VADILAL INDUSTRIES LIMITED

CREAMY DEPOSIT SCHEME

UNSECURED DEPOSIT
RATING : N/R

Regd. Office : "VADILAL HOUSE", SHRIMALI SOCIETY, NAVRANGPURA, AHMEDABAD 380009

F D Admin office : 10th FLOOR COLONNADE BUILDING, OPP. ISCKON TEMPLE BRTS BUS STOP, AMBLI BOPAL ROAD, AHMEDABAD 380015

Phone: 079 - 48081330 - M - 81550 64353 Email : vijaysshah@vadilalgroup.com

CIN : L91110GJ1982PLC005169 WEBSITE : WWW.VADILALGROUP.COM

Broker's Name
RR Investors Capital Services Pvt. Ltd.

APPLICATION FORM FOR FIXED DEPOSIT

(To be filled in by the depositor; Use block letters; Tick (√) Wherever applicable)

APPLICANT'S NAME NAME MIDDLE NAME SURNAME

FIRST MR./MS.
SECOND MR./MS.
THIRD MR./MS.
GUARDIAN'S NAME

DATE OF BIRTH OF FIRST APPLICANT : -

ADDRESS OF THE FIRST APPLICANT

CITY
DISTRICT STATE
PIN PHONE
Email ID :

PERMANENT ACCOUNT NO. (PAN)

TAX EXEMPTION FORM ENCLOSED

YES NO - i.e. TAXABLE

A. MONTHLY INCOME SCHEME

B. REGULAR INCOME SCHEME

- Quarterly Interest Payment
- Half-yearly Interest Payment
- Yearly Interest Payment

C. GROWTH SCHEME - Cumulative

FD for Period (Months)

12 24 36

I / We request you to print undermentioned Bank details on all future cheques :-

NAME OF THE BANK
BRANCH
A/C NO. & TYPE (CA/SB)
IFSC Code : MICR Code

Please specify Current (CA) or savings (SB)

AMOUNT (RUPEES)

CHEQUE/DD/PO NO. DATED BANK BRANCH

PAID BY : CHEQUE DEMAND DRAFT PAY ORDER

RESIDENTIAL STATUS :

1. Residential Individual
2. H.U.F.
3. Domestic Company
4. Others

SHAREHOLDING DETAILS :

Folio No.
CL ID No.
DP ID No.

REPAYMENT OF DEPOSIT BY SIGNATURE OF :

1. First Depositor
2. Either or survivor
3. Any one or survivor
4. Any two jointly or survivor

OTHER FDRS WITH THE COMPANY

NOMINATION : I hereby nominate the following person to receive the amount payable to me in case of my death:

Nominee's Name :
Guardian's Name :
Other than applicant in case the nominee is minor DoB : -
Address of Nominee/Guardian

OCCUPATION :

1. PROFESSIONAL
2. RETIRED
3. STUDENT
4. SERVICE
5. BUSINESS
6. HOUSE HOLD
7. OTHERS

DECLARATION :

I / We request you to accept the sum stated above in Fixed Deposit with you in accordance with the terms and conditions stipulated by you and printed with this form which I / We have read and understood and agree to abide by them. I / we hereby declare that the amount is not being deposited out of the funds acquired by me by borrowing or by accepting deposits from other person. I/we also declare that the First named despositor mentioned in our application is the beneficial owner of the deposit and as such he/she should be treated as the payee for the purpose of deduction of tax under Section 194 A of the Income Tax Act, 1961. I/we further declare that what is stated in this application is true and correct.

Signature(s) :-> Sole/First Holder X_____

Second Holder X_____

Third Holder X_____

Date :- - -

FOR OFFICE USE ONLY

DO NOT WRITE

FD ACCOUNT NO.

0 8 0 0 0 0

FDR NO.

2 0 2 1 0 0

FDR DATE

- -