

Instructions for payment of interest & maturity proceeds through NEFT

This facility is not available for fixed deposits with maturity instruction as "Auto Renew Principal & Pay Interest"

- Mandatory to attach a cancelled cheque of the bank account mentioned below
- Beneficiary Name** (As per Beneficiary's Bank record - should be same as applicant's name):

[Empty grid for Beneficiary Name]

Bank Name: [Field] **Branch Name:** [Field]

Account Number: [Field] **Account Type:** Savings Current Overdraft

IFS Code: [Field] Others (please specify) [Field]

Terms and conditions:
 I/We abide by the following terms and conditions:

- It is being understood that the remittance is to be sent at my/our own risk and responsibility and on the distinct understanding that no liability whatsoever is to be attached to the Bank for any loss or damages arising or resulting from delay in transmission, delivery or non-delivery of the message or for any mistake, exchange or error in transmission or delivery thereof or in deciphering the message for whatsoever cause or from its misinterpretation when received or the action of the destination Bank or due to RBI (Reserve Bank of India) RTGS / NEFT system not being available or failure of internal communication system at the recipient bank/branch or incorrect information provided by me/us or any incorrect credit accorded by the recipient bank/branch due to information provided by me/us or any act or event beyond control or from failure to properly identify the person's name.
- I/We understand that the RTGS / NEFT request is subject to the RBI regulations and guidelines governing the same.
- I/We agree that the credit will be effected solely on the beneficiary account number information and beneficiary name particulars will not be used for the same.
- I/We agree that the Bank shall deduct applicable TDS (Tax Deducted at Source) as per the Income Tax Provisions.

Nomination Details (Form DA 1)

Yes, I want to nominate the following person **No, I do not want to nominate anyone**

I / We nominate the following person to whom in the event of my / our / minor's death the amount of the deposit in the account may be returned by DCB Bank Limited.

Nominee's Name: [Field]

Address: [Field]

[Field]

Relationship with Applicant, if any _____ **Age:** [Field] **Years** **Date of Birth:** [Field]

* As the nominee is a minor on this date, I / we appoint (Name & Address) [Field]

[Field]

[Field]

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

For the nominee mentioned above, please indicate if you wish to make mention of the nominee's name in the passbook, bank account statement & Deposit Confirmation Advice issued in respect of your account. Yes No

I / We do hereby declare that what is stated above is true to the best of my / our knowledge and belief.

Witness(es):

Signature(s) / Thumb Impression(s) of Applicant(s)

Name : _____
 Signature : _____
 Address : _____

 Place : _____
 Date : _____

Name : _____
 Signature : _____
 Address : _____

 Place : _____
 Date : _____

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.

Thumb impression is required to be attested by 2 witnesses. For signature, no witness is required.

* Strike out if nominee is not a minor. Where deposit is made / account is held in the name of the minor the nomination should be signed by a person lawfully entitled to act on behalf of the minor. I / We consent to receive TDS Certificate quarterly after the end of each quarter.

I / We have read and understood the terms and conditions as stated here and as mentioned on website www.dcbbank.com. I / We accept and agree to be bound by the said terms and conditions including those excluding / limiting your liability. I / We agree that DCB Bank may debit my / our account for services charges as applicable from time to time. I / We, the joint holder(s), agree that in case of death of any or more of the joint depositor(s), the proceeds may be paid to the survivor(s), on request before due date (subject to penal provision for premature payment as may be stipulated from time to time) as per mode of operations indicated above.

Applicant's Signature

Signature of Joint Applicant 1

Signature of Joint Applicant 2

Terms & Conditions

- (1) I/We have read and understood the general terms and conditions as available on the Bank's website www.dcbbank.com.
- (2) I/We accept and agree to be bound by the terms and conditions including those excluding / limiting the Bank's liability.
- (3) I/We agree that the Bank may debit my/our account for services charges as applicable from time to time.
- (4) I/We agree that the non-callable deposit/s cannot be closed by me/us before expiry of the term of such deposit/s.
- (5) I/We, the joint holder(s), agree that in case of death of any or more of the joint depositor(s), the proceeds may be paid to the survivor(s), on request before due date (subject to penal provision for premature payment as may be stipulated from time to time) as per mode of operations indicated above.
- (6) I/We agree that the Bank shall not be responsible and liable for any consequences which may arise owing to change in my/our name/s, address, mobile number.
- (7) I/We consent to receive TDS Certificate quarterly after the end of each quarter.
- (8) I/We agree that DCB Bank shall deduct applicable TDS (Tax Deducted at Source) as per the Income Tax Provisions.
- (9) I/We agree that any Fixed Deposit Receipt given to me/us will be treated as discharged receipt on due date.

Terms and conditions of DCB Health Plus Fixed Deposit:

- (1) I/We confirm that I/we am/are resident Indian individuals.
- (2) I/We confirm that the primary account holder is aged between 18 years to less than 71 years.
- (3) I/We agree that insurance policy shall cease on primary account holder's attaining the age of 71 years.
- (4) I/We agree that the insurance cover is available only to the primary account holder, even in case of joint accounts.
- (5) I/We agree that in case of premature withdrawal of this deposit, insurance cover shall cease to exist.
- (6) I/We agree that in case of partial withdrawal of this deposit, insurance cover shall be readjusted commensurate to the reduced deposit value in line with DCB Health Plus Fixed Deposit product feature, which I/we have read, understood and agreed at the time of applying for this deposit.
- (7) I/We understand that the PAN, Mobile number and Email ID are mandatory to open DCB Health Plus Fixed Deposit.
- (8) I/We agree that waiting period of 15 (fifteen) days from date of opening of this deposit shall apply for the insurance cover to commence.
- (9) I/We agree that insurance cover provided on DCB Health Plus Fixed Deposit, including at the time of renewal, is at the sole discretion of DCB Bank and/or ICICI Lombard General Insurance Company Limited ('Insurance Provider').
- (10) I/We understand that insurance cover on DCB Health Plus Fixed Deposit is underwritten and provided by ICICI Lombard General Insurance Company Limited, unless communicated otherwise, subject to the customer being within the permissible coverage age of less than 71 years.
- (11) I/We understand that tenure of DCB Health Plus Fixed Deposit is 700 (seven hundred) days only.
- (12) I/We understand that no medical tests are required for insurance cover.
- (13) I/We understand that minimum deposit value for DCB Health Plus Fixed Deposit is INR 10,000/-.
- (14) I/We understand that the maximum validity of the insurance coverage is co-terminus with the tenure i.e. up to the maturity date or premature withdrawal of DCB Health Plus Fixed Deposit, whichever is earlier.
- (15) I/We understand that details provided by me/us in the deposit application along with documents enclosed therewith will be shared with Insurance Provider for issuance of insurance policy.
- (16) I/We understand and agree that the claims will be settled by the Insurance Provider as per the respective terms and conditions of policy.
- (17) I/We agree to refer to the policy of the insurance plan for more details on risk factors, terms and conditions and specific details applicable to the insurance plan.
- (18) I/We agree that by subscribing to DCB Health Plus Fixed Deposit, I/we also agree to participate in the insurance plan and that I/we have the choice to subscribe to a fixed deposit under another scheme/product without having to participate in an insurance plan.
- (19) I/We shall take my/our own professional advice before availing the insurance product.
- (20) I/We agree that application accepted by DCB Bank shall not constitute deemed issuance of insurance cover by the Insurance Provider.
