

**KERALA TRANSPORT DEVELOPMENT FINANCE CORPORATION LTD**

**APPLICATION FORMS**

APPLICATION FORM FOR DEPOSIT & RENEWAL

TR. No:

**KERALA TRANSPORT DEVELOPMENT FINANCE CORPORATION LIMITED**  
(fully Owned by Government of Kerala)

Regd: Office: O-3, SAPHALLYAM COMMERCIAL COMPLEX, TRIDA, PALAYAM, THIRUVANANTHAPURAM - 695 033.

**APPLICATION FORM FOR DEPOSIT & RENEWAL**

Please "ü " Tick in the appropriate box

TYPE OF DEPOSIT		PERIOD OF DEPOSIT			
PERIODIC INTEREST PAYMENT SCHEME	<input type="checkbox"/>	12 MONTHS	<input type="checkbox"/>	48 MONTHS	<input type="checkbox"/>
MONEY MULTIPLIER SCHEