

CANARA BANK, IFSC BANKING UNIT

Application form for opening of New Term Deposit Account By Existing Customers (Individual/Non-individual) Date:

I/We request you to open a term deposit in my/our name by debiting account _____
with you as per following parameters:

Name		Nomination required?		Yes		No
Currency / Amount		(If Yes, please ensure to submit form DA1)				
Scheme						
Period of deposit (months/days)		ROI (% pa)				
Option		Callable (pre-mature payment is allowed)				
		Non-Callable (pre-mature payment is not allowed)				
(The deposits offered to Individual customers will be on Callable basis as per Regulatory guidelines.)						
In case of QIP/HIP, interest to be credited to account						
Auto-renewal Instructions		No	On maturity, proceeds to be credited to my/our account from which deposit is funded.			
		Yes	If Yes, Please tick		Renew only principal	
					Renew principal and interest	
(For FDRs having tenor less than 12 months, auto-renewal will happen for the same period as that of original FDR. For FDRs having tenor 12 month or more, auto-renewal will happen for 12 months.)						
Joint Account holder (if any)	1.					
	2.					
In case of Minor:						
Guardian's Name			Nature of Guardianship			
Relationship with Minor			Source for funds			
Operating Instructions:						
Self	Either or Survivor	Former or Survivor	Jointly	Any one or Survivor/s	Others (Please specify)	

I/We understand that the interest earned on Term deposit and the Maturity value is subject to TDS as per extant guidelines of Income Tax if applicable.

I/We have read and understood the Bank's **Terms and Conditions** for Term Deposit Accounts on website **Canarabank IBU.in** and agree to comply with and be bound by them as they are in force now and from time to time in force for such accounts. I/We undertake to advise the Bank in writing of any change in my/our address / constitution / partners / Directors / Managing Committee / Articles of Association.

Signature of Account Holder(s)

Signature of Account Holder(s)

Signature of Account Holder(s)

FOR BANK USE						
CIF Id		Joint A/c CIF Id	1.		2.	
Term Deposit Account No.						
Maker			Checker			
Date						