- (21) I/We agree that DCB Bank shall not be responsible and liable for any rejection of application by the Insurance Provider, if the Insurance Provider rejects the application.
- (22) I/We understand that, if the Insurance Provider accepts a request for the policy, a cover note shall be sent by the Insurance Provider directly to the Insured Person (primary account holder) at the address specified in this application form.
- (23) I/We agree that DCB Bank is purely a distributor and holds out no warranty or makes no representation about quality, delivery of the policy or claims processing whatsoever by the Insurance Provider.
- (24) I/We agree to review the policy document received from the Insurance Provider after acceptance of my/our application.
- (25) I/We understand that I/we shall be bound by all the terms and conditions of the Insurance Provider relating to the grant of insurance that are in force and as amended from time to time.
- (26) I/We specifically acknowledge and understand that the Insurance Provider is solely liable and responsible as per the terms of the insurance policy as stated in the policy document and I/we shall not hold DCB Bank responsible and liable in any manner, for rejection, compensation, recovery of compensation, processing of claims or otherwise.
- (27) I/We fully understand and agree that any services availed of by me/us under the insurance policy will be on my/our own volition.
- (28) I/We declare that medical consultation services provided by the Insurance Provider under the insurance policy will be independently evaluated by me/us and I/we will not hold the Bank responsible and liable for any adverse effect on my/our health and well-being, if any such situation arises.
- (29) I/We declare that, I/we will independently evaluate the course of treatment, including medicines, recommended by the medical consultant. I/We also understand that I/we need to ensure that any medicine partaken by me/us as recommended by the medical consultant is verified and confirmed by my/our family physician before consumption. I/We fully understand that the Bank has no role in any medical prescription and I/we will not hold the Bank responsible and liable for any adverse effect, if it may arise.
- (30) I/We fully understand that the Bank is not responsible and liable with regard to the quality/effectiveness/validity period of medicines procured by me/us upon recommendation by the medical consultant. I/we will not hold the Bank responsible and liable for any adverse effect of such medication, if it may arise.
- (31) I/We declare that, I/we will check and submit the pharmacy vouchers/bills which has to be claimed as per the validity period given by the Insurance Provider. I/We understand that the Bank is not responsible and liable for the same and I/we will not hold the Bank responsible and liable in case of any lapses.
- (32) I/We acknowledge that the Bank is not liable and responsible in case of death, disability, injury or hospitalization of the Insured Person and shall not hold DCB Bank responsible and liable in any manner, for compensation, recovery of compensation, processing of claims or otherwise.
- (33) Claims Processing: I/We agree that I/we shall get in touch with the Insurance Provider directly, in case of claims and shall not involve DCB Bank in any manner whatsoever. I/We undertake to intimate the Insurance Provider, fill up the Claim Form and support claims with appropriate documents as per the normal procedure laid down by the Insurance Provider.
- (34) I/We agree that based on the information provided by me/us while availing any of the features under this coverage, medicines including over the counter medicines or other suggestions may be prescribed or suggested. I/We agree that the Bank and/or Insurance Provider shall not be liable or responsible or deemed to be liable or responsible for any discrepancy in the information provided, or medical advice provided by such Medical Practitioners/Healthcare Professionals.
- (35) I/We agree that I/we are free to choose whether or not to obtain services under this coverage, and, if obtained then whether or not to act on the advice/suggestions received in whole or in part.
- (36) I/We agree that the services provided by the Insurance Provider are purely on cashless basis through Network Centers. The coverage is basis logging on the Insurance Provider application "IL Take Care". At any given time, the maximum restriction on number of policies held by an individual is limited to 4 (four) and the coverage is on annual basis as per the following table:

DCB Health Plus Fixed Deposit value (₹)	10,000 to less than 1,00,000	1,00,000 to less than 3,00,000	3,00,000 to less than 5,00,000	5,00,000 to less than 10,00,000	10,00,000 to less than 15,00,000	15,00,000 to less than 25,00,000	25,00,000 and above
Teleconsultation ¹	4	8	10	10	10	8	10
GP / Specialist / Hospital OPD ²	0	2	2	4	6	8	10
Pharmacy ³ (₹)	0	0	500	1,000	1,500	2,000	3,000
Emergency ⁴	0	0	0	Unlimited	Unlimited	Unlimited	Unlimited

1 – Consultation with empaneled set of doctors of Insurance Provider

2 – Physical appointments with empaneled set of doctors of Insurance Provider

3 – Pharmacy options through the Insurance Provider application basis the above consultation

4 – Ambulance and other emergency services

DCB Customer Care

Call: (022) 6899 7777 ■ (040) 6815 7777

Email: customercare@dcbbank.com

Web: www.dcbbank.com

Details of Exclusions in the Insurance Policy:

Other specific insurance policy related exclusions may be defined in Policy Certificate or any exclusions mentioned below may be covered if mentioned as inclusions in the Policy Certificate.

- (1) Expenses incurred due to contraction of any illness necessitating hospitalization.
- (2) Personal comfort, cosmetics convenience and hygiene related items, services and treatments.
- (3) Alternative treatment except AYUSH treatment.
- (4) Unproven/Experimental treatment, and treatment or device not consistent with or incidental to the usual diagnosis and treatment of any illness or injury.
- (5) Expenses relating to any illness contracted by the Insured Person (primary account holder) during the Waiting Period as specifically defined in Policy Certificate. This exclusion shall not however, apply if in the opinion of a panel of Medical Practitioners constituted by the Insurance Provider for this purpose, the Insured Person could not have known of the existence of the illness or any symptoms or complaints thereof at the time of making the proposal for insurance to the Insurance Provider.
- (6) Illness, accident or injury directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operations (whether war be declared or not).
- (7) Convalescence, defects or anomalies, sterility, venereal disease, intentional self-injury (whether arising from an attempt to suicide or otherwise) and use of intoxicating drugs and/or alcohol.
- (8) All expenses arising out of any condition directly or indirectly caused to or associated with Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV -III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any syndrome or condition of a similar kind.
- (9) Illness, accident or injuries directly or indirectly caused by or contributed to by nuclear weapons/materials or contributed to or arising from ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel.
- (10) Voluntary medical termination of pregnancy during the first 12 weeks from the date of conception.
- (11) Any expenses incurred on instruments used in treatment of sleep apnoea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.), oxygen concentrator for bronchial asthmatic condition, unless necessitated by an accident or required intra-operatively.
- (12) Sterility, venereal disease or any sexually transmitted disease.
- (13) Aesthetic treatment, cosmetic surgery and plastic surgery including any complications arising out of or attributable to these, unless necessitated due to accident or as a part of any illness.
- (14) Any treatment/surgery for change of sex or treatment/surgery/complications/illness arising as a consequence thereof.
- (15) Any illness or injury resulting or arising from or occurring during the commission of continuing perpetration of a violation of law by the Insured Person with criminal intent.
- (16) Treatment received outside India.

- I/We agree that the insurance cover is available only to the primary account holder, even in case of joint accounts.
- I/We understand that insurance cover on DCB Health Plus Fixed Deposit is underwritten and provided by ICICI Lombard General Insurance Company Limited ('Insurance Provider'), which is valid for the deposit period mentioned in this application form, unless communicated otherwise subject to the customer being within the permissible coverage age of less than 71 years.
- I/We shall take my/our own professional advice before availing the insurance product.
- I/We agree that DCB Bank is purely a distributor and holds out no warranty or makes no representation about quality, delivery of the policy or claims processing whatsoever by the Insurance Provider.
- I/We specifically acknowledge and understand that the Insurance Provider is solely liable and responsible as per the terms of the policy as stated in the policy document and I/we shall not hold DCB Bank responsible and liable in any manner, for rejection, compensation, recovery of compensation, processing of claims or otherwise.
- I/We declare that, medical consultation and services provided by the Insurance Provider under this insurance product will be independently evaluated by me/us and I/we will not hold the Bank responsible and liable for any adverse effect on my/our health and well-being, if any such situation arises.
- I/We agree that I/we are free to choose whether or not to obtain services under this coverage, and, if obtained then whether or not to act on the advice/suggestions received in whole or in part.

Applicant's Signature

Signature of Joint Applicant 1

Signature of Joint Applicant 2

Acknowledgement for DCB Health Plus Fixed Deposit Application



Nomination: Yes No

Maturity Instructions Auto Renew Principal and Interest Auto Renew Principal and Pay Interest Repay Principal and Interest

We acknowledge the receipt of **DCB Health Plus Fixed Deposit Application Form**

of (applicant name)

on for ₹

Interest rate per annum % Period days

Name of branch official:

Signature of branch official