



Term Deposit Related Requests

(Kindly fill the form in Capital Letters only)

											Siel	bel R	eques	t No.							\perp	\perp			
For Bank Use:																									
Customer Account Type:																									
☐ Wealth ☐ F	Privy			☐ Re	siden	t Indi	vidu	ıal				□ N	on In	dividı	ual				No	on R	eside	ent			
																		Date	· [M	M	Y	· Y	Y
Home Branch	$\overline{}$						_	\top		D	ank A		nt No				\top	\top				\pm	+		\dashv
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ActivMoney Facility: It is a facility of automatically sweeping out funds above a pre-specified threshold from your Current / Savings Account to a Term Deposit (TD) Account for 180 days. In case of insufficient balance in Current / Savings Account, the TD will be broken prematurely and the required amount will be transferred to Current / Savings Account.																									
☐ Activation											Dea	ctiva	tion												
Sweep threshold*: Deactivate Sweep-out, Sweep-in to continue																									
□ Default □ others (Please select either a or b below & specify amount) □ Deactivate Sweep-out & Sweep-in, continue TDs as standalone										ıe															
a) Sweep out threshold (Rs) Deactivate Sweep-out & Sweep-in, redeem TDs to CASA b) Sweep in amount (Rs)																									
Note:		` ,																							
 This facility is not available for Co-operative Banks (For Non-Individual customers only). Sweep in amount will be swept in the current/savings account from the term deposit as and when required under LIFO (Last in First out) basis. *The default sweep out threshold limit will be twice the product AQB or 20K whichever is higher and the default sweep-in threshold limit will be equal to the product AQB or 10K whichever is higher. The threshold cannot be specified for values less than the default limits. 																									
Other TD related requests:					r							_													
☐ TDS Certificate / Duplicate	TDS Certif	icate	F	or the	e FY		L	\perp	-					Q1		Q	2		Q3		Q)4 ———			
Linking of Standalone Term Deposit Number											W	ith A	c No.												
□ Delinking of Standalone							_	7			fre	nm Δ	/c No.				\top		_	П	\neg	\neg			\neg
Term Deposit Number	dometics		retial ra	domo	tion.		ال ده		ntion					\vdash		+	$^+$	+	<u> </u>	\Box	+	+	+		닉
☐ Pre-mature Term Deposit re For Term Deposit number	demption	⊢ ∐ Ра	irtiai re	aemp	tion	Fu	II re	dem			it in A		nt Rs.	=	_	+	+	+	+	\vdash	\dashv	+	+		닉
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OR issue demand draft favouring																									
Declaration The particulars contained herein shall be valid for the account specified herein. I/We have read, understood and agreed to the Terms and Conditions relating to various services and products and also the conditions prescribed herein. I/We accept and agree to be bound by the said Terms and Conditions including those excluding/limiting the Bank's liability. I/We understand and agree that the Bank may at its absolute / sole discretion, discontinue any of the services completely or partially without any prior notice to me/us. I/We agree that the Bank may debit my/our account for service charges as applicable from time to time.																									
I / we agree and instruct the bank															nt o	f whic	ch I	/ We	are	seek	ing t	he b	enefi	ts of	the
ActivMoney facility, will be deemed				-	•							-		•	۰۱ : ۳۰		-+i	of n		of c		+ion	1/\^/	. hor	ob.
I/We am/are aware that the pre-mature withdrawal of Deposit(s) will require signature and consent of all the Depositors(s) irrespective of mode of operation. I/We hereby authorize the Bank that in event of death of anyone of the depositor(s), the Bank on receipt of written request from the surviving depositor(s), as per the mode of operation, to allow the surviving Depositor(s) to pre-maturely withdraw the term deposit without seeking concurrence from the legal heirs of the deceased depositor(s). Note: I/We further declare and confirm that any modification to the above authorization / mandate shall be only by way of joint instructions by all the applicants/joint holders. I/We am/are aware that penalty charges are levied to the premature withdrawal of deposits as per the applicable terms and conditions of the Bank and I/We have been informed about the applicable penal interest rate for premature withdrawal. I/We agree that the Bank may debit my/our Account for service charges as applicable from time to time. I/We hereby declare that the information furnished above is true and correct to the best of my knowledge. I/We am/are further aware, that in the event of Death of an applicant/joint holder and in the absence of Joint Mandate for premature of Deposit(s), the premature withdrawal of the term deposit will be allowed only with the concurrence of the legal heirs of the deceased joint holder(s) & no penalty charges will be levied on such premature withdrawal.																									
***RTGS / NEFT								_																	
Beneficiary A/c No.																									
Beneficiary Name					\perp		$\underline{\mathbb{I}}$					\perp				\perp				\perp					
Beneficiary Bank Name														\prod				\Box		丄	\Box	\coprod			
Beneficiary Branch Name														Ш		\perp				上	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	Ш			Ш
Beneficiary Bank IFSC Code							Ве	enefic	ciary	Banl	k A/c.	. Тур	9												
☐ I /We declare that above de	tails are t	true and	d corre	ct and	the a	accou	nt is	s in n	ny/ou	ır na	ame.														

Signature(s) (Guardian in case of Minor)

1st Account Holder (Sign, Name & Designtion with stamp of Organization)

Date: ___

2nd Account Holder (Sign, Name & Designtion with stamp of Organization) 3rd Account Holder (Sign, Name & Designtion with stamp of Organization) 4th Account Holder (Sign, Name & Designtion with stamp of Organization)

(For Individual - at Account level changes, all the account holders need to sign whereas at CRN level changes, respective CRN holderhas to sign. For non-individual, signatures as per MOP required.)

as per MOP required.)				
For Bank Use only				
Date of acceptance	D D M M Y Y Y Y			Sol ID
Signature verified by	Sign & Emp Code	Receiver's	s stamp	
Documents sent to CP	C / RPC on D D M M Y Y Y Y	Authorize	ed by	
		Acknowledgement Slip		
Mo acknowledge the	receipt of Term Deposit related instruction	n from Mr /Mrc /Mc		
vve acknowledge the	receipt of Term Deposit related instruction	III ITOTTI IVIT./ IVITS./ IVIS		
relating to customer r	elationship number	under ser	vice request number	

Bank Official (Sign and stamp)

For Kotak Mahindra Bank Ltd.,