

FIXED DEPOSIT APPLICATION FORM

Date: _____

To
The Manager,
Sumitomo Mitsui Banking Corporation.
New Delhi Branch.

Dear Sir,

Please open in the name/s shown below a Fixed Deposit Account in accordance with the rules of the bank on the following terms and conditions and issue me/us a Deposit receipt.

- By debit to my/our savings/current/ account no. _____ with you.
- With the proceeds of Cheque/Pay order No. _____ dated _____ for Rs. _____ enclosed.

Type of Deposit Ordinary CumulativeDeposit with Premature Withdrawal facility Yes No I / We agree that premature withdrawal of deposits is subject to deduction of applicable penalty I / We agree to give one day advance notice for deposit premature withdrawal request

Full Name of the Depositor/ (Guardian in case of Minor)						
Amount Deposit in Figures						
Amount of Deposit in Words						
Address:						
Period of Deposit				Rate of Interest		
Start Date (format DD/MM/YY)						
Maturity Date(format DD/MM/YY)						

If Minor: Date of Birth (format DD/MM/YY) Nomination, form(DA3) Enclosed: Yes No**Maturity Payment Instructions : The amount due to me/us on maturity should be** Renew Principal amount along with interest for _____ Day(s)/ Month (s)/Year(s) on maturity date. Credit maturity proceeds to my / our SMBC A/c no. _____ Repay by Banker's Cheque in favour of _____ Credit interest to my/our SMBC A/c No. _____ & Renew principal amount for _____
_____ Day(s)/ Month (s)/ Year(s) Repay vide *RTGS/NEFT to CREDIT ACCOUNT NAME _____

CREDIT ACCOUNT NUMBER _____ IFSC CODE _____

BANK NAME _____

Authorised/Depositor's Signatures.

**The fund transfer will be governed by the Terms and Conditions given on our website <http://www.smbc.co.jp/global/india>*

For Bank Use Only

Approved	Checked	Prepared	Sign verified