



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 accept cash.

I /We place a Deposit as under

PRODUCTS	<input type="checkbox"/> CUMULATIVE	<input type="checkbox"/> NON-CUMULATIVE			
PERIOD	<input type="checkbox"/> 12 MONTHS	<input type="checkbox"/> 24 MONTHS	<input type="checkbox"/> 36 MONTHS	<input type="checkbox"/> 48 MONTHS	<input type="checkbox"/> 60 MONTHS
INTEREST PAYMENT	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually	<input type="checkbox"/> On Maturity	
TYPE OF DEPOSIT	Fresh <input type="checkbox"/>	Renewal <input type="checkbox"/>	Both <input type="checkbox"/>		
PAYMENT DETAILS	Cheque <input type="checkbox"/>	RTGS/NEFT <input type="checkbox"/>	If RTGS/NEFT, UTR No. <input type="text"/>		

Amount of Deposit ` (Rupees Only)

Cheque / D.D No..... Dated..... Favouring Tamil Nadu Power Finance and Infrastructure Development Corporation Limited

Drawn on

If renewal, Old Certificate No. Maturity Date/...../..... Maturity Amount Rs.....

Renewal Amount Rs..... Balance to be refunded / paid Rs.....

Total Investment Amount (Rupees)

Type of Receipt E- Receipt ☐

Auto Renewal ☐ Renewal for ☐ Principal Amount ☐ Principal with Interest Amount

(Default option Auto Renewal, if no option selected)

(Default option Principal with Interest Amount, if no option selected)

Name of the First Applicant : Mr./Ms./Minor/M/s.

Customer ID : Address :

City : State : Country :

Pincode : e-mail:

Date of Birth : Mobile: Landline:

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 Applicant)

Bank Account Number : Bank Name

MICR Code : Bank Branch :

IFS Code : Account : Saving ☐ Current ☐

(Cancelled cheque leaf to be provided for proof of Account details)

I.T. STATUS

CONSTITUTION

- | | | | | | | |
|---------------------------------------|-------------------------------------|--|----------------------------------|---|--|--|
| <input type="checkbox"/> Resident | <input type="checkbox"/> Individual | <input type="checkbox"/> HUF | <input type="checkbox"/> Trust | <input type="checkbox"/> Pubic Ltd. Co. | <input type="checkbox"/> Pvt. Ltd. Co. | <input type="checkbox"/> Govt. Company |
| <input type="checkbox"/> Non-Resident | <input type="checkbox"/> Board | <input type="checkbox"/> Local Authority | <input type="checkbox"/> Society | <input type="checkbox"/> Govt. Dept. | <input type="checkbox"/> Temples | <input type="checkbox"/> University |

Deposit Repayment to be made to ☐ Sole / First Named Applicant ☐ First Named (or) Survivor ☐ First Named (or) Survivor (s)

DATE : SIGNATURE(S) OF First Applicant Second Applicant Third Applicant

FOR OFFICE USE ONLY

E-Certificate No.	Amount (`)	Date of Deposit	Authorised Signatory
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Request you to send E-FDR by post ☐ E-Certificate handed over in person on ☐ E-Certificate sent by post on

Tamil Nadu Power Finance and Infrastructure Development Corporation Ltd., Chennai | Know Your Customer (KYC) Application Form | Individual

☐ Small

ISO 3166 Country Code*

<input type="checkbox"/> 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS* (Please see instruction 'E' at the end)																																																																																																			
<input type="checkbox"/> 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*																																							
<input type="checkbox"/> 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)																																																																																																			
<input type="checkbox"/> Same as Current / Permanent / Overseas Address details <input type="checkbox"/> Same as Correspondence / Local Address details																																																																																																			
Line 1*																																																																																																			
Line 2*																																																																																																			
Line 3*																				City / Town / Village*																																																																															
District*																				Pin / Post Code*																				State / U.T. Code*																				ISO 3166 Country Code*																																							
<input type="checkbox"/> 5. CONTACT DETAILS (All communications will be sent on provided Mobile No. / Email-ID) (Please refer instruction 'F' at the end)																																																																																																			
Tel. (Off)																				Tel. (Res)																				Mobile																																																											
Fax																				Email ID																																																																															
<input type="checkbox"/> 6. DETAILS OF RELATED PERSON (in case of additional related persons, please fill "Annexure B1") (Please refer instruction 'G' at the end)																																																																																																			
Additional of Related Person																				Deletion of Related Person																				KYC Number of Related Person (If available*)																																																											
Related Person Type* <input type="checkbox"/> Guardian of Minor																				<input type="checkbox"/> Assignee																				<input type="checkbox"/> Authorized Representative																																																											
Prefix																				First Name																				Middle Name																				Last Name																																							
Name*																																																																																																			
(If KYC number and name are provided, details below of section 6 are optional)																																																																																																			
<input type="checkbox"/> PROOF OF IDENTITY (PoI) OF RELATED PERSON (please see instruction (H) are optional)																																																																																																			
<input type="checkbox"/> A-Passport Number																																								Passport Expiry Date																				DD-MM-YYYY																																							
<input type="checkbox"/> B-Voter ID Card																																																																																																			
<input type="checkbox"/> C-PAN Card																																								Driving Licence Expiry Date																				DD-MM-YYYY																																							
<input type="checkbox"/> D-Driving Licence																																																																																																			
<input type="checkbox"/> E-UID (Aadhaar)																																																																																																			
<input type="checkbox"/> F-NREGA Job Card																																																																																																			
<input type="checkbox"/> Z-Others (any document notified by the Central Government)																																								Identification Number																																																											
<input type="checkbox"/> S-Simplified Measures Account - Document Type Code																																								Identification Number																																																											
<input type="checkbox"/> 7. REMARKS (if any)																																																																																																			
<input type="checkbox"/> 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 am aware that I may be held liable for it. ● I hereby consent to receive information from KYC Registry through SMS/ Email on the above registered number/ email address.																																																																																																			
Date : DD-MM-YYYY																				Place :																				Signature of First Applicant																																																											
<input type="checkbox"/> 9. ATTESTATION / FOR OFFICE USE ONLY																																																																																																			
Documents Received																				<input type="checkbox"/> Certified Copies																																																																															
KYC VERIFICATION CARRIED OUT BY																																																																																																			
Date :																				DD-MM-YYYY																				INSTITUTION DETAILS																																																											
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