

NATIONAL HOUSING BANK

(Wholly owned by Reserve Bank of India) Head Office : Core 5A, 3rd Floor India Habitat Centre, Lodhi Road

New Delhi - 110003

Phone: 011-24649031-35

Web address: www.nhb.org.in Email: fd@nhb.org.in

APPLICATION FORM UNDER NHB SUNIDHI TERM DEPOSIT SCHEME (For Resident Individuals & Hindu Undivided Families (HUFs))					
(Please read the instructions carefully before filling the Application form) Rating by CRISIL "FAAA" / FITCH "TAAA"					
(Indicating highest degree of safety, timely payment of interest and principal)					
Arranger's Name: Code No.:					
Please open a Term Deposit in National Housing Bank as per the scheme Amount of Deposit: Rs Rupees (In words) Mode of Payment Cheque/DD/Payorder No.: Cheque/DD/Payorder Date: Drawn on Bank: Branch City					
Drawn on Bank: City					
PERIOD OF DEPOSIT: Months INTEREST OPTION : Cumulative / Non-	Cumulative				
DEPOSITOR TYPE: Resident Individual: Single Joint Minor Karta of HUF Senior Citizen (Please submit proof of age)					
MANDATE OF OPERATION: Joint Either or Survivor Former or Survivor Anyone o	r Survivor				
PHOTOGRAPH OF DEPOSITOR(S)					
First Applicant Second Applicant Third Applica	nt				
NAME, ADDRESS AND OTHER DETAILS OF THE DEPOSITORS AS REQUIRED IN T RECEIPT (IN BLOCK LETTERS)	ERM DEPOSIT				
FIRST DEPOSITOR [Mr / Mrs / Ms]					
Name in Full					
Date of Birth D D M M Y Y Y Y Occupation : Service/ Professional/ Business / Retired/ Others P	lease Specify				
Tel. No. S T D Co de - Email ID Address					
City/ State PIN					
SECOND DEPOSITOR					
Name in Full					
THIRD DEPOSITOR					
Name in Full					
	+ +				

PROOF OF IDENTITY TO BE PRO FOLLOWING CERTIFIED DOCUM Passport Photo PAN Card	ENTS)		•			ONE OF THE
Any other identification with pho						
PROOF OF ADDRESS TO BE PRO		POSITOR	(ANY C	ONE OF TH	E FOLLO	OWING CERTIFIED
DOCUMENTS MAY BE SUBMITTE Latest Telephone bill Latest E		est Bank	Accour	nt Statemen	t Inte	est Demat Account
Statement Ration Card Regist						
IN CASE, FIRST / SOLE APPLICAN Guardian's Name		E AND AL	DRES Relation	S OF NATUF nship with M	RAL / LE linor	GAL GUARDIAN
Guardian's Address (if different fro	m abovej				Citu	
State	Pin				0ug_	
NOMINATION (To be signed by th I/We hereby nominate the followin pay the proceeds of the Deposit to	ng persons as my / nominee mentioned	hereund	er in th	ne event of n		death
Name & Address of the Relation nominee Depos	onship with the itor(s), if any	Age of the	he nor	ninee	Date nomine	of birth of ee(if minor)
# As the nominee is a minor on thi	s date, I / we appoi	nt (Name,	Addre			
deposit on behalf of the nominee ir	$\frac{1}{1}$ the event of my/or	ır/minor'	s death			amount due on the
# is applicable if the nominee is a				-		-
should be signed by a person lawfu						ior, the noniniation
Name (s) and address(es) of with nomination only	<u>iess(es) for</u>			ature of De Nomination		<u>(s)</u>
Name& Address	Signatu	re				
1		.10				
			2.500			
2			3.Thi	rd		
TAX TO BE DEDUCTED: YES (If No, please enclose exemption co	NO ertificate) Forn	1 Attache	d : 1	15H 15G	Option f	for TDS Certificate
PAN DETAILS:					-	
DAN No. of the Depositor(a)	Solo / First / Varta	for HUE	/	Soor	a	Thind
PAN No. of the Depositor(s)	Sole/ First/ Karta Guardian in case		/	Secon	a	Third
PAN No. (Please attach copy of						
PAN Card/ Allotment letter)						
Form 60						
Form 61						
BANK DETAILS FOR THE PAYME Bank Name:	ONT OF INTEREST		NCIPA	L (ONLY OF Branch		DEPOSITOR):
RBI Code						
A/c Type : Saving Current A/c Only for depositors Opting for El		Service (I	ECS)	I would like	e to avai	1 ECS facility. (If
yes, please enclose a cancelled Che			,			

