

**TERM / RECURRING DEPOSIT ACCOUNT OPENING FORM**Date FD/RD Account No. **Important Instructions :** ♦ Please fill the form in Block letters ♦ Please fill the date in DD-MM-YYYY format.**NAME(s) OF THE APPLICANT(s)***

Mention CIF Number (Customer Number) if you are an existing customer. The Bank will enter CIF for new customers.

Sr.No.	Applicant CIF No.	Prefix	First Name	Middle Name	Last Name
<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"/>	<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"/>	<input type="text"/>	<input type="text"/>

MODE OF OPERATION

☐ Singly ☐ *Either or Survivor ☐ *Former or Survivor ☐ Anyone or Survivor ☐ Jointly ☐ As Guardian (in case of minor)
☐ Others _____

* In case of Joint Account with Either or Survivor / Former or Survivor Mode of Operation : We advise that in the event of death of any one, USF Bank may pay to anyone of us, on or before due date.

IN CASE OF MINOR'S DEPOSIT THE ACCOUNT WILL BE OPERATED BY :

C I F N O	P R E F I X	F I R S T N A M E	M I D D L E N A M E	L A S T N A M E
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Relationship with the minor as ☐ Father ☐ Mother ☐ Legal Guardian ☐ Others _____

* Please submit separate minor declaration in case of premature closure.

* The closure proceeds of a Fixed Deposit held in the name of a Minor will be transferred to the account of the Minor or paid through NEFT / RTGS or issue of a Payorder in favour of the Minor.

Type of Deposit Account☐ Term Deposit ☐ Recurring Deposit

Deposit Amount Rs. _____

Time Period : Years Months Days % interest.Payment Mode ☐ Cheque ☐ Internal Transfer ☐ Others _____Cheque dated Cheque number Drawn on Bank Debit my/our existing account with you.Type of Deposit : ☐ Short Term Deposit ☐ Re-investment ☐ Monthly ☐ Quarterly ☐ Others _____Customer Type : ☐ General ☐ Minor ☐ Senior citizen ☐ Staff ☐ Others _____**FIXED DEPOSIT MATURITY INSTRUCTION :**

Proceeds will be paid in cash subject to maximum amount stipulated as per I.T. Act

Maturity Instruction: ☐ Auto renew Principal & Interest ☐ Auto renew Principal & Redeem interest ☐ Auto-close on maturity**S I. FOR RECURRING DEPOSIT (From USFB A/c.)**

Monthly Instalment (in Rs) : _____ Period : _____ Months (in multiples of three months). Date of instalment every month : _____

Please debit ₹ per month from my/our Account no. **INTEREST / MATURITY AMOUNT MANDATE :**

MICR is mandatory for receiving payment through ECS

Please credit the monthly/quarterly interest/maturity proceeds in my/our Account with _____ Bank

_____ Branch IFSC / MICR having followingAccount Number **TDS INSTRUCTION :**☐ 15G ☐ 15H ☐ Income tax exemption letter.**NOMINATION FORM DA-1**

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

Nomination Required ☐ Yes ☐ No (The facility of nomination has been explained to me/us and I/we do not wish to make a nomination)

I/We, the applicant(s), for this account, nominate the following person to whom, in the event of my/our/minor's death, the credit balance in the account may be paid by Unity Small Finance Bank Ltd.

Name of Nominee, Address & Contact No.	Existing CIF of the Nominee	Age	Relationship	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the nominee is a Minor, the details of the appointeePrint Nominee Name on Receipt? ☐ Yes ☐ No

As the nominee is minor on this date, I/We appoint Mr./Ms. _____
related to the minor as _____ and residing at _____
_____ to receive the amount of the deposit on behalf of the nominee in the event of my /
our / minor's death during the minority of the nominee.

Signature of Applicant - 1	Signature of Applicant - 2	Signature of Applicant - 3	Signature of Applicant - 4
Witness - 1	Witness - 2		

*Attestation by two witness is required only for thumb impression.

TERMS & CONDITIONS

I/we agree to receive communication in the form of SMS/Call/Email regarding transaction alerts/products services of the bank, intimations regarding change of rules / scheme etc. I/We hereby declare that, I am/we are not involved in Money Laundering activities/unlawful or anti-social activities and/or financing of terrorist activities directly or indirectly. I/We hereby authorize the bank to furnish details of the accounts to statutory authorities such as Income Tax, Sales Tax, Judicial, RBI, Police or such other authorities on their demand. I/We agree to abide by the Bank's rules & regulations relating to the conduct & operations of Term Deposits Account which are in existence & which may be changed from time to time by the Board of Directors. I/We authorize the Bank to verify the details given here in through any means/person(s), as may be perceived necessary by the bank. Kindly open an account in my/our name(s).

