Gift City Fixed Deposit Form

Either or Survivor



	Application Date DD MM YYYYY			
Please fill in Black Ink & in CAPITAL LETTERS only Value Date Value Date				
CUSTOMER INFORMATION				
Name of Primary Applicant				
	Customer ID			
Name of Second Applicant (if any)				
	Customer ID			
Name of Third Applic	cant (if any) Customer ID			
 Please update PAN if not done yet. Please fill a PAN update form or update it through internet banking. If you do not have a PAN please complete a Form 60 available on www.idfcfirstbank.com 				
FIXED DEPOSIT INSTRUCTIONS				
- (5 ::				
Type of Deposit	Gift City Fixed Deposit			
	USD			
Amount				
	Nate: The surroup for the Final Deposit should be some as the surroup for FIRST Clobal Coving Associate			
	Note: The currency for the Fixed Deposit should be same as the currency for FIRST Global Saving Account.			
Funding Instruction	Debit to Global Saving Account:(Mention Global Saving Account number)			
Tanama (in days)	Years Months Days			
Tenure (in days)				
	Note: Gift City Fixed Deposit can be booked for minimum 7 days and maximum 60 months			
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Interest Rate%				
Interest Mandate	Interest earned on your deposits is re-invested and paid on maturity along with your principal.			
Maturity Instruction	For all Gift City Deposit Principal & Interest will be renewed for a similar tenure.			
Maturity Instruction				
	Renew Principal & Interest (if any) Payout, do not renew			
 Maturity and Interest proceeds for the Gift City Deposits will be credited to the FIRST Global Saving Account from which Deposit has been created No interest shall be paid if Gift City Fixed Deposit is closed within 7 days from the date of creation of the deposit Interest paid, if any for Gift City simple interest Fixed Deposit will be recovered from principal before such premature closures For Gift City Fixed Deposits, please share bank details for payout separately. 				
MODE OF OPERATION				



IBU Gift City

WOULD YOU LIKE TO CHOOSE A NOMINEE FOR THE ACCOUNT?				
(Nomination under Section 45 ZA of the Banking Regulations Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rule, 1985 in respect to Bank Accounts.) The Nominee or Guardian (if applicable) cannot be a holder on the account. Yes, I want to nominate the following person to whom in the event of my/our death the amount of deposit in the account may be returned by IDFC FIRST Bank, IBU Gift City Branch				
No, I do not wish to nominate anyone on my behalf at this moment. I understand the advantages of nomination and the consequences of not nominating anyone to my account				
Customer ID (In case an existing account	unt ho l der, don't fi	ill address)		
Nominee Name				
TITLE FIRST NAME MIDDLE NAME	a tion a alalyses	LAST NAME		
Nominee Address Same as primary account holder communications.	ation address	s Update address as below		
		an an this data 1/Ma an asiate		
If the nominee is a minor**, please complete this section. As the nom	ninee is a min T			
Relationship with Depositor		Date of Birth		
TITLE FIRST NAME MIDDLE NAME		LAST NAME		
Guardian Address				
to receive the amount of deposits in the account on behalf of the		3, ,		
minority of the nominee. (** Where deposit is made in the name of a minor the nomi Please mention the nominee name in the statement/advice/pas		gned by a person lawfully entitled to act on behalf of the minor)		
I/We do hereby declare what is stated above is true to the best of m		and helief		
Date DD MM YYYY Place Place	T T T			
DECLARATION (Please read carefully				
 IWWe hereby declare that I am/We are a Non-Resident Indian (NRI) under Section 2(w) of the Foreign Exchange Management A providing incorrect information may attract penal provisions as per applicable laws. 	cc, 1999. I/VVE WIII II IIOTTI	i DPC PirkS i Balik di any diange in myoun residential status. IVVe understand that		
For accounts with method of Mode of operation "either or survivor": I/ We authorize IDFC FIRST Bank, IBU Gift City braid be placed, based on the instructions from any one of account holders on the deposit account subject to the terms and c				
to the terms and conditions provided to me/ us by IDFC FIRST Bank, IBU Gift City Branch.				
3. In the absence of any special instructions, the deposit will be renewed on maturity for a like term at the th				
Rates up to 180 days are on "simple interest" basis. Interest on tenor above 180 days is payable/compounded on quark such that interest is paid on the interest earned in the previous quarters as well.	eny basis. Compound in	nterest/ re-investment interest is calculated, semi-annually and is added to the principal		
Name of Applicant (i) Name of Applicant (ii)		Name of Applicant (iii)		
Signature Signature WITNESS		Signature WITNESS 1		
(Required only if nomination for any of the applicants use th	m has been fi ll ed			
Date of Application:	ullib illipression)	any of the applicants use thumb impression)		
DD MM YYYY				
BANK US				
FD Product Code F				
Branch Code 42345 Branch Name IBU Gift City Branch		-		
Lead Generator Lead Warmer Code				
Lead Convertor Code Business Division/Segment Code				
Campaign Code				
DECLARATION				
Customer Signed in my Presence		Franksia ID		
Request received from registered email id of customer and		Employee ID		
Banker on Call verification done				
Name	Signature			
Date				