

TERM DEPOSIT APPLICATION FOR EXISTING CUSTOMER

* Fields are mandatory.

Br. Code: Branch: Date: Value Date:

1st APPLICANT INFORMATION

Cust. ID* (For existing customers)	<input type="text"/>
First Name*	<input type="text"/>
Middle Name	<input type="text"/>
Last Name*	<input type="text"/>
PAN#	<input type="text"/>
E-mail ID	<input type="text"/>

2nd APPLICANT INFORMATION

Cust. ID* (For existing customers)	<input type="text"/>
First Name*	<input type="text"/>
Middle Name	<input type="text"/>
Last Name*	<input type="text"/>
PAN#	<input type="text"/>

#Please submit Form 60 in absence of the PAN.

FIXED DEPOSIT (FD)/RECURRING DEPOSIT (RD)

FD RD Incase of FD, Premature withdrawal required Yes No

For Non-Resident customers, please check against the respective account types: NRE NRO FCNR

FCNR currencies to be chosen: USD EURO CAD AUD JPY GBP

FD Payment Instruction	RD Payment Instruction
<input type="checkbox"/> Cheque No.: <input type="text"/>	<input type="checkbox"/> Debit My Existing Account: <input type="text"/>
<input type="checkbox"/> Debit My Existing Account: <input type="text"/>	Amount: <input type="text"/>
Amount: <input type="text"/>	Tenure: <input type="text"/> Months Currency: <input type="text"/>
Tenure: <input type="text"/> Months <input type="text"/> Days Currency: <input type="text"/>	Rate of Interest: <input type="text"/> <input type="text"/> %
Rate of Interest: <input type="text"/> <input type="text"/> %	<i>Monthly debit shall be done on the date mentioned in the value date field.</i>

	OPTION 1	OPTION 2
Interest Payment Frequency[§] (Please fill only for deposits > 180 days):	<input type="checkbox"/> Reinvestment	<input type="checkbox"/> Payout Quarterly <input type="checkbox"/> Payout Monthly
Maturity Instructions:	<input type="checkbox"/> Renew Principal and Interest <input type="checkbox"/> Renew Principal and Pay Back Interest <input type="checkbox"/> Do not Renew	<input type="checkbox"/> Renew Automatically <input type="checkbox"/> Do not Renew
Interest Payment and Maturity Payment Instructions:	<input type="checkbox"/> Credit to linked IndusInd Bank account# <input type="checkbox"/> For NEFT IFSC: <input type="text"/> Account No.: <input type="text"/>	
Sweep-in Facility#:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Linking of Fixed Deposits with Current/Savings Account for fulfillment of any shortfall(s) in the Current/Savings Account)	

[§]Interest (simple) on Fixed Deposits with tenure less than or equal to 180 days will be only paid on the maturity date of such deposit.

#Linked Current/Savings Account will be applicable for initial payment, interest/maturity payment, and sweep-in facility, if selected. This facility is not available on NRE deposits. Monthly/Quarterly interest payment options are not available on FCNR Deposits.

For deposits booked under 'Premature Withdrawal Not Allowed' scheme - in case of renewal, these deposits will be rolled over to 'Premature Withdrawal Allowed' scheme at the prevailing rate of interest. If TDS is not to be deducted, please submit Income Tax Exemption letter along with this Form.

In absence of specific request, existing Mode of Operations set up for your Non-Individual/Individual Account stands applicable for all Term Deposit operations.

MODE OF OPERATION

Single Either or Survivor** Anyone or Survivor** Former or Survivor** Jointly Others please specify

For Term Deposits: The above mandate will be applicable to premature withdrawal at any point of time, including death of any one but not all holders.

**In case of joint term deposits having operating instructions as 'Either or Survivor', 'Anyone or Survivor' or 'Former or Survivor', the Bank shall repay the deposit/s before maturity of the deposit/s without any penal charges for deceased claim settlement in case such a request is received in accordance with the operating instructions of the respective deposit/s, along with relevant documents as may be specified by the Bank from time to time. The same would be applicable even in the event of death of the joint depositors prior to maturity of the deposit. Any such repayment before maturity shall constitute a valid discharge of the Bank's obligations against all concerned including, but not limited to, the nominee/legal heirs of the depositors or anyone claiming under them. For bulk deposits, please refer to the deposit policy at our website for T&C on your fixed deposits.

