FIXED DEPOSIT / RECURRING DEPOSIT FORM

SURYODAY
A BANK OF SMILES

SURYODAY SMALL FINANCE BANK LIMITED

(All fields marked with * are mandatory, To be filled in Black Ink and CAPITAL LETTERS only)

Date: D D M M Y Y Y Y

*Deposit is under Option – Callable ☐ (pre-mature payment is allowed) Non-Callable ☐ **** (pre-mature payment is not allowed)

APPLICANT DETAILS*

Applicant ☐ Existing Customer CUST ID ☐ New Customer (CUST form required)

Name PREFIX FIRST NAME MIDDLE NAME LAST NAME

Co-Applicant (if applicable) ☐ Existing Customer CUST ID ☐ New Customer (CUST form required)

Name PREFIX FIRST NAME MIDDLE NAME LAST NAME

If more than one co-applicant then add a separate form to provide details*

MODE OF OPERATION *

☐ Single (Self-Operated) ☐ Either or Survivor ☐ Jointly by All

☐ Anyone or Survivor ☐ Former or Survivor ☐ Others _____

FIXED DEPOSITS

Type of FD* : ☐ Regular FD ☐ Tax Saver FD

Amount	Period			Interest Payout Frequency			Interest Rate %
	Year(s)	Month(s)	Day(s)	Monthly	Quarterly	at Maturity	
				☐	☐	☐	%

Amount in words _____

Maturity Instructions
☐ Renew Principal and Interest
☐ Renew Principal and pay Interest
☐ Do not Renew

In case of renewal of FD, the same would be done at the prevailing interest rate for the same tenure. Debit My Account

RECURRING DEPOSIT

Monthly Installment (in Rs.) _____ (In words) _____

Period : Year(s) Month(s) Interest Rate : _____ %

Installment deposit instructions: ☐ Doorstep collection ☐ Cash at branch ☐ Debit Account No.

REPAYMENT MODE *

Repayment mode: ☐ Credit to SSFB Account No ☐ NEFT/RTGS (Annexure is mandatory)

TDS Applicable : ☐ Yes ☐ No If No, Attach any one ☐ Form 15 G/H ☐ Income Tax Exemption Letter

Nomination Details (Form DA 1)

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

☐ I wish to nominate ☐ I do not wish to nominate Print Nominee Name ☐ Yes ☐ No

I /We _____, residing at _____ 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 Suryoday Small Finance Bank Ltd, _____ branch.

Nominee Name FIRST NAME MIDDLE NAME LAST NAME

Address ☐ Same as Applicant ☐ Different from Applicant Address

Relationship with Depositor (If any) Date of Birth D D M M Y Y Y Y

As the nominee is a minor on this date, I/We appoint** _____ residing at _____ relationship with minor nominee** _____ age :

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.

Signatures /Thumb impressions***

Applicant's Signature / Thumb Impression

Co-Applicant's Signature / Thumb Impression

Date D D M M Y Y Y Y

WITNESS 1***
(Required only if applicants use thumb impressions)

WITNESS 2***
(Required only if applicants use thumb impressions)

Strike out if nominee is not a minor**. Thumb impression(s) needs to be attested by 2 witnesses***
Note: 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

V-B.3.4

Acknowledgement

SURYODAY SMALL FINANCE BANK LIMITED

We have received initial deposit of Rs. _____ by Cash / Cheque No. _____ (subject to realization) drawn on _____-Bank, _____ Branch, dated _____

You have obtained for the product _____ and the applicable Balance required is Rs _____.The Bank official has explained to you the features and Charges as per Bank's Schedule of Charges and the Balance requirement as applicable to the product obtained by you. You will be bound by and abide by Bank's General Terms and Conditions available on the Bank's website/branch and those mentioned above.

Nominations registered ☐ Yes ☐ No Date: _____

Branch: _____ Name of bank official and employee Code: _____

_____
Signature of bank official & Stamp

Applicable, if no nomination is provided	For Bank Use Only (In case of no nomination given)
The Bank, through its authorised representative has explained to me the advantages of nomination facility as per the extant guidelines of RBI. However, I hereby decline to presently nominate any individual and understand the risks and consequences of my failure to give nomination and fully aware of the hardships my legal heirs would face in the event of my death with out nomination registered in your bank records.	I have clearly explained to the customer the advantages of nomination facility and inspite of the same, he/she still does not want to nominate and he/she also refused to provide a specific letter to the effect that he/she does not want to make a nomination
Applicant's Signature Co-Applicant's Signature	Employee Signature and Code

*FATCA - CRS Declaration

I/we am/are a citizen / national / tax resident of any country other than India?

Applicant ☐ Yes ☐ No **Co-Applicant** ☐ Yes ☐ No **(If Yes, please fill the additional FATCA - CRS declaration form.)**

* Declaration/Undertaking by Applicant (s) to Suryoday Small Finance Bank Ltd.