I hereby declare that the particulars given above are correct and complete. If the transmission under ECS is delayed/not affected for reasons of incomplete/incorrect information, or such facility is not arranged for in that Branch/Centre, I would not hold NHB responsible. I have read the terms and conditions and agree to discharge the responsibility expected of me as a participant in the Electronic Clearing Service .

I / We have read and understood the terms and conditions of the NHB Term Deposit Scheme and the same are acceptable to me / us. I / we also declare that 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 offense and / or is not designed for the purpose of contravention or evasion under any law.

Signature of the	Sole/ First/ Karta for HUF /	Second	Third
Depositor(s)	Guardian in case of Minor		
Signature			

Date:_

___ Place:___

For collecting Bankers only:

Term Deposit Application No.	Stamp & Signature of Collecting Bank/ Branch
Date of Application Form	
Date of Realisation of Cheque	

For office use only:

	Date of TDR	
Term Deposit Receipt No.	Period of Deposit	Months
Category of Depositor	Date of Maturity	
Rate of Interest	Operation Mandate	
Cumulative / Non-Cumulative	Senior Citizen Yes /	No
Arranger Name	Arranger Code	

Authorised by

Checked by

Terms and conditions of the Term Deposit Scheme of National Housing Bank Scheme :

- 1. Deposits shall be accepted for a minimum of Rs. 50,000 and multiples of Rs. 10,000 thereof.
- 2. Application forms should be accompanied by a Cheque/DD/Payorder in favour of "NHB SUNIDHI TERM DEPOSIT" payable at the collecting centres.
- 3. Deposits are accepted through Arrangers/Collecting Banker, who will acknowledge the receipt of application. Deposit Receipt will be issued by National Housing Bank.
- 4. In case of Deposits of Rs. 1 crore and above , written approval of NHB has to be obtained by the arrangers / Bankers before accepting the deposit
- 5. Deposit will be accepted for a period of 12 /24 /36 /60 months.
- 6. Interest will be compounded quarterly.
- 7. Interest shall be payable half yearly or on maturity.
- 8. If interest payable half yearly it shall be paid on 1st April and 1st October every year.
- 9. Premature withdrawal as per guidelines in force.
- 10. No loan will be extended on the deposit by National Housing Bank.
- 11. Nomination Facility is available on the deposit
- 12. Any dispute or claim shall be subject to exclusive jurisdiction of courts in New Delhi
- 13. Please submit the following along with the application
 - Photograph
 - Proof of Identity (As specified)
 - Proof of Residence (As specified)
 - Copy of PAN Card or Form 60 / 61 as applicable
 - ✤ Form 15H / 15G if applicable

Acknowledgement

	(to be	filled by the applicant)	1	
Received from Mr/Mrs	/Ms		Cheque*/DD/	/Pay order No.
dated	1 for Rs	drawn on	Bank	
Branch, towards NH	3 SUNIDHI Term Depos	it for a period of	months at	% p.a. under
interest option	Cumulative Non C	Cumulative Option		
(* valid subject to real	isation of Cheque)			
			For National Hou	sing Bank
Date:			Authorised Signa	atory

Registrar to the NHB SUNIDHI Term Deposit Scheme :-

RCMC Share Registry Pvt. Ltd., Unit-National Housing Bank, B - 106, Sector 2, Noida – 201301, Uttar Pradesh Email ID : <u>nhbfd@rcmcdelhi.com</u>, Telephone No. 0120-4105852, Fax No. 0120-2444346

Collecting Banker : IDBI BANK LTD.

