

**TERM / RECURRING DEPOSIT SLIP**  
(for opening NRE, NRO, FCNR & RFC deposits of existing customers)



Scheme Code  Value Date

Account Number  Branch: \_\_\_\_\_ Date:

Applicant 1 Name \_\_\_\_\_ Customer ID   
 Applicant 2 Name \_\_\_\_\_ Customer ID   
 Applicant 3 Name \_\_\_\_\_ Customer ID   
 Applicant 4 Name \_\_\_\_\_ Customer ID

**DEPOSIT TYPE (Please tick '✓' wherever applicable):**

Deposit Type		Currency									
<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> INR									
<input type="checkbox"/> FCNR (B)	<input type="checkbox"/> RFC	<input type="checkbox"/> SGD	<input type="checkbox"/> HKD	<input type="checkbox"/> CHF	<input type="checkbox"/> USD	<input type="checkbox"/> GBP	<input type="checkbox"/> EUR	<input type="checkbox"/> AUD	<input type="checkbox"/> CAD	<input type="checkbox"/> JPY	

**Note** – 1. NRE / NRO deposits can be made in INR only. 2. FCNR (B) deposits can be opened in USD / GBP / EUR / AUD / CAD / JPY / SGD / HKD / CHF  
 3. RFC deposits can be opened in USD / GBP / EUR / JPY

Simple Fixed Deposit       Reinvestment Plan       Recurring Deposit  
 Sweep in deposit link to A/c. no.\*   
 Other (Please specify) \_\_\_\_\_ \*This Facility is available for NRO FD only

Amount (in figures) \_\_\_\_\_  
 Amount (in words) \_\_\_\_\_  
 Debit A/c no.   Cash  
 Cheque/DD/PO. no. \_\_\_\_\_ (cheques should be crossed a/c payee and drawn payable to 'idbi bank account-customer name') Bank & Branch \_\_\_\_\_

PERIOD	RATE OF INTEREST	INTEREST PAYMENT	OPERATING INSTRUCTIONS
____/____/____ year(s) / month(s) / days		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> On Maturity	<input type="checkbox"/> Singly <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Jointly <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Former or Survivor

**Note:** 1. NRE/NRO FD can be booked with Interest Payment option of "Monthly" "Quarterly" & "On maturity" 2. FCNR/RFC Deposit can be booked with Interest Payment option of "On maturity" & "Half yearly"  
 3. NRE FD/FCNR Deposit with "Resident Indian" as co-applicant would be opened only on Former or Survivor basis

**On Maturity of Fixed Deposit**

Renew principal and interest     Renew principal only     Issue DD/Pay Order

Credit to 1st Applicant's Operative Account No.

**For regular interest payment (fill only if interest is to be credited periodically)**

Credit to 1st Applicant's Operative Account No.

Issue DD/Pay Order

**Kindly note:** Unless prior written notice is received by the IDBI Bank Limited, the bank will automatically renew the deposit plus accrued interest for the same period on the maturity date at the prevailing rate of interest.

**FOR TDS ON NRO DEPOSITS (please tick as applicable)**  \*Reduced Tax to be deducted – Undertaking-cum-Declaration Form, Tax Residency Certificate (TRC) enclosed.  
 Tax at normal rates, as applicable to NRO Deposits, to be deducted.

\*To avail reduced TDS rate on NRO Deposits, NRIs should give an undertaking as per the bank's format & TRC during starting of Financial year.

**Terms & Conditions**

1. TDS would be applicable as per Income Tax Act, 1964 on NRO accounts. NRE & FCNR (B) accounts are exempt from tax.  
 2. A consolidated TDS certificate (Form 16A) will be sent soon after the closure of each financial year

**Agreement:** I/We agree that no claim will be made by me/us for any Interest on the deposit/s for any period after date/s of maturity of the deposit/s. I/We agree to abide by the provisions of the Foreign Currency (Non Resident) Account Scheme, Non Resident (External) Account Scheme, Non Resident (Ordinary) Account Scheme, as the case may be. I/We hereby undertake to intimate you about my/our return to India for permanent residence, immediately on arrival. I/We agree that the premature withdrawal is permitted at my/our request. The payment of interest on the deposit may be allowed in accordance with the prevailing stipulations laid down by the Reserve Bank of India in this regard. I/We shall not make available to any person resident in India, foreign currency against reimbursement in Rupees or any other manner in India. I/We would confirm that all debits to my/our accounts for the purpose of investment in India and credits representing sale proceeds of investments in India are covered either by general or special permission of the Reserve Bank of India. I/We confirm that I/We am/are NRI(s)/PIO(s). I/We hereby declare that the information furnished above is true and correct to the best of my/our knowledge.

Signature of 1st Applicant \_\_\_\_\_ Signature of 2nd Applicant \_\_\_\_\_ Signature of 3rd Applicant \_\_\_\_\_ Signature of 4th Applicant \_\_\_\_\_

## Form DA 1 - Nomination Form

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

I/We

Name(s)	Address(es)

nominate the following person to whom of my/our/minor's death, the deposit in the account(s), particulars whereof are given below, may be returned by IDBI Bank Ltd., \_\_\_\_\_ Branch.

DETAILS OF THE ACCOUNT		
Nature of Account	Account Number	Additional Details, if any

नामिती / NOMINEE	
Name:	 
Address:	  
Relationship with depositor, if any:	 
Age:	 
If nominee is Minor, his / her Date of Birth:	 

\*As the nominee is a minor on this date, I/We appoint

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

to receive the amount of the deposit on behalf of the nominee in the event of my / own / minor's death during the minority of the nominee.

\*\* Signature(s) / Thumb impression(s) of depositor(s)

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
Place: \_\_\_\_\_  
Date: \_\_\_\_\_

**Witness\*\*\***

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
Place: \_\_\_\_\_  
Date: \_\_\_\_\_

\*Strike out if nominee is a not a minor. \*\* Where deposit is made in the name of a minor the nomination must be signed by a person lawfully entitled to act on behalf of the minor. \*\*\* Thumb impression(s) to be attested by two witnesses.

**Nomination, if required fill above Form DA1, otherwise sign below:**

**I/We do not want to nominate any person in this account**

\_\_\_\_\_  
1st Applicant Signature

\_\_\_\_\_  
2nd Applicant Signature

\_\_\_\_\_  
3rd Applicant Signature

\_\_\_\_\_  
4th Applicant Signature