



## EXPORT - IMPORT BANK OF INDIA

HEAD OFFICE : CENTRE ONE BUILDING, FLOOR 21, WORLD TRADE CENTRE COMPLEX, CUFFE PARADE, MUMBAI 400 005

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RATING BY CRISIL - 'FAAA' / ICRA - 'MAAA' / FITCH - 'TAAA'

### APPLICATION FORM FOR TERM DEPOSIT UNDER EXPORT-IMPORT BANK OF INDIA TERM DEPOSIT SCHEME (Individuals / NRIs - Non-repatriable basis)

Arranger's Name : \_\_\_\_\_

Code No. : \_\_\_\_\_

(Please tick appropriate box / delete whatever not applicable)

<b>Status :</b>	<input type="checkbox"/> Resident Individuals
	<input type="checkbox"/> Non-resident Individual
	<input type="checkbox"/> Hindu Undivided Family
	<input type="checkbox"/> Senior Citizens (60 years and above) <i>(Please attach proof of age)</i>
	<input type="checkbox"/> Disabled Persons <i>(Please attach Certificate of disability)</i>

<b>Tax to be deducted :</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Form 15 G		
<input type="checkbox"/> Form 15 H <i>(For 65 years of age and above)</i>		
<b>In case PAN applied for or not applicable, copy of Form 60 or 61 alongwith address proof to be submitted</b>		
<b>For deposits of Rs. 50,000/- and above PAN is compulsory</b>		
<i>(Please attach whatever applicable)</i>		

I/We wish to place a new deposit / renew my/our deposit under EXIM Bank Term Deposit Scheme

Amount of Deposit Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_

**Mode of Payment :**

Cheque / DD / Pay Order No. : \_\_\_\_\_

Cheque / DD / Pay Order Date : \_\_\_\_\_

Drawn on Bank : \_\_\_\_\_

Branch : \_\_\_\_\_

**Interest Options :**

Cumulative

Non-cumulative

**Renewal of Deposit :**

FDR No. : \_\_\_\_\_

Date of FDR : \_\_\_\_\_

Date of Maturity : \_\_\_\_\_

Amount of Deposit : \_\_\_\_\_

**Period of Deposit :** \_\_\_\_\_ Months

**Name of the Depositor(s)**

**Date of Birth**

1. Sole / First Depositor : Shri/ Smt. /Kum. \_\_\_\_\_

Guardian's Name : (In case of Minor) Shri / Kum. \_\_\_\_\_

2. Second Depositor : Shri/Smt./Kum. \_\_\_\_\_

3. Third Depositor : Shri/Smt./Kum. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Photograph of 1st Depositor

**Address of First / Sole Depositor**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PIN : \_\_\_\_\_ Tel. : \_\_\_\_\_ Email : \_\_\_\_\_

**Address of Second Depositor**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PIN : \_\_\_\_\_ Tel. : \_\_\_\_\_ Email : \_\_\_\_\_

**Identification of New Depositor (Mandatory)**

Submit a photocopy of any one of the following for the first depositor/guardian :

Passport       Driving License       Election Identity Card

Ration Card       PAN Card \*

Proof of address:

Recent electricity bill

Recent telephone bill

\* In case PAN card is provided, additionally proof of address is required.

**Maturity proceeds payable to :**

First Depositor

Either or Survivor

Anyone or Survivor

Jointly to all

Former or Survivor

Any other (Specify) \_\_\_\_\_

**ACKNOWLEDGEMENT**

(To be filled in by Depositors)

Received from Shri/Smt./Kum. \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Date : \_\_\_\_\_

Signature and stamp of Collecting Bank / Exim Bank Office

Received application for deposit under EXIM Bank Term  
Deposit Scheme along with cheque / Demand draft /

Pay Order No. \_\_\_\_\_

dated \_\_\_\_\_ for Rs. \_\_\_\_\_

drawn on \_\_\_\_\_

\_\_\_\_\_

(Name of the Bank & Branch) or

Term Deposit Receipt No. \_\_\_\_\_ dated \_\_\_\_\_

for Rs. \_\_\_\_\_

Valid subject to realisation of cheque.

**NOMINATION (Must be signed by the depositor(s))**

I / We hereby nominate the following persons as my/our nominee and authorise Export-Import Bank of India to pay the proceeds of the Deposit to him/her in the event of my/our death.

Name & Address of nominee	Relationship with Depositor (if any)	Age of nominee	Date of birth of nominee (If minor)

\*\* As the nominee is a minor on this date , I/We appoint (Name, address & age) \_\_\_\_\_ to receive amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

\*\* applicable if the nominee is a minor. Where deposits are made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

**Name(s), and Address(es) of witness(es) for nomination only.**  
(One witness required; thumb impression needs two witnesses)

	Name and Address	Sign
1.	_____	_____
2.	_____	_____
	_____	_____

Place : \_\_\_\_\_  
Date : \_\_\_\_\_

**Signature of the Depositor(s) for Nomination**

1. First / Sole / Guardian \_\_\_\_\_

2. Second \_\_\_\_\_

3. Third \_\_\_\_\_

**Declaration**

I/We hereby declare that the first named depositor mentioned in my/our application is the beneficial owner of this deposit and as such he/she should be treated as the payee for the purpose of tax deduction under Sec.194A of the Income Tax Act,1961. I/We hereby agree to abide by the terms and conditions governing the deposit.

I/We hereby declare that the information furnished by me/us are true and correct.

Signature of Depositor(s)	Sole/First Depositor	Second Depositor	Third Depositor
PAN with copy of PAN card or PAN allotment Letter			
In case PAN applied for or not applicable, copy of Form 60 or 61 alongwith address proof to be submitted #	Form 60 <input type="checkbox"/> or Form 61 <input type="checkbox"/>	Form 60 <input type="checkbox"/> or Form 61 <input type="checkbox"/>	Form 60 <input type="checkbox"/> or Form 61 <input type="checkbox"/>
Signature(s)***			

# In case the application for PAN has been recently submitted and PAN is awaited.

\*\*\* Thumb Impressions shall be attested by an authorised official of a Bank or by a Magistrate/Notary Public under his/her official seal.

**For EXIM Bank use :**

Term Deposit Receipt No. :	_____	Exim Bank Office/Arranger :	_____
Date of TDR :	_____	Arranger Code :	_____
Date of Application Form :	_____	Rate of Interest :	_____
Date of realisation of cheque :	_____	Category of Depositor :	_____
Date of Maturity :	_____	Senior Citizen :	_____
		Disabled person :	_____
		Staff Member :	_____

Whether all documents collected / on record :  Yes /  No

Checked By: \_\_\_\_\_  
Authorised By: \_\_\_\_\_