

Agent (Agency's Name):

Code No. :



PUBLIC DEPOSIT APPLICATION FORM

Individual Others

Date: _____

Senior Citizens (60 years & above) Yes No (If yes, Please attach proof of age)

PAN No. _____

PLEASE USE BLOCK LETTERS AND TICK IN APPROPRIATE PLACES (PLEASE REFER TERMS AND CONDITIONS)

I/We apply for placement/renewal of deposit for a period of _____ months/years and at the interest rate _____ of p.a.

The necessary details are as under:

DEPOSITER'S NAME (In Block Letters)

Gender

Date of Birth / Date of Incorporation

1. _____

M F

D D M M Y Y Y Y

2. _____

M F

D D M M Y Y Y Y

3. _____

M F

D D M M Y Y Y Y

In case First/Sole Applicant is minor:

Kindly fill in a Know Your Customer (KYC) Compliance form for each depositor. If already submitted, please mention the Customer No. for

1st depositor _____ 2nd depositor _____ 3rd depositor _____

ADDRESS (First/Sole Depositor)

_____ City _____ Pin Code _____

Email id _____ Tel No. (with STD Code) _____

Amount of Deposit ₹ _____ Mode of payment Cheque DD/PO Renewal

Rupees (in words) _____

If Cheque / DD / PO

No. _____ Dt. _____ For ₹ _____

Bank _____ Branch _____

If Renewal:

Old Deposit Receipt No. _____ Maturing On _____ For ₹ _____

Renewal Amount ₹ _____ Additional Amount ₹ _____

Crossed A/c Payee Cheques/DD should be payable to 'LIC Housing Finance Limited – Public Deposit A/c'

OPTION

PERIOD

CUMULATIVE: Interest Compounded half yearly.

1 yr 2 yrs 3 yrs 5 yrs

NON CUMULATIVE:
Interest payable Half Yearly on 30th September and 31st March

18 months

DETAILS OF BANK ACCOUNT

Type of Account Savings Current

Account No. _____

Bank _____ Branch _____

ECS Yes No _____ 9 Digit Code No. (as appearing on MICR cheque issued by your Bank)

Occupation Service Business Retired Housewife Other

Additional Amount ₹ _____

Status Resident Individual Non - Resident Individual Others (specify)

Category Public Shareholder Director/Relative of a Director Promoter Employee

Deposit Repayable to First Depositor First Depositor Or Survivor/s

Tax Status	Interest Payable By	Other Details
<input type="checkbox"/> Exempt <input type="checkbox"/> Non - Exempt <input type="checkbox"/> 15G/15H Enclosed (In Triplicate) <input type="checkbox"/> Order u/s. 197 <input type="checkbox"/> Order u/s. 10	<input type="checkbox"/> ECS <input type="checkbox"/> Warrants	Occupation <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Others Household Income <input type="checkbox"/> ₹1 Lac p.a. <input type="checkbox"/> ₹3 Lac p.a. <input type="checkbox"/> ₹3-5 Lac p.a. <input type="checkbox"/> Above ₹5 Lac p.a.

IDENTIFICATION OF NEW DEPOSITOR [MANDATORY]

A photocopy of any one of the following for the first depositor:

PAN Card Election Identity Card Passport/Ration Card Document evidencing creation/registration of the trust company

I/We the applicant(s) hereby apply for the placement/renewal of Public Deposit as per details given above in accordance with the Terms and Conditions and confirm that these are binding on me/us. I/We also declare that I/We have not acquired the fund being deposited with you by borrowing or accepting deposit from any other person. I/We declare that the first name depositor is the beneficial owner and is to be treated as the payee for the purpose of deduction of tax under section of 194 A of the Income Tax Act 1961, I/We have gone through the financial & other statements/particulars/representation furnish/made by the Company and after careful consideration, I/We are placing deposit with the company at my/our own risk and volition. I/We further declare that, I/We am/are authorised to make these deposit in the above mentioned scheme and the amount kept in the deposit is through legitimate source and does not involve directly or indirectly any proceeds of offence and/or is not designed for the purpose of any contravention or evasion of the provision of Money Laundering Act, 2002 and any Rules, Regulations, Notifications, Guidelines or Directions thereunder as amended from time to time. I/We shall provide any further information and fully co-operate in any investigation as and when required by the Company in accordance with the applicable law. I/We further affirm that information/details provided by me/us is/are and correct in all respects and nothing has been concealed.

Signature of depositor/s :

- 1) First / Sole / Guardian _____
- 2) Second _____
- 3) Third _____

NOMINATION

Name of Nominee: _____

Date of Birth / Formation

Relationship of nominee with first depositor: _____

Guardian's Name (if nominee is minor): _____

Address of Nominee: _____

Email id: _____ Pin Code _____

Name and Address of witness: _____

Signature of witness

Signature of Depositor(s) for Nomination

Place and Date: _____

FOR OFFICE USE ONLY:

Public Deposit Receipt No. _____

Date of Deposit

Rate Of Interest _____ %p.a.

Amount of Deposit ₹ _____

Maturity Date

Authorised By

Checked By

KNOW YOUR CUSTOMER (KYC) COMPLIANCE APPLICATION FORM

PLEASE FILL THE INFORMATION IN BLOCK LETTERS AND TICK IN APPROPRIATE PLACES

The information is sought under Prevention of Money Laundering Act, 2002, the rules notified thereunder and NHB's guidelines on Anti Money Laundering.



Name of the Applicant (As appearing in supporting identification document)

Mr./Mrs./Miss/M/c.

Full Name of the Father / Husband / Guardian

Mr./Mrs./Miss



Status Resident Individual Non Resident Individual Co-operative Societies Trust PVT. LTD. COMPANY LTD. COMPANY

Date of Birth / Formation Nationality

Income-tax Permanent Account Number (PAN) (Attach a copy of PAN Card)

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 Aadhaar Card

Any other Identification with Photography (Subject to satisfaction of the Company) _____

Present Address of Applicant for all communications

Company Name / Flat No. & Bldg. Name

Road No. / Name City Pin Code

State Country

Tel.(R) STD Code Fax Mobile

Tel.(C) Extn.No. Email Id

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

Latest Telephone Bill of Land Line / Mobile Latest Electricity / Gas Bill Latest Bank Account Statement
 Latest Demat. Account Statement Registered Rent Agreement Ration Card

Any other Address Proof (Subject to satisfaction of the Company) _____

Additional Documents to be submitted

By Corporates

- i) Certificate of Registration / Incorporation issued by the Registrar of Companies.
- ii) Memorandum & Articles of Association
- iii) PAN Card
- iv) Resolution of the Board of Directors
- v) Telephone Bill

By Charitable / Religious Trusts, AOP, Cooperative Society

- i) Certificate of Registration
- ii) PAN Card
- iii) Governing Deed and/or Rules & Regulations/Bye Laws
- iv) Resolution of the Managing Committee
- v) Telephone Bill
- vi) List of authorised signatories
- vii) Proof of identity of Trustees/Beneficiaries/Settlers.

DECLARATION

I/We hereby declare that the above information is true 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 any contravention or evasion under any law of the provisions of the Prevention of Money Laundering Act, 2002 and any Rules, Regulations, Notifications, Guidelines or Directions there under, as amended from time to time.

Place:

Date:

Signature of the Depositor

FOR OFFICE USE ONLY:

Branch:

Date of Receipt:

Checked by: _____

Authorised by: _____

Customer No. _____