NOMINATION FORM

I/ We require nomination facility.

Nomination under Sections 45-ZA, 45-ZC and 45-ZE read with Section 56 of the Banking Regulation Act, 1949 and rules 2 to 4 of the Banking Companies (Nomination) Rules, 2025 in respect of the bank deposits

I/We confirm the I/We have been explained about the benefits of Nomination facility to my/our account by IndusInd Bank official. However I/We state that inspite of explanation of the said benefits, I/We do not wish to nominate any person to my/our deposit account. I/We hereby confirm that I/We do not require any nomination facility[^].

Signature

Signature

I/We, the undersigned, hereby nominate the following individual(s) to receive the amount of the deposits(s) in respect of the Deposit particulars mentioned below in the event of my/our death:

1. Deposit Particulars

Deposit(s) Particulars			
Name of the Depositor	Nature of Deposit	Account/FD No./Distinguishing No.	Additional Details (If Any)

2. Nomination Details

Serial Number	Name of Nominee	Address	Email/Mobile No. of Nominee	Relationship with bank customer, if any.	Age	Order of priority in case of successive nomination	Proportion of amount in percentage (%) in case of bank deposit
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
1.							
2.							
3.							
4.							

Please read the Important Information below for complete details and Terms and Conditions

3. Guardian Details (if any nominee is a minor)

Serial Number	Name of Nominee	Name of Guardian	Relationship with Nominee	Address	Email/Mobile No. of Guardian, if any
1.					
2.					
3.					
4.					

I/We declare that the information provided above is true to the best of my/our knowledge and belief. I/We understand that this nomination will supersede any previous nominations for the above-mentioned accounts(s)

	Name of the Depositor(s):-	Signature/*Thumb impression of the depositor(s) (E- authentication date)
1.		
2.		
3.		

Witness(es)

Name: Name:

Address: Address:

Signature of Witness

Signature of Witness

**In case of individual who cannot read and /or write, the signature means thumb-impression of such individual, which should be attested by two witnesses*

Important Information:

1. Simultaneous nomination refers to nomination of one more nominee but not exceeding four, with defined percentage and total amounting to 100%.
2. Successive nomination refers to nomination in favour of one individual in order of priority and is also limited to four nominees; and the nominee lower in the order shall become effective only after the death of the nominee in the higher order.
3. In respect of the deposits, out of column (G) and (H), only one column is to be filled.
4. Total percentage across all nominees in column (H) must equal 100%.
5. If more than one individual is nominated, the order of priority shall be deemed to be in order in which names appear in column (B) in case the details not provided in Column (G).
6. Where deposit is made in the name of a minor, the nomination must be signed by a person lawfully entitled to act on behalf of the minor.
7. Strike out if nominee is not a minor.
8. Thumb impression(s) shall be attested by two witnesses.

BANK USE ONLY

I confirm having met the customer in person at the Residence/ Office address and I hereby confirm that I have verified the copies with the original documents and the AOF has been filled up in my presence.

ECN

Sourcing Executive Signature

Declaration in case the customer has not filled Nomination form

I confirm that I have explained the benefits of the nomination facility to the customer, but the customer has refused to provide written consent on either opting-in or opting-out of the Nomination facility.

Sourcing Executive Signature, ECN

Deputy Branch Manager or Branch Manager
Signature, SS No. or ECN & Branch Round Stamp

VER02/TD/11-2025

ACKNOWLEDGEMENT FOR NOMINATION FORM

Customer Copy

We Acknowledge your nomination details submitted with us relating to Account No(s) in the names of

1:

2:

3:

4: held with us

Strike off whichever is not applicable.

Name of Bank Official:

Employee ECN:

Signature of Bank Official with Seal

