

Sr. No. IN

To be processed on priority



(Form for Existing & New Customers)

GODHULI RETAIL FIXED TERM DEPOSIT (GRTD)

The Branch Manager,
IDBI Bank Limited,

Date
(dd/mm/yyyy)

For: Customer Aged between 55<60 years, who attain senior citizen status during the tenure of the deposit.

PERSONAL DETAILS

	Title	First Name	Middle Name	Surname
1st applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Date of birth (dd/mm/yy)	Sex M/F	Mother's maiden surname	Marital status	Relationship with first applicant	PAN/GIR*
1st applicant	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd applicant	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd applicant	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*please fill form 60 in case of non-availability of pan/gir number

	Mobile no.	Office phone no.	Email id	Existing Customer ID
1st applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Correspondence Address

Bldg./Road Name

Area City

Landmark (near/opposite) State Pin code

Country Phone(res): Fax no.

Permanent Address Same as above

Bldg./Road Name

Area City

Landmark (near/opposite) State Pin code

Country Phone(res): Fax no.

INTRODUCTION DETAILS

Introduction by existing IDBI Bank account holder and Document confirming mailing address in name of applicant

Name

Cust ID Account No.

I confirm that I am an account holder with IDBI Bank for over six months. I confirm that I personally know the applicant/s detailed herein for _____ years and confirm his/her identity and address.

Signature of introducer _____ Signature verified (for bank use) _____

Self introduction _____ Signature & EIN No. _____

INITIAL PAYMENT DETAILS

Amount _____ Cash Transfer from a/c no Cheque no. _____

_____ dated _____ drawn on _____ bank, _____ branch

(All Cheques for initial payment amount, will be drawn in favour of "IDBI Bank Limited - Customer Name")

INTEREST PAYMENT FREQUENCY

Simple Cumulative Period _____ (1 year - 10 years) Others (please specify) _____

interest payout : Annual Quarterly Monthly Discounted At maturity (Cumulative)

Overdraft Against FD Account (minimum amount of FD is 50,000, available only on deposit of tenure 1 year and above)

TERMS & CONDITIONS (Please tick in all boxes)

- I/ We agree that the rate of interest applicable to the account till the age of 60 years will be the contractual rate. On attainment of 60 years by the 1st applicant, the additional rate of Senior Citizen shall be added. This additional rate will be the contractual rate.
- I/ We agree to obtain a new COD after attainment of 60 years, which will contain the revised rate of interest.
- I/ We agree that new COD issued after attainment of 60 years will supersede the earlier issued COD.
- I/ We agree that the overdraft taken against my/our current FD shall also undergo a revision in its rate of interest viz-a-viz the change that shall be applicable to the FD on attainment of 60 years of the age by the 1st applicant.
- I/ We agree that Premature withdrawals are allowed, unless specified otherwise, at the rate of interest applicable for the period for which the deposit has run or the contracted rate whichever is lower, subject to penalty, if any, prescribed by the Bank from time to time.

signature _____
(please sign without the stamp)

MATURITY/INTEREST PAYMENT INSTRUCTIONS

On maturity of Fixed Deposit

- A) renew principal and interest* renew principal only issue dd/pay order B) await renewal instructions post maturity
(Same tenor at the rate of interest prevailing on maturity) (In case of absence of specific instructions for renewal, interest will be paid at the applicable savings bank rate, if the deposit is not renewed thereafter)
- credit to 1st applicant's operative account _____

For regular interest payment (fill only in case of monthly/quarterly interest payout and on maturity if the interest is not to be renewed with the principal)

- credit to 1st applicant's operative account _____ issue dd/pay order

*In case of automatic renewal, if the customer thereafter decides to prematurely close the term deposit/renew it for a period shorter than the remaining period of the contract, premature penalty will be applicable as per Bank's extant policy.

For NEFT / RTGS Transfers

Credit to account no. _____ Beneficiary Name: _____
Beneficiary Account Type Savings Account Current Account Loan Account Cash Credit
Bank Name: _____ Branch IFSC Code: _____

Sweep in Savings Account

in case of insufficient balance in my savings account no. _____ please clear my cheque/allow withdrawal by transferring funds to my savings account by breaking units of my/our fixed deposits.

signature _____
(please sign without the stamp)

Form DA 1 - Nomination Form

Nomination Registration No. _____

Nomination: Nomination under Sec 45ZA of the Banking Regulations Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits. (From DA 1).

I/We _____ (names) nominate the following person whom, in the event of my / our / minor's death, the amount of the deposit in the amount may be returned by IDBI Bank _____ Branch.

Name & Address of the Nominee	Relationship with the Depositor if any	Age	If Nomine is a minor his/her Date of Birth

* As the nominee is a minor on this date, I/We appoint _____
_____ (Name, Address, Age & Relationship with depositor, if any) to receive the amount of the deposit / Insurance claim amount in the account on behalf of the nominee in the event of my / our minor's death during the minority of the nominee.
Signature (Depositors) _____, _____, _____

Personal Details & Signature of the Witness:

(1) Name: _____ (2) Name: _____
Address: _____ Address: _____

Signature: _____ Signature: _____

I do not wish to nominate Signature: _____

FORM 60* (see third proviso of rule 114 B)

Form of declaration to be filled by a person who does not have either a PAN or GIR number and who makes payment in cash in respect of transactions specified in clauses (a) to (h) of rule 114B.

Are you assessed to tax ? Yes / No

If yes,

(i) Details of Ward / circle / range where the last return of income was filed ?

(ii) Reasons for not having PAN / GIR ? _____

Details of the document being produced in support of address _____

Verification : I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

year _____ Place : _____

*In case Form 61 is applicable, please submit the same.

Signature of the applicant

Duplicate Form 60

Form of declaration to be filled by a person who does not have either a PAN or GIR number and who makes payment in cash in respect of transactions specified in clauses (a) to (h) of rule 114B.

Are you assessed to tax ? Yes / No

If yes,

(i) Details of Ward / circle / range where the last return of income was filed ?

(ii) Reasons for not having PAN / GIR ? _____

Details of the document being produced in support of address _____

Verification : I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

year _____ Place : _____

*In case Form 61 is applicable, please submit the same.

Signature of the applicant

FORM NO. 61 [provisio to clause (a) of rule 114C(1)]

Form of declaration to be filed by a person who has agricultural income and is not in receipt of any other income chargeable to income-tax in respect of transactions specified in clauses (a) to (h) of rule 114B

1. Full name and address of the declarant _____

2. Particulars of transaction

3. Details of documents being produced in support of address in column(1) Yes/No

I hereby declare that my source of income is from agriculture and I am not required to pay income-tax on any other income if any.

Date: _____

Place: _____

Signature of the declarant

Verification : I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____ year _____ Place : _____

Signature of the declarant

Duplicate Form 61

Form of declaration to be filed by a person who has agricultural income and is not in receipt of any other income chargeable to income-tax in respect of transactions specified in clauses (a) to (h) of rule 114B

1. Full name and address of the declarant _____

2. Particulars of transaction

3. Details of documents being produced in support of address in column(1) Yes/No

I hereby declare that my source of income is from agriculture and I am not required to pay income-tax on any other income if any.

Date: _____

Place: _____

Signature of the declarant

Verification : I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____ year _____ Place : _____

Signature of the declarant

Form Serial No. IN _____

Branch Copy

Form Serial No. IN _____

Customer Copy

Name of the customer _____

(Please note this number till you get your customer ID)

Forwarded to CPU / RPU on _____

Ack. date _____

Signature of bank official

ACCOUNT OPERATION

"I/We confirm that I am/We are Residents of India. I/We hereby declare that the information furnished above is true & correct & to the best of my/our knowledge."

Single Either or survivor Former or survivor Anyone or survivor Jointly by all Others (please specify)

1st applicant

2nd applicant

3rd applicant

Signature

Signature

Signature

Applicant/guardian should also sign across photographs as well as in the space provided for signature.

CUSTOMER PROFILE FORMAT (INDIVIDUALS/SELF EMPLOYED)

Residential status	<input type="checkbox"/> Resident <input type="checkbox"/> Non resident
Occupation	<input type="checkbox"/> Service <input type="checkbox"/> Retired <input type="checkbox"/> Self employed <input type="checkbox"/> Housewife <input type="checkbox"/> Others Pls. specify _____
If in service Name of organization	_____
If self employed-nature of business Since when in business specify Year	<input type="checkbox"/> Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> Services <input type="checkbox"/> Agriculture <input type="checkbox"/> Real estate <input type="checkbox"/> Other pls. specify _____ Since _____ (Years)
If self employed professional	<input type="checkbox"/> CA <input type="checkbox"/> Doctor <input type="checkbox"/> Lawyer <input type="checkbox"/> Stock broker <input type="checkbox"/> Consultant <input type="checkbox"/> Others pls. specify _____
Sources of Income	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Others pls. specify _____
Annual Income (Pls. attach copy of latest IT return / form16 / salary slip)	_____
Transaction profile i.e. value of transactions likely to be routed through the account in a month/ quarter/half year. In case of new firm sales tax return of the previous quarter or projected sales may be accepted.: <input type="checkbox"/> < ₹ 50,000 <input type="checkbox"/> < ₹ 1,00,000 <input type="checkbox"/> < ₹ 10 lakh <input type="checkbox"/> ≤ ₹ 100 lakh <input type="checkbox"/> > ₹ 100 lakh	
Details of branch offices/allied associate concerns and nature of their business :	

Details of foreign collaboration if any.	

Residence	<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Others Pls. specify _____
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single

Signature

My Family & Me

Name of Spouse - Mr / Mrs: _____

Date of birth of spouse: Marriage anniversary :

Other dates important to me : 1. Occasion _____ 2. Occasion _____

Mother Tongue: _____

Details of children :

- Name _____ Male/Female Age : _____ Resident / Non-resident Married / Single
- Name _____ Male/Female Age : _____ Resident / Non-resident Married / Single
- Name _____ Male/Female Age : _____ Resident / Non-resident Married / Single

