

IFSC BANKING UNIT (IBU) - GIFT City

To,
The Manager,
IFSC Banking Unit- GIFT City

Date:...../...../.....

I/We request you to open an Fixed Floating Deposit Account in my/our name(s) as per the details below.

	Name		Customer ID		Account Number (Operative)	
Primary Applicant						
Second Applicant						
Third Applicant						
Mode of Operation	<input type="checkbox"/> Single	<input type="checkbox"/> E or S	<input type="checkbox"/> Joint	<input type="checkbox"/> F or S	<input type="checkbox"/> L or S / A or S	
(For office use)		Deposit Amount	Currency	Period	Interest/Maturity Proceeds Credit A/C..... Interest Payment Mode: <input type="checkbox"/> SEMIANNUAL <input type="checkbox"/> YEARLY	
FD A/C No	Interest Rate					

DEBIT AUTHORISATION

I/We hereby authorize The Federal Bank, IFSC Banking Unit / GIFT City, to debit USD.....(In words:.....) from my Account No for opening this Term Deposit in the name ofTerm Deposit Account Number:.....

SIGNATURE

Entered by _____ Authorized by _____

*This part of the form is for internal use and this is to be filed with the day's vouchers

Form DA1

Nomination under Section 45'ZA' of the Banking Regulation Act 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits. I/We.....
..... (Name/s and address/es) nominate the following person to whom in the event of my/our death the amount of the deposit, particulars where of are given below, may be returned by **The Federal Bank Ltd., Br.....**

As the nominee is a minor on this date, I/We appoint Shri/Smt/Kum.....

Deposit		
Nature of deposit	Distinguishing No.	Additional details, if any

Nominee				
Name	Address	Relationship with depositor if any	Age	If Nominee is a minor, date of birth

.....(name & address) aged years to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Place :.....

Date :.....

Name(s), signature(s), and Address(es) of witness(es) Signature(s)/Thumb Impression(s) of the depositor(s)

Declaration cum Authorization:

I/We am/are aware that the premature withdrawal of Deposit(s) will require consent and signature of all the Depositor(s) irrespective of the mode of operation. I/We aware that spread mentioned for floating rate deposit will not be changed upto maturity. 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, in the case of floating rate deposits, no interest would be paid if the premature closure is happening before the first interest rate reset day and the benchmark rate prevailing at the time of opening the floating deposit shall be applied excluding the spread if the same is closed post the first interest rate reset as per the applicable terms and conditions of the Bank. I/We have been informed about the applicable penal interest rate for premature withdrawal. I/We understand that the Bank may at its absolute discretion, discontinue any of its services completely or partially without any 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 understand and agree that in case of fixed deposit, I/We would not be eligible to get any interest if my/ deposit account/s is closed prematurely before completing 7 days. I/We understand that the auto renewal facility is not applicable for the term deposit(s) and on due date, the maturity proceeds of term deposit(s) shall be credited to the operative account mentioned in this application I/We understand that the Bank may at any time and without notice to me/us combine and consolidate all or any of my/any one or more of our accounts and set off or transfer any sum standing to the credit of my/our account in or towards the satisfaction of any of my/any one or more of our liabilities to the Bank or any other account or in any other respect whether such liabilities be actual or contingent, primary or collateral or joint or several. *I/We hereby authorize the Bank that in event of death of anyone or more of the Depositor(s), the Bank on receipt of written request from the surviving Depositor(s), as per mode for operation, will allow the surviving Depositor(s) to prematurely withdraw the term deposit without seeking concurrence from the legal heirs of the deceased depositor(s) (*Not applicable for accounts with mode of operation "Joint"). I/We undertake and declare that I/We have understood the risks associated with maintaining deposit accounts with IBU/GIFT City including that the deposits will not be covered under any deposit insurance. I/We have read & understood the terms and condition governing the opening of an account with The Federal Bank Ltd. and those relating to various services including term deposit(s). I/we accept and agree to be bound by the said Terms and Conditions including those limiting/excluding the Bank liability. I/We accept and agree to be bound by the Terms and Conditions related to Term Deposits provided in the website www.federalbank.co.in. I/We am/are aware that remittance charges will be deducted from the initial deposit amount/maturity amount in all applicable cases. I/We hereby declare that the information furnished above is true & correct to the best of my/our knowledge.

PLACE: DATE :	Signature (Primary Applicant)	Signature (Second Applicant)	Signature (Third Applicant)
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For Office use only: A/C opened and instructions noted

Clerk	Asst. Manager	Manager/Senior Manager/AVP
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