Account Opening Rules:

- In case of premature withdrawal of the fixed deposit based on depositor's instruction or the instruction 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.
- Each depositor in a bank is insured upto a maximum of 5,00,000 (Rupees Five Lakhs Only) for both principal and interest amount held by him in the same right and same capacity as on the date of liquidation/cancellation of bank's licence or the date on which the scheme of amalgamation / merger / reconstruction comes into force.
- In case I/We avail loan/facility against the pledge this Fixed Deposit, I/We hereby authorize the bank to change the payment of account for the credit of monthly/quaterly interest & maturity proceeds to the said loan/facility account till closure of loan/limit.
- Due date is recorded on the receipt to enable the depositor either to receive the payment of the amount on maturity or to arrange for its renewal. No further intimation can be claimed as right by the depositor.
- USF Bank computes interest based on the actual number of days i.e. 366 days in a leap year & 365 days in a non-leap year.
- In case the Term Deposit is closed prematurely before completion of the minimum period of 7 days, no interest shall be paid for the said Term Deposit.
- For premature withdrawal of fixed deposit and recurring deposits, a premature penalty of 1.00% shall be charged to the rate applicable for the period the deposit has remained with the Bank, or the contracted rate, whichever is lower.

Tax Deduction at Source

- TDS on interest for the financial year shall be deducted in accordance with the provisions of Income Tax Act 1961.
- Maturity value is subject to deduction of Tax and interest thereon.
- As per section 206AA introduced by Finance (No. 2) Act, 2009 wef 01.04.2010, every person who receives income on which TDS is deductible shall furnish his PAN, failing of which TDS shall be deducted at the rate of 20% in case of Domestic deposits. Please further note that, in the absence of PAN, Form 15G/15H & other exemption certificates will be invalid even if submitted & penal TDS will be applicable.
- As per section 139A (5A) of the Income Tax Act every person receiving any sum of income or amount from which tax has been deducted under the provisions of the Income Tax Act shall provide his PAN number to the person responsible for deducting such tax.
- No deductions of tax shall be made for taxable interest in the case of an individual resident in India, if such individual furnishes to the Bank, a declaration in writing in the prescribed form (Form 15G/Form 15H as applicable) to the effect that the tax on his estimated total income for the year in which such interest income is to be included in computing his total income will be Nil.
- A fresh Form 15G/15H to be submitted in the beginning of each financial year.
- The Bank will accept Form 15G/H from the depositor in case the total estimated Income during FY is within Tax Exemption Limit as per IT Act for the General Public / Senior Citizens / Super Senior Citizens. If Total Interest projection exceeds tax exemption limit, 15G/H submitted by the depositor, stands cancelled and TDS will be applicable.
- The Bank shall not be liable for any consequences or loss arising due to delay or non-submission of Form 15G/15H to enable us to serve you better.
- I/We hereby declare and confirm that in case I/We do fall under the definition of 'specified person' as provided in Sec 206AB of the IT Act 1961, I/We will furnish the declaration confirming filing of Income Tax Return along with copy of Income Tax Return filed for immediate two proceeding years (Sec 206 AB of Income Tax Act 1961).

Note:- The above is subject to change as per directives of Finance Ministry Govt. of India.

AADHAAR

I/We hereby give my consent to Unity Small Finance Bank Ltd. to obtain my Aadhaar Number, Name and Fingerprint /iris for authentication with UIDAI. Bank has informed me that my identity information would only be used for KYC and also informed that my biometrics will not be stored/shared and will be submitted to CIDR only for that purpose of authentication.

FATCA / CRS DECLARATION

I/We declare that I/We are tax resident of any country other than India - ☐ Yes / ☐ No

The controlling person / ultimate beneficial owner/ proprietor is tax resident of any country other than India - ☐ Yes / ☐ No

(If yes please fill separate FATCA/CRS Form)

Signature of Applicant 1	Signature of Applicant 2	Signature of Applicant 3	Signature of Applicant 4

For Office Use

Branch _____ Branch Code _____

Line of Business (LOB) _____

Account Opened by : LC Code _____ LG Code _____ RM Code _____

Source Code _____

BC / BF Code _____

Promo Code _____ COCO Code _____

Checked By _____

Signature

Authorised By _____

Signature

Tear Off

UNITY Small Finance Bank Ltd. (Acknowledgement / Customer Copy)

We thank you for banking with us and acknowledge receipt of your account opening form.

Customer Name _____ Amount of INR _____
in cash/cheque no. _____ Drawn on _____

Name of the bank official _____ Signature _____ Date _____