

**EXPORT - IMPORT BANK OF INDIA**

(Wholly owned by Government of India)

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

PHONE : 2217 2667 / 2217 2668 FAX : 2218 2497 e-mail : fd@eximbankindia.in WEBSITE : www.eximbankindia.in

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. : _____
N.B.: Arrangers are not authorised to receive deposits in cash from depositors. Only cheques are accepted.

(Please tick appropriate box / delete whatever not applicable)

Resident Status: <input type="checkbox"/> Indian <input type="checkbox"/> NRI		Profession: <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Others		Tax to be deducted : <input type="checkbox"/> YES <input type="checkbox"/> NO If No, please enclose Form: <input type="checkbox"/> 15G <input type="checkbox"/> 15H(for 65 years and above)
---	--	---	--	--

<input type="checkbox"/> Senior Citizens (60 years and above) (Please attach proof of age)	Income Group <input type="checkbox"/> v < Rs 5 lakh p.a.	For deposits of Rs.50,000/-(aggregate with EXIM Bank) and above PAN is compulsory (Please attach whatever applicable)
<input type="checkbox"/> Disabled Persons (Please attach Certificate of disability)	5 to 10 lakh p.a.	
	> Rs 10 lakh p.a.	

In case PAN applied for or not applicable, copy of Form 60 or 61 alongwith address proof to be submitted

I/We wish to place a new deposit / renew my/our deposit under EXIM Bank Term Deposit Scheme	Customer ID
Amount of Deposit Rs. _____ Rupees (in words)	

For New TDR: Cheque / DD / Pay Order No. : _____ Date: _____ Drawn on Bank : _____ Branch: _____	Mode of Payment	For Renewal of TDR : Old TDR No. : _____ Amount of deposit: _____ Date of TDR : _____ Date of maturity _____
---	------------------------	---

Interest Options : <input type="checkbox"/> Cumulative <input type="checkbox"/> Non-cumulative	Period of Deposit : _____ Months
--	--

Name of the Depositor(s)	Date of Birth	PAN NO
1. Sole / First Depositor : Shri/ Smt. /Kum. Guardian's Name : (In case of Minor) Shri / Kum. & Relationship with minor : _____		
2. Second Depositor : Shri/Smt./Kum.		
3. Third Depositor : Shri/Smt./Kum.		

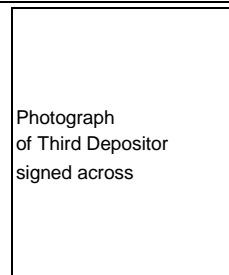
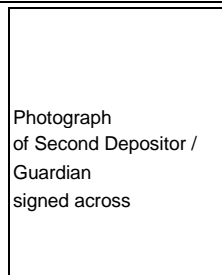
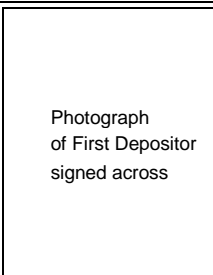
A/c Details of 1st depositor for payment of interest/ principal: (Please attach a photocopy of cheque duly signed)A/c No: _____

Bank's Name: _____ Branch's name: _____ IFSC Code: _____

Maturity proceeds payable to :

First Depositor Either or Survivor Anyone or Survivors Jointly to all Former or Survivor/s

Address of First / Sole Depositor @	Address of Second Depositor @	Address of Third Depositor @
_____ _____ _____ PIN _____ Tel. _____ Email : _____	_____ _____ _____ PIN _____ Tel. _____ Email : _____	_____ _____ _____ PIN _____ Tel. _____ Email : _____



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

Signature of first Depositor	Signature of Second Depositor/Guardian	Signature of Third Depositor
------------------------------	--	------------------------------

Identification of New Depositor (Mandatory) : of one of the following for each depositor/guardian : <input type="checkbox"/> PAN Card * <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Ration Card <input type="checkbox"/> Election I. Card	Submit self attested photocopy	Proof of address <input type="checkbox"/> Recent electricity bill <input type="checkbox"/> Recent telephone bill <input type="checkbox"/> Copy of Bank pass book /statement
--	--------------------------------	--

* In case PAN card is provided, proof of address is required. @ Attach address proof

For Office use only Signature of Exim Bank's Officer (verifying the application & documents) Date: _____	TDR issued on: For: _____ Months Rate of Interest: _____	Signature of Exim Bank's Officer
---	--	----------------------------------

ACKNOWLEDGEMENT

(To be filled in by Depositors)

Received from Shri/Smt./Kum. _____

Address : _____

Date : _____

Signature and stamp of Exim Bank Office / Arranger

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 FORM

I/We.....

.....(Name/s & address/es)

hereby nominate the following persons to whom in the event of my/our/minor's death the proceeds of of the term deposits, particulars where of are given below may be paid by Exim Bank.

Term Deposit(s)		Nominee				
Distinguishing No	Amount (Rs.)	Name	Address	Relation ship with depositor, if any	Age	Date of birth if nominee is 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 _____