

TERM DEPOSIT ACCOUNT OPENING FORM
(For Existing Customers)

To, The Manager, Br.

Date:

I/We request you to open a Term Deposit Account in my/our name(s) as per the details below:

Deposit Category: <input type="checkbox"/> Resident <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/>	Account Number (for office use)
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Type of Account	<input type="checkbox"/> Cash Certificate	<input type="checkbox"/> Fixed Deposit	<input type="checkbox"/> Recurring Deposit	<input type="checkbox"/> Tax Saver Deposit	<input type="checkbox"/>
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	Name	Account Number (Operative)	Customer ID
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	<input type="checkbox"/> Minor A/C operated by guardian
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Deposit Amount/ Installment Amount (Applicable for RD)	Period	Interest Rate (for office use)	Interest/Maturity Proceeds Credit A/C
			Interest Payment Mode: <input type="checkbox"/> MLY <input type="checkbox"/> QLY <input type="checkbox"/>
			CURRENCY (for FCNR Deposits):

Auto Renewal facility on Due Date is enabled by default. Please specify, if you dont wish to avail this facility.....	Renewal Instructions	Renew Deposit on Due Date for..... <input type="text" value="Enter Period"/>
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Periodicity of Installment for Recurring Deposit:

Standing Instruction: Kindly Debit my A/c No. in tune with RD amount, periodicity and period.
(for recurring deposit)

ADDITIONAL DETAILS FOR SECURITY/ EARNEST MONEY DEPOSITS

a. Purpose of the deposit:

b. Under whose orders the security is releasable:

c. To whom the deposit amount is repayable after release:



Term Deposits can be opened online through our Mobile Banking application - FedMobile & Internet Banking - FedNet!

Explore our world of Mobile/ Internet Banking at your fingertips!



DEBIT AUTHORISATION

Branch Name

Date.....

I/We hereby authorise The Federal Bank Ltd to debit Rs (In words:) from my Account No.....for opening this Term Deposit in the name of

Term Deposit Account Number:.....

Entered by

Authorised by

SIGNATURE

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

Declaration cum Authorisation:

I/We am/are aware that the pre-mature withdrawal of Deposit(s) will require consent and signature of all Depositor(s) irrespective of mode of operation.* 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 the mode of operation, to 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 am/are aware that Term Deposit booked under 'Premature Withdrawal not allowed' option cannot be withdrawn till 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 penalty charges will be levied for 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. The calculation of interest is 365 days basis in a year for deposits booked in a non-leap year and 366 days basis in a year for deposits booked in a leap (calendar) year. 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 I/ We would not be eligible to get any interest, if my/our NRE/ FCNR deposit account/s is closed prematurely before completing 1 year. ** 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. (**Not Applicable to Security/ Earnest Money Deposits), I/We agree that overdue interest for defaulted installments will be deducted from the maturity proceeds in the case of recurring deposits. I/We have read & understood the terms and condition governing the opening of an account with 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 hereby declare that the information furnished above is true & correct to the best of my/ our knowledge. I/ We am/ are aware that pre-mature closure penalty is applicable for deposits above ₹15 lakhs (any tenor) and up to ₹15 lakhs (tenor above 45 days).

PLACE :	Signature (Primary Applicant)	Signature (Second Applicant)	Signature (Third Applicant)
DATE :			

For Office use only: A/C opened and instructions noted.		
Clerk	Asst. Manager	Manager/Senior Manager/ AVP

Form DA 1

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/min's death the amount of the deposit, particulars where of are given below, may be returned by the **The Federal Bank Ltd., Branch**.....

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

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

Note: *Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor & Strike out if nominee is not a minor. @Thumb impressions(s) shall be attested by two witnesses.

**ACKNOWLEDGEMENT (NOMINATION)**

Branch.....

Date.....

Appl. No.....

To,
Shri/Smt.....

Dear Sir/Madam,

Reg: Nomination in respect of your deposit No.....with us

Ref: Your Application Form DA1/ Letter No.....dated.....

We acknowledge receipt of your letter of nomination dated.....authorizing Shri/ Smt.....
to receive the amount of the aforesaid deposit kept in A/c No.....with us.

Yours Faithfully

