

## **Tamil Nadu Power Finance and** Infrastructure Development Corporation Limited (A Government of Tamil Nadu Enterprise)

Regd. Office: "Tufidco - Powerfin Tower", 490 / 3-4, Anna Salai, Nandanam, Chennai - 600 035.

APPLICATION FORM FOR FIXED DEPOSIT

Please fill the information in BLOCK letters and tick in appropriate places, only with black or blue ink

We neither accept nor permit intermediary or employee to I /We place a Deposit as under	accept cash.						
PRODUCTS CUMULATIVE NON-CUMULATIVE							
PERIOD 12 MONTHS 24 MONTHS 36 MONTHS	48 MONTHS 60 MONTHS						
NTEREST PAYMENT Monthly Quarterly	Annually On Maturity						
TYPE OF DEPOSIT Fresh Renewal	Both						
PAYMENT DETAILS Cheque RTGS/NEFT If I	RTGS/NEFT, UTR No.						
Amount of Deposit ` (Rupees	Only)						
Cheque / D.D No	nce and Infrastructure Development Corporation Limited						
Drawn on							
If renewal, Old Certificate No Maturity Date/							
Renewal Amount Rs							
Total Investment Amount (Rupees	)						
Type of Receipt E- Receipt							
	cipal Amount Principal with Interest Amount						
	ith Interest Amount, if no option selected)						
Name of the First Applicant : Mr./Ms./Minor/M/s.							
Customer ID : Address :							
City:	Country						
	Country:						
Pincode : e-mail:	Landline:						
	Landine.						
Name of the Second Applicant / Guardian in case of minor :							
Address:							
City: State:	Pincode :						
Name of the Third Applicant / Guardian in case of minor :							
Address:							
City: State:	Pincode :						
Tax to be deducted :Yes No Form 15G/15H/197 furnished : Yes No PAN :	Nomination : Yes No						
Details of Bank Account (Sole/First App	licant)						
Bank Account Number :Bank Name							
MICR Code: Bank Branc	h :						
IFS Code: Account details Account:	Saving Current						
(Cartesian straight four to be provided to provide a provided a provided to provide a provided to provided to provided a prov							
	Pubic Ltd. Co. Pvt. Ltd. Co. Govt. Company						
	Govt. Dept. Temples University						
Deposit Repayment to be made to Sole / First Named Applicant First	Named (or) Survivor First Named (or) Survivor (s)						
SATE Count Applicant Count Applicant Third Applicant							
DATE : SIGNATURE(S) OF First Applicant  FOR OFFICE USE ONLY	Second Applicant Third Applicant						
E-Certificate No. Amount (`) Date of Deposit							
	Author: 10th 1						
Request you to send E-FDR by post E-Certificate handed over in person on	Authorised Signatory  E-Certificate sent by post on						
Trequest you to send E-Fort by post E-Gertilicate natived over in person on	L-Gertinoate sent by post on						

