whom it may disclose or verify my Data free and harmless from any liability arising from the use of any such Data. I/we understand that the Bank reserves the right to amend or supplement this consent form with future effect at any time, as far as the changes made are in the interest of the Customer. I/we hereby have no objection and give my/our consent for receiving OTP (One Time Password) on my/our registered mobile number for the purpose of authentication of this consent form.

Re-KYC :- I/We here by submit that there is no change in my KYC details.

Important Note : This form is to be used for such Deposit Accounts where the title remain the same as in case of existing SB a/c. In case the Term Deposit is issued in name of existing depositor along with some other individual, then his/her KYC formalities must be fulfilled as per KYC Policy.

Authorised Signatory

Signature of Applicant (s)



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

I/We _____

(Names and Addresses)

nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars where of are given below, may be returned by **Capital Small Finance Bank Ltd. B.O** _____**DEPOSIT**

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

NOMINEE

Name	Address	Relationship with depositor, if any	Age	If nominee is a minor, his date of birth

As the nominee is minor on this date, I/we appoint, Shri/Smt./Kum. _____ (Name, Address and 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.
(Strike out, if nominee is not a minor)

Place : _____

Date : _____

Name(s), Signature(s) and Address(es) of witness(es)@ _____

Signature(s) / Thumb impression(s) of depositor(s)* _____

* 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.

@ Thumb impression(s) shall be attested by two witnesses.

F.No. 003 (version 01/2022)

Capital Small Finance Bank**ACKNOWLEDGEMENT - DA 1****Sr.No.**

We acknowledge receipt of nomination made by you in favour of:

Name of the Nominee _____ Age: _____ Years.

with respect to Your A/c. No(s) _____

Nomination Regd. No _____ Date of Receipt form _____

Signature of bank official with seal