

Term Deposits -Additional Fixed / Recurring Deposit

DCB BANK

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 2nd applicant.

Date: _____ Branch : _____

1st Applicant

2nd Applicant

3rd 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	Deposit Renewal Instructions <input type="checkbox"/> Renew Principal only <input type="checkbox"/> Renew Principal & Interest <input type="checkbox"/> Do not renew Interest Payment Instructions (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 _____ Payment Instructions on Maturity (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 _____			
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. (Please note that you need to submit separate Form 15 G or H, as applicable, for all subsequent financial years.) 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

 **DCB 24-Hour Customer Care**
 Email customercare@dccb.com
 Call 3281 1322 ■ Toll Free 1800 209 5363
 Website www.dccb.com

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