## **KYC Format Mandatory for New Customers**

Tattill Ivadu Fower Fillatice	and Infrastructure Develop	ment Corporati	on Ltd., Chenr	iai   Know Y	rour Custor	ner (KYC	c) Applicat	ion form	Individual
Important Instruction :		E)	List of State /		per Indian	Motor Ve	ehicle Act. 1	988 is	(A)
A) Fields marked with * are m	[MENTAL STATE OF STA	Ε,	available at		CFt		avallabla ati	the end	((PowerFin
	7) Felase IIII (Ire Ioilii III Eigiisii alid III BLOCK letters.								
D) Please read section-wise detailed guidelines / instructions at the end.  The read section number and strike off the sections not required to be updated.									
For Office use only	Application Type*	New	Update						
(not to be filled by individual)	KYC Number								
	Account Type*	Normal	Simplified	(for low risk	customers)		Small		
1. PERSONAL DETAILS	(Please refer instruction	'A' at the end)							
☐ Name* (Same as ID Proof			TITI	TIT				TTT	
ramo (camo ao is 1100)									
Father / Spouse Name*									
Mother Name*									
Date of Birth*	D D M M Y	YYY						PHO	ТО
Gender*	M - Male	F - Female		sgender					
Marital Status*	Married L	Unmarrried	Others						
Citizenship*		Other (ISO31)	66 Country Co	ie)					
Residential Status*	Resident Individual Foreign National								
Occupation Type*	S-Service ( Private Se	ector Public	Sector	Governmen	t Sector)				
Occupation Type	O-Others ( Profession		mployed	Retired [	AND ASSESSMENT OF THE PARTY OF	fe St	udent)		
	B-Business X-Not Categorised								
	A-Not Oategorised							Signa	iture
2. TICK IF APPLICABLE	RESIDENCE FOR TA	X PURPOSES IN	JURISDICTIC	NS(S) OUTS	SIDE INDIA	(Please	refer Instru	uction B at	the end)
ADDITIONAL DETAILS REQU	2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTIONS(S) OUTSIDE INDIA (Please refer Instruction B at the end)  ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)								
ISO 3166 Country Code of Jurisdiction of Residence*									
ISO 3166 Country Code of J		Mori 2 is ticked)							
	lurisdiction of Residence*					T			
Tax Identification Number or e	lurisdiction of Residence*		ISO 3166 Co	untry Code o	f Rirth*		П		
Tax Identification Number or e	lurisdiction of Residence* equivalent (if issued by jurisdic	ction)*	ISO 3166 Co	untry Code o	f Birth*				
Tax Identification Number or e Place / City of Birth*  3. PROOF OF IDENTITY	durisdiction of Residence* equivalent (if issued by jurisdic	ction)*	)		f Birth*				
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4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS* (Please see instruction 'E' at the end)						
Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')						
Line 1*						
Line 2*						
Line 3	City / Town / Village*					
District* Pin / Post Code*	State / U.T. Code* ISO 3166 Country Code*					
4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)						
Same as Current / Permanent / Overseas Address details	Same as Correspondence / Local Address details					
Line 1*						
Line 2*						
Line 3*	City / Town / Village*					
District*	Pin / Post Code* ISO 3166 Country Code*					
5. CONTACT DETAILS (All communications will be sent on provide						
Tel. (Off) Tel. (Res)	Mobile Modern Mo					
Fax Email ID	The state of the s					
Additional of Related Person Deletion of Related Person	persons, please fill "Annexure B1') (Please refer instruction 'G' at the end)  KYC Number of Related Person (if available*)					
Related Person Type*   Guardian of Minor Assignee	Authorized Representative					
Prefix First Name	Middle Name Last Name					
Name*						
(If KYC number and name are provided, details be	low of section 6 are optional)					
PROOF OF IDENTITY (Pol) OF RELATED PERSON (please see in	struction (H) are optional)					
A-Passport Number	Passport Expiry Date D D H M M H Y Y Y Y					
B-Voter ID Card						
C-PAN Card						
D-Driving Licence	Driving Licence Expiry Date D D M M Y Y Y Y					
E-UID (Aadhaar)						
F-NREGA Job Card						
	Identification Number					
2-Outers (any document notined by the Central Government)						
S-Simplified Measures Account - Document Type Code Identification Number						
7. REMARKS (if any)						
O ARRIVANT PERI ARATION						
8. APPLICANT DECLARATION  I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes						
therein, immediately. In case any of the above information is found to be false or untrue or misrepresenting  I hereby consent to receive information from KYC Registry through SMS/Email on the above registered or	g. I am aware that I may be held liable for it.					
Charles Soliton Control and American Control of Control	univer enali addiess.					
Date: D D M M Y Y Y Place:	Signature of First Applicant					
9. ATTESTATION / FOR OFFICE USE ONLY						
Documents Received Certified Copies						
KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAILS						
Date: D D M M Y Y Y Y	Name					
Emp. Name	Code					
Emp. Code Emp. Designation						
Emp. Branch						
(Employee Signature)	(Institution Stamp)					
	(monutation oranip)					