



# AASHRAY DEPOSIT PLUS

Application Form For Individuals

Broker Name: \_\_\_\_\_  
Broker's Code No.: \_\_\_\_\_  
Sub-Broker's Code No.: \_\_\_\_\_  
Customer Code: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Appl. No.: \_\_\_\_\_

Affix a latest photograph of the First Applicant

**Important:**

1) Please use BLOCK letters (2) Please tick wherever applicable (3) All details must be filled in, if not applicable, please write N.A. • For Privilege Customers appropriate proof should be attached (4) Crossed A/c Payee Cheques / DD payable to "Dewan Housing Finance Corporation Ltd." should be furnished. (5) Amount can be remitted for Fixed Deposits by NEFT / RTGS for Credit to DHFL's Account (6) DHFL will in no way be responsible for any or other wrong tenders (7) Cash can be accepted for investment in FD Schemes below ₹20,000/- only. • Agents are not authorised to issue receipt.

I / We apply for  New FD /  Renewal at branch \_\_\_\_\_ at an interest rate @  % p.a.  
FDR No  Maturity Date:       Maturity Amt.   
(In case of Renewal)  
New FD Amt / Renewal Amt

**Scheme**

CUMULATIVE  NON CUMULATIVE (  Yearly  Quarterly  Half Yearly  Monthly)

**Period in months**

12 mnths  14 mnths  24 mnths  36 mnths  40 mnths  48 mnths  60 mnths  72 mnths  84 mnths

**Status**

Resident Individual  NRI  HUF  Trust / Society / Association / Club  Public / Private Company  
 Partnership / Proprietary Firm  Registered Co-operative Society  Co-operative Bank  Bank

**Category**

DHFL Promoter  DHFL Director  Relative of DHFL Director  General / Member of Public

**Privilege**

DHFL Shareholder  Senior Citizen (60yrs & above)  Existing DHFL Home Loan Borrower  
 Armed Force Personnel  Widow

Proof Attached \_\_\_\_\_

Deposit Repayable to  First Depositor  Any one or Survivor/s  Others (please specify) \_\_\_\_\_

**Depositor's Name (In Block Letters)**

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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Date of Birth :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Occupation: <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"/> <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"/>
Guardians Name : <small>(in case of minor)</small>	<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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Second 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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Date of Birth :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Occupation: <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"/> <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"/>
Third 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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Date of Birth :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Occupation: <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"/> <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"/>

Permanent Account No. (PAN) for 1st Applicant

Tax to be deducted  YES  No. If no please submit  15G  Form 15H  Order U/s 10  Order U/s 197 (as applicable).

If other please Specify \_\_\_\_\_

**Details of Bank Account of Depositor for Interest / Maturity payment** Preferred Mode of Payment  ECS  Cheque  RTGS  
(Not mandatory for existing customer) (For Interest) (For Maturity Amount)

Bank Account No.	<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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MICR Code	<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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/>
IFSC	<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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account	<input type="checkbox"/> Savings A/C <input type="checkbox"/> Current A/C

FDR No.: \_\_\_\_\_  
Account Holder's Name \_\_\_\_\_  
(as per Bank's Record) \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Branch: \_\_\_\_\_

**Address of First / Sole Depositor**

Flat No. & Bldg. Name Road No./ Name

City  Pin Code

State  Country

Tel. (R)  STD Code

Mobile

Email

(Kindly provide mobile number and email id to get alerts of payment/interest)

**Valid Proof of Address to be provided by Applicant.** (Please submit ANY ONE of the following certified documents)

Latest Telephone Bill of Landline / Post Paid Mobile  Latest Electricity / Gas Bill  Ration Card  Latest Bank Account Statement

Registered Rent Agreement  Latest Demat Account Statement  Any other Address Proof \_\_\_\_\_

(Subject to satisfaction of DHFL)

**Valid Proof of Identity to be provided by Applicant.** (Please submit ANY ONE of the following certified documents)

Passport  Photo Pan Card  Driving Licence  Voter's Identity Card  Photo Debit / Credit Card Issued by Bank

Photo Ration Card  Aadhar Card  Any other identification with photograph \_\_\_\_\_

(Subject to satisfaction of DHFL)

**Nomination**

Name of Nominee

Address of Nominee

Guardian's Name   
(In case of minor)

Relationship of nominee with first depositor

Signature of Nominee (optional) \_\_\_\_\_ Date of Birth

**Payment Details**  Cheque  Draft  Cash Date

Cash Receipt No. / UTR No. Cheque / Draft No.

Amount ₹  Tick if additional amount  Rupees (in words)

Bank Name  Branch

**Declaration:**

I / We hereby declare that above information is true and to the best of my / our knowledge and belief. I / we further declare that the deposit made under the deposit application is through legitimate source and does not include directly / indirectly any proceeds of schedule of offence and / or is not designed for the purpose of contravention or evasion under any law.

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 section 194A of the Income Tax Act, 1961. I/We hereby agree to abide by the attached terms and conditions governing the deposit.

I/We have gone through the financial and other statements / particulars / representation furnished / made by the Company and after careful consideration, I/We am / are making the deposit with the Company at my / our own risk and volition.

Signature of the Depositor(s) (1) \_\_\_\_\_ X (2) \_\_\_\_\_ X (3) \_\_\_\_\_ X

**For office use only:** Customer ID  FDR No.  FD Amount

Rate of Interest  Maturity Amount  Maturity Date

**Maker Detail**

Name:

Signature: \_\_\_\_\_

**Checker Detail**

Name:

Signature: \_\_\_\_\_

FDR to sent to customer through  Courier  Hand Delivery