Bilcare Research

Regd. Office : **Bilcare Ltd.,** 1028, Shiroli, Rajguru Nagar, Pune - 410 505, India.
Ph. (02135) 304200 Fax : (02135) 224068.

Authorised Manager's / Broker's stamp / Code

Sub broker code

APPLICATION FORM FOR FIXED DEPOSIT SCHEME

Please write in BLOCK letters and tick (✓) the appropriate box

I/We hereby apply for the placement of a Fixed Deposit with your Company as per the details given below :

PAN No.

Sole/First Mr./Mrs./Miss

Second Mr./Mrs./Miss

Third Mr./Mrs./Miss

Guardian

(in case 1st Applicant is Minor) Dt. of Birth of Minor

(Mandatory for all applicants)

ADDRESS

PINCODE TEL E-mail

Mobile No.* ***To enable us to provide better service thorugh SMS, please provide your mobile number.**

CATEGORY Please (✓) any one

☐ PUBLIC ☐ Sr. Citizen ☐ Employee

☐ SHAREHOLDER (Folio No.) .....

(DPID No.) .....

STATUS Please (✓) any one

☐ RESIDENT INDIVIDUAL ☐ PARTNERSHIP FIRM

☐ ASSOCIATION OF PERSONS ☐ HUF

☐ REGISTERED SOCIETY ☐ DOMESTIC COMPANY

☐ REGISTERED TRUST ☐ OTHERS (Specify) _____

DEPOSIT PAYABLE TO Please (✓) any one

☐ First Named Depositor ☐ Either or Survivor

☐ Anyone or Survivor

PARTICULARS OF OTHER DEPOSITS

☐ Yes ☐ No

If yes FDR No(s)..... Date: .....

SCHEME A

☐ QUARTERLY INTEREST SCHEME

SCHEME B

☐ CUMULATIVE INTEREST SCHEME

PERIOD OF DEPOSIT Please (✓) any one

☐ 12 MONTHS ☐ 24 MONTHS ☐ 36 MONTHS

☐ FRESH DEPOSIT AMOUNT (MINIMUM Rs.20,000/- & IN MULTIPLES OF Rs.1000/-) ☐ ADDITIONAL AMOUNT (AT RENEWAL)

Rs.....Rupees..... Cheque/DD No.....

dated.....drawn on.....Branch.....

☐ **RENEWAL OF DEPOSIT** Please (✓) any one

FDR No.: .....

for Rs..... Maturity Date.....

DEDUCTION OF INCOME TAX Please (✓) any one. (Please see instructions in Terms & Conditions, Item No.4)

☐ Form 15H/15G (in duplicate) is enclosed. Therefore, do not deduct Income Tax. ☐ Deduct Income Tax ☐ Exempted

Permanent Account No. (PAN)..... Name of the Income Tax Circle / Ward / District .....

BANK DETAILS FOR INTEREST / PRINCIPAL PAYMENT OF SOLE / FIRST APPLICANT (Please see instructions in Terms & Conditions, Item No.3)

☐ Savings / ☐ Current / ☐ Other Please (✓) any one

Interest (other than on maturity) option. Please (✓) any one ☐ By ECS ☐ By Cheque / Warrant

Account No. MICR Code

Bank's Name Branch

NOMINATION (OPTIONAL) (Please see instructions in Terms & Conditions, Item No. 6)

I/We hereby nominate the following person to receive the amount payable to me/us, on my/our death

Nominee's Name

Guardian's Name

(Other than Applicant in case Nominee is a Minor)

Address of the Nominee/Guardian

Signature of Nominee/Guardian (Optional)

Sole / First Applicant Second Applicant Third Applicant

Received Rs. _____ Date of Encashment (Date of Deposit) _____

Cashier _____ Checked By _____

Approved By _____ FDR No. & Date _____

LF No. _____ Date of Realisation _____

Pay in slip No. & Date _____ Broker Code No. _____

Authorised Signatory _____

DECLARATION

GENERAL • I/We hereby declare that the amount being deposited herewith is not out of any funds acquired by me/us by borrowing or accepting deposits from any other person(s) • I/We declare that the first named depositor mentioned in our application is the beneficial owner of this deposit and as such he/she should be treated as the payee for the purpose of deduction of tax under Section 194A of the Income Tax Act, 1961. The TDS will be deducted as applicable and certificate will be issued for each financial year. • I/We have not violated any laws, regulations pertaining to money laundering & organised crimes of my/our country of residence and the money is remitted by me/us towards fixed deposits are in compliance with the regulations on money laundering in the country or remittance.

•I/We have read & agree to abide by the attached terms & conditions governing the Deposit and declare that what is stated in this application is true & correct.

SIGNATURE OF THE APPLICANTS (Guardian should sign, if the applicant(s) is minor)

SOLE/FIRST APPLICANT SECOND APPLICANT THIRD APPLICANT