



IVRCL LIMITED

Regd. Office: M-22/3RT, Vijayanagar Colony,
Hyderabad-500 057

CMS CODE
IVRCLLTD

BROKER'S STAMP AND CODE

APPLICATION/RENEWAL FORM FOR FIXED DEPOSIT

TO BE FILLED IN BLOCK LETTER

I/WE HEREBY APPLY FOR A FIXED DEPOSIT WITH YOUR COMPANY AS PER DETAILS GIVEN BELOW:

Application No. _____

1. SCHEME SCHEME A (Non Cumulative) SCHEME B (Cumulative)

2. PERIOD 1 YEAR 2 YEARS 3 YEARS

3. CATEGORY OF SOLE/FIRST APPLICANT
 INDIVIDUAL HUF TRUST
 SENIOR CITIZEN (PLEASE ATTACH AGE PROOF) SHAREHOLDER (PLEASE ATTACH PROOF)

4. INCOME TAX EXEMPTION
 YES NO (IF YES, ATTACH FORM NO. 15G/15H IN DUPLICATE) IN CASE OF INTEREST OF RS. 5000 OR MORE
 (15H in case of Senior Citizen aged 60 years and above)

5. PERMANENT ACCOUNT NO. _____

6. AMOUNT OF DEPOSIT (₹) _____ IN WORDS RUPEES.....

7. MODE OF PAYMENT
 CHEQUE/DRAFT NO..... DATED.....
 DRAWN ON.....

8. RENEWAL OF DEPOSIT
 FDR NO..... DUE DATE

MATURITY AMOUNT RS..... AMOUNT TO BE RENEWED RS.....

BALANCE AMOUNT TO BE PAID BY THE COMPANY RS

In all cases PAN No. of the First Applicant is mandatory along with photo copy of PAN card

9. APPLICANT NAME (In order of First Name/Middle Name/Surname)

MR./MRS./MISS/MASTER **SOLE/FIRST APPLICANT** (✓ Box if Minor)

In case of Minor, Guardian's name _____

MR./MRS./MISS/MASTER **SECOND APPLICANT**

MR./MRS./MISS/MASTER **THIRD APPLICANT**

10. ADDRESS OF SOLE/FIRST APPLICANT (Please do not write the name again)

PIN _____

NOMINATION

I/We hereby nominate the following person to receive the amount due to me, on my death.

Nominee's Name

Relation

Guardian's Name

(Other than Applicant)

In case Nominee is a Minor

Address of the Nominee/Guardian.....

Pin Code..... Tel.....

Applicant's Signature

Signature of Witness :

Name and Address	Signature
1.....

Bank Particulars of First Applicant

Name of the Bank _____ 9 Digit MICR No. _____

Branch _____ Account Type _____ IFSC Code _____

Account No. _____

(Please attach a photocopy of cancelled cheque Issued by your Bank for verifying the accuracy of CODE No.)

DATE OF BIRTH OF FIRST APPLICANT

(Age proof required in case of minor & Sr. Citizen) D D M M Y Y Y Y

Contact No. _____

First Applicant's Father/Husband Name.....

E-mail Address _____

DECLARATION

I/we hereby declare that the amount being deposited is not out of any funds acquired by me/us by borrowing or accepting deposits from any other person. I/we declare that I am/we are resident(s) of India and am/are not depositing this amount as nominees of any person residing outside India. I/we declare that the first named depositor is the beneficial owner of this joint deposit and is to be treated as the payee for the purpose of deduction of tax under section 194A of the Income Tax Act, 1961. I/we also declare that the status as declared above is correct. I/we have made the above investment of my/our own, after having satisfying myself/ourselves about the soundness of the company. I/we have read the Terms & Conditions of Deposit and agree to abide by the same.

FIRST/SOLE APPLICANT (Guardian in case of Minor)	SECOND APPLICANT	THIRD APPLICANT
FOR OFFICE USE ONLY		
RECEIVED ON	SCHEME A <input type="checkbox"/> B <input type="checkbox"/>	INWARD NO.
AMOUNT	PERIOD <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years	MODE OF PAYMENT Cheque/Draft
WHETHER THROUGH BROKER <input type="checkbox"/> Y <input type="checkbox"/> N	DATE OF ENCASHMENT OF CHEQUE/DRAFT	FDR NO.
		INVESTOR CODE
		BROKER CODE

ACKNOWLEDGEMENT SLIP

(To be filled in by the Applicant)

RECEIVED from Mr./Mrs./Miss..... (Name of First/Sole Applicant) an application under Fixed Deposit Scheme A B/renewal of FDR No..... with cheque /demand draft no..... dated..... drawn on..... for Rs..... for the period 1 Year 2 Years 3 Years

Receipt will be forwarded to you within 8 weeks from the date of receipt of money or realisation of Cheques/Draft in the Company's account.

Signature & Stamp of Receiver