<u>Nodal Branch</u> : CMS Department, Indian Red Cross Society Building, 1 Red Cross Road, New Delhi-110001 Fax No. 22752730, Tel No. 23461785

List of Collecting Centres :

Agartala Agra Ahmedabad Aizwal Ajmer Akluj Akola Allahabd Amravati Amritsar Ankleshwar Aurangabad Bahrampur Bangalore Banswara Baramati Bareilly Baroda Barshi Belgaum Berhampur Bhandara Bhavanagar Bhilai Bhilwara Bhopal Bhubaneswar Bhusawal Bijnor Bikaner Bilaspur Bokaro Bulandshahr Burdwan Burhanpur Calicut Chalisgaon Chandigarh Chandrapur Chennai Chiplun Chittorgarh Coimbatore Cuddalore Cuddapah Cuttack Dehradun Delhi-RPU/ Gurgaon Dewas Dhanbad Dhule Dimapur Durg Durgapur Erode Faridabad Gangtok Gazhiabad Gondia Gorakpur Guwahati Gwailor Haldia Hazaribagh Himmatnagar Hingoli Hosur Hubli Hyderabad Ichhalakaranji Indore Islampur Itanagar Jabalpur Jaipur Jalagaon Jalna Jammu Jamner Jamshedpur Jhansi Jodhpur Jullandhar Junagadh Kakinada Kanpur Karad Karaikudi Kashipur Katni Khamgaon Khandwa Kharagpur Khed Kishangarg Kochi Kolhapur Kolkata- Park St. Korba Kottayam Kurnool Latur Lucknow Ludhiana Madurai Malappuram Malegaon Malkapur Mandi Gobindgarh Mnagalore Mathura Meerut Mhow Miraj Moradabad Mysore Nagpur Nanded Nandurbar Nariman Point Nasik Navsari Nipani Pachora Pandharpur Panipat Panjim Paradip Parbhani Patiala Patna Phagwara Phaltan Pithampur Pune Raebareilly Raipur Rajamundhry Rajkot Rajnandgaon Rajsamand Ranchi Ratlam Ratnagiri Renukoot Roorkee Rourkela Rudrapur Saharanpur Salem Sangamner Sangli Satara Sendhwa Shillong Shimla Sholapur Shrirampur Sikanderpur Sikanderpur Siliguri Silvassa Sinnar Sirsa Sivaganga Surat Surendranagar Tasgaon Thiruvalla Thiruvananthapuram Thrissur Tirupur Trichi Udaipur Udgir Ujjain Vallabh Vidyanagar Vapi Varanasi Vijaywada Vishakhapatnam Vita Wai Wani Warangal Wardha Yeotmal

Note : In case the Deposit Receipt is not delivered to you within 21 days from the date deposit, Please contact our Registrar at following address : RCMC Share Registry Pvt. Ltd., Unit-National Housing Bank, B - 106, Sector 2, Noida – 201301, Uttar Pradesh. Telephone No. 0120-4105852, Fax No. 0120-2444346 Contact Persons – Mr. R. Dua Email ID : nhbfd@rcmcdelhi.com Contact Nos. 0120-4105852

Note :- to be obtained separately from each account holder in case Joint Account

(DECLARATION)

FORM NO. 60

[See second proviso to rule 114B]

Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B

1. Full name and address	of the declarant				
2. Particulars of transaction	n				
3 Amount of the transaction	on				
4. Are you assessed to tax	?	•	Yes	/	No
5. If yes, (i) Details of Ward	l/ Circle/ Range when	re the last return o	of inc	ome	e was filed?
(ii) Reasons for not having permanent account number?					
6. Details of the document	being produced in su	apport of address	in col	um	n (1)
	Verif	ication			
I, do here knowledge and belief.	by declare that what	is stated above is	true	to t	he best of my
Verified today, the	day of	20			
Date : Place :				_	nature of the declarant
Form of Declaration to be receipt of any other inco clauses (a) to (h) of rule 1	e filed by a person w me chargeable to in				
1. Full name and address	of the declarant:				
2. Particulars of transactio					
3. Details of the document				lum	n(1)
I hereby declare that my so income tax on any other in		m agriculture and	I am	no	t required to pay
Date: Place:					
		S	ignati	ure	of the declarant
	Verif	ication			
I, knowledge and belief .	do hereby declare t	hat what is stated	abov	re is	true to the best of my
Verified today, the	day of	20			

Date: Place:

Signature of the declarant