I/We confirm that I/We am/are resident of India and have read and understood and agree to abide and be bound by all the provisions of the Terms and Conditions mentioned on the website- https://www.suryodaybank.com which govern the opening of account(s) with Suryoday Small Finance Bank Ltd. and various services including but not limited to ATMs, Phone Banking, Debit Cards, Mobile Banking Net Banking, Email Statement etc. All amendments there to be made from time to time in the Terms and Conditions and those relating to various services offered by the bank as displayed on its notice board/website or as communicated to me including but not limited to the facilities listed in this form will be binding on me/us. We agree that Bank may at its sole discretion discontinue any of the services completely or partially without any notice to me/us. We agree that the Bank may debit my account for the service charts applicable from time to time. Notwithstanding the documentation and account opening form, the bank reserves the right to accept/reject the application for account opening. The Bank's decision in this regard would be final. In case of change of address due to relocation or any other reason, we would intimate the new address to the bank within two weeks of such a change with a valid address proof. I/We declare that the transactions in the linked accounts will be made from my/our legitimate sources only and the account will not be used for any purpose contrary to law. I/We will also keep watch on the day to day transaction to detect early frauds, if any. I/ We hereby declare that the information furnished above is true and correct to the best of my/our knowledge.

In the event of the death of the depositor, premature liquidation of the term deposits will be allowed, such premature liquidation will not attract any penal charge. In the event of the death of one of the joint holders, the right to the deposit proceeds does not automatically devolve on the surviving joint deposit account holder. unless there is a survivorship clause.

Do Not Call Registry: I/We ☐ consent / ☐ do not consent to receive the information/service etc. for marketing purpose through "Telephone/Mobile/SMS/Email by the bank/its agents. We agree and acknowledge that only direct telephone numbers (not board/general telephone numbers of offices/corporates/employers) will be accepted for registration of "Do Not Call". We am/I/ are aware that post registration, We may receive a call from the Bank to verify the correctness of the request for registration.

Signatures / Thumb Impressions***

Applicant's Signature / Thumb Impression

Co-Applicant's Signature / Thumb Impression

WITNESS 1***
(Required only if applicants use thumb impressions)

WITNESS 2***
(Required only if applicants use thumb impressions)

**** Only one individual nominee permitted and to be signed also in case of no nominee.**
***** Thumb impression(s) needs to be attested by 2 witnesses.**
****** For Non-Callable deposit seek clarification from branch/nearest branch.**

For Bank Use only

Product Code:		**CUST ID 1:**	
Branch Code:		**CUST ID 2:**	
Sourcing Officer / BC code:		**Tran ID:**	
Promo Code:		**Tran Date:**	
Lead ID:		**FD/RD Value Date:**	
Lead Generator:		**Form 15G / 15H:**	☐ Yes ☐ No

Customer Signed In my presence:

Employee/BC Name:

Employee/BC Code:

Employee/BC Signature:

Branch Stamp with Date

Document verification done by:

Employee Name:

Employee Code:

BM / OPS Manager Signature & Date

Method of Fixed Deposit Interest calculation:

Interest on Fixed Deposit is calculated in accordance with methodology and convention advised by Indian Banks' Association, as under:

- Interest shall be calculated at quarterly intervals on term deposits and paid at the rate decided by the Bank depending upon the period of deposits.
- For Traditional fixed deposits with quarterly payout, interest is calculated on the principal amount for completed quarters and then for the balance period, interest is calculated for completed months and further for incomplete month on actual number of days. In case of monthly pay-out, the interest shall be paid monthly at discounted rate
- For Cumulative deposits, interest is compounded quarterly on completion of exact quarters. For the broken period beyond completed quarters, the amount is calculated proportionate to the period in the quarter.

Account Opening Rules

- All necessary documentation as mandated by the regulator/Bank authorities should be provided for opening the accounts.
- In terms of Reserve Bank of India directives, interest will be calculated at quarterly intervals on Term Deposits and paid at the rate decided by the Bank depending upon the period of deposits. In case of monthly payouts, interest is paid at a discounted value.
- In case of premature withdrawal of the Fixed Deposit based on the depositor's instructions or the instructions of all the joint depositors in the case of joint deposit, the Bank has the right to recover interest already paid, or the penalty, if any, from the proceeds of the Fixed Deposit in accordance with prevailing regulations of the Bank and the Reserve Bank of India.
- The deposits of the Bank are insured with DICGC and in case of liquidation of bank, DICGC is liable to pay each depositor through the liquidator, the amount of his deposit up to Rs.5 Lacs.Please refer to the Terms and Conditions , for details on premature withdrawal facility.
- Copy of the Terms and Conditions, Service Charges and Fees brochure and the code of bank's commitment for individual customers can be obtained from the branch/ website.
- In case of any complaint regarding to features of any of the products the Grievance Redressal Cell within the Bank can be approached for resolution at _nodal.officer@suryodaybank.com. If not resolved satisfactorily within 30 days the Ombudsman Authority by the Reserve Bank of India in charge of the Region may be approached.
- Tax deduction at Source will be in terms of Income Tax Regulations prevalent from time to time.
- The Tax Saver FDs will not have the facilities to premature withdrawals, Loan against FD and Auto Renewal Facilities.