

Resident Fixed Deposit Form/Fixed Deposit Renewal Form/Premature Closure Form



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Bank less

FIXED DEPOSIT **FIXED DEPOSIT RENEWAL** **RECURRING DEPOSIT** (go to section 12)

PRE-CLOSURE (go to section 10 & 11) **PRE-CLOSURE & RE-BOOKING** (go to section 10 & 11)

1) Staff Yes No Branch Name : _____

2) Term Deposit Type Simple Fixed Deposit# Reinvestment / Cumulative Deposit** Quarterly Interest Pay Monthly Interest Pay

Interest will be paid on maturity on Simple fixed deposits
**Simple Interest rate will be paid on fixed deposits below 6 months. For fixed deposits of 6 months or above interest will be compounded quarterly.

3) Term Deposit Tenure Year Days Months @ _____ %

4) Tax Status No TDS if interest (on all FDs placed with us) is < INR 10,000 during a financial year

No Tax at Source, Form 15G/15H submitted
 Tax to be deducted PAN No.

(Prevailing rules of TDS will apply. If PAN not available attach Form 60)

5) Payment Mode Fixed Deposit Debit existing DBS A/C No. Clearing of Cheque# as below:

Bank	Place	Cheque No.	Amount
Total			

Please note all cheques should be crossed and in favor of DBS Bank India Limited Fixed Deposit (your name).

6) Amount

In figures

In words

7) Value Date

8) Mode of Operation Either or Survivor Jointly Other (_____ Please Specify)

9) Number of Receipts Single Receipt _____ receipt of INR _____ (min of INR 10,000)

10) Existing FD A/C No.

11) Maturity Disposal Instruction*/Premature Interest Payment* (Including premature closure)

Auto Renew Principal and Interest for the same period.
 Renew Principal and Interest for _____ days/months/years until further notice.
 Renew Principal for _____ days/months/years and pay interest
 by PO OR RTGS/NEFT OR to DBS Account No.
 Repay Principal and Interest
 by PO OR RTGS/NEFT OR to DBS Account No.
 Repay _____ of the matured amount by PO and renew the balance amount of _____ for _____ (tenure) at _____ % (interest rate) until further notice (auto renewal)

RTGS/NEFT Details (Real Time Gross Settlement/ National Electronic Funds Transfer)

Beneficiary Name _____

Bank Name _____ Account Number

Bank Address

IFSC Code

12) **RECURRING DEPOSIT (RD)**

First Installment Payment Details

(Min INR 1000 - Max INR 100000)

Monthly Installment Amount (INR) Amount in words INR _____

Tenure _____ (Months) @ _____ % (minimum 6mths & multiples of 3 months thereafter & maximum 60mths)

Number of Recurring Deposits One _____ RD of INR _____ (each)(minimum amount of each RD should be INR 1000)

Maturity Instructions (No auto renewal possible) Payment of deposit on Maturity by Transfer to my Savings / Current Account Number

Standing Instruction Details

Debit Account Number

Monthly Debit Amount (INR)

Credit Account No (New RD A/C Number)

Frequency (Monthly)

CUSTOMER DECLARATION

I/We wish to open the above stated account and declare that I/We have read the terms and conditions available on the Bank's website and which is also available at the Bank's branch. I/We further agree to abide by the terms and conditions governing Accounts and the respective services linked to my/our Account which have been furnished to me/us and available on the Bank's website.

I/We am/are the beneficial owner(s) & ultimately own or have effective control of the above account. I/We have noted the below mentioned points

I/We understand that the premature withdrawal of Joint Holders deposits with "Either or Survivor/Former or Survivor" mandate is allowed by surviving account holder on the death of the other account holder subject to the mandate being made jointly at the time of account opening.

I/We understand that the interest on premature withdrawal of Resident Term Deposits will be paid for the period that such deposit is held, at the rate prevailing on the date of placement of such deposit or the contracted rate, whichever is lower, subject to a deduction of a 1% penalty. This penalty is applicable for Resident deposits of any amount.

Accounts with nomination Deposit Accounts with either/ survivor: The balance outstanding at the time of death of the depositor will be paid to the survivor(s) first. In case there are no survivors, the balance outstanding shall be paid to the nominee on verification of his/her identity. The proof of death of depositor through appropriate documentary evidence shall be obtained in all cases. Joint Deposit Accounts In the event of death of one of the joint account holders, the balance outstanding will be paid jointly to the survivor(s) and the nominee on verification of his /her identity. The proof of the death of the depositor through appropriate documentary evidence shall be obtained in all cases. The premature withdrawal for joint accounts can be done only if we have instruction signed by both holders. If the primary holder is deceased, the FD would be closed and the settlement process to be followed.

We jointly agree and authorize DBS Bank India Limited to permit premature withdrawals of the fixed deposit by survivor/s in the event of the death of the deposit holder/s before maturity.

Applicant 1 Name _____ Signature _____ CIF ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Applicant 2 Name _____ Signature _____ CIF ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Applicant 3 Name _____ Signature _____ CIF ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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NOMINATION FORM DA1

Nomination under Sec 45ZA of the Banking Regulation Act, 1949, and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985, in respect of bank deposit

^ I wish to assign a Nomination (fill Section A below) I do not wish to assign a Nomination

Nominee name to be printed on the fixed deposit advise / account statement Yes No

Section A

I / We _____

nominate the following person to whom in the event of my / our / minor's death the amount of deposit in the account, particulars whereof are given below, may be returned by DBS Bank India Limited _____ (Name of the branch where account is held)

Deposit / Account _____ Nature of Deposit _____ Distinguishing No _____

Additional details, if any _____

Full name & address of nominee : _____

Date of birth _____ relationship with the Depositor _____

(to be filled in only if the nominee is a minor)

* As the nominee is a minor on this date, I/We appoint _____ (As guardian)

Name, address and age

to receive the amount of the deposit in the A/c on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee

_____ Signature*** 1st Applicant Name	_____ Signature*** 2nd Applicant Name	_____ Signature*** 3rd Applicant Name
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Witness 1 Name _____ Address _____ _____ Signature _____ Date _____	Witness 2 Name _____ Address _____ _____ Signature _____ Date _____
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* where the deposit is made in the name of a minor the nomination must be signed by a person lawfully entitled to act on behalf of the minor. * strike out if not a minor.

*** Thumb impressions must be attested by two witnesses. No witnesses are required in case of signatures. Only one person can be nominated per account.

^ While the nomination facility is optional, we recommend that you avail of the same.

FOR OFFICE USE ONLY

Information provided by:

Relationship Manager's Name _____

Relationship Manager Code _____ Relationship Manager Signature _____

Checklist verified by CSM Name _____ CSM Signature _____

Account Opening Authorised By : Name _____ Signature _____

To be filled by operations : Account No _____ Account Opening Date _____



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Customer Care (24x7): **India Helpline (Toll Free)** : 1800 209 4555 / 1800 103 9897,
International Helpline : +91-44-66854555 / +91-44-49021150

Email: customercareindia@dbs.com | Visit us at: www.dbsbank.in