

VADILAL INDUSTRIES LIMITED

 Fixed Deposit Administrative Office : Vadilal House, Shrimali Society,
 Nr. Navrangpura Rly. Crossing, Navrangpura, Ahmedabad-380 009.

BROKER'S NAME _____

 BROKER'S CODE
APPLICATION FORM FOR FIXED DEPOSIT

(To be filled in by depositor, Use block Letters, Tick (✓) Wherever applicable.)

APPLICANT'S NAME	NAME	MIDDLE NAME	SURNAME
FIRST MR./MS.	<input type="text"/>	<input type="text"/>	<input type="text"/>
SECOND MR./MS.	<input type="text"/>	<input type="text"/>	<input type="text"/>
THIRD MR./MS.	<input type="text"/>	<input type="text"/>	<input type="text"/>
GUARDIAN'S NAME	<input type="text"/>		

 (IN CASE FIRST DEPOSITOR IS MINOR) DATE OF BIRTH OF FIRST APPLICANT

ADDRESS OF THE FIRST APPLICANT			
<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"/>
CITY	<input type="text"/>	STATE	<input type="text"/>
DISTRICT	<input type="text"/>	STATE	<input type="text"/>
PN	<input type="text"/>	PHONE	<input type="text"/>

- | | |
|---|----------------------------------|
| <input type="checkbox"/> FRESH | <input type="checkbox"/> RENEWAL |
| <input type="checkbox"/> A. Monthly Income Sch. | |
| <input type="checkbox"/> B. Regular Income Sch. | |
| <input type="checkbox"/> Quarterly interest payment | |
| <input type="checkbox"/> Half yearly interest payment | |
| <input type="checkbox"/> Yearly interest payment | |
| <input type="checkbox"/> C. Growth Scheme-Cumulative | |

 PERMANENT A/C. / GIR NO.

 TAX EXEMPTION FORM ENCLOSED
 YES NO

 Period (Months)
 12 24 36

I/We request you to print undermentioned Bank details on all future warrants / cheques.

NAME OF THE BANK	<input type="text"/>
BRANCH	<input type="text"/>
A/C.NO&TYPE(CA/SB)	<input type="text"/>

Please specify Current (CA) OR Savings (SB)

AMOUNT <input type="text"/>	(RUPEES <input type="text"/>
CHEQUE / DD / P.O. NO. <input type="text"/>	DATED <input type="text"/>
DRAWN ON <input type="text"/>	
BRANCH <input type="text"/>	
PAID BY <input type="checkbox"/> CHEQUE <input type="checkbox"/> DEMAND DRAFT <input type="checkbox"/> PAY ORDER	
IF RENEWAL FDR NO. <input type="text"/>	MATURITY DATE <input type="text"/>
RS. <input type="text"/>	

RESIDENTIAL STATUS 1. Resident Individual 2. Non-Resident Individual 3. H.U.F. 4. Domestic Company 5. Others	CATEGORY OF DEPOSITOR 1. Public 2. Employee/Spouse/Children 3. Share Holder, Folio No. <input type="text"/> 4. Trust 5. Others	REPAYMENT OF DEPOSIT BY SIGNATURE OF 1. First Depositor 2. Either or Survivor 3. Former or Survivor 4. Any one or Survivor 5. Any Two Jointly or Survivor
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OTHER FDRS WITH THE COMPANY <input type="text"/>
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Nomination : I hereby nominate the following person to receive the amount payable to me on my death.
 Nominee's Name : _____
 Guardian's Name : Other than applicant in case Nominee is a minor

- | | |
|-------------------|---------------|
| OCCUPATION | 4. SERVICE |
| 1. PROFESSIONAL | 5. BUSINESS |
| 2. RETIRED | 6. HOUSE HOLD |
| 3. STUDENT | 7. OTHERS |

 Address of the Nominee / Guardian Pin
DECLARATION : I/We request you to accept the sum stated above in Fixed Deposit with you in accordance with the terms and conditions stipulated by you and printed with this form which I/We have read and understood and agree to abide by them. I/We hereby declare that the amount is not being deposited out of the funds acquired by me/us by borrowing or by accepting deposits from any other person. I/We also declare that the First named depositor mentioned in our application is the beneficial owner of the deposit and as such he/she should be treated as the payee for the purpose of deduction of tax under section 194 A of the Income Tax Act, 1961. I/We further declare that what is stated in this application is true and correct.

 Signature : { Sole / First Holder _____
 Second Holder _____
 Third Holder _____
 Date : _____

FOR OFFICE USE ONLY	
FD ACCOUNT NO. <input type="text"/>	
FDR NO. <input type="text"/>	
FDR DATE <input type="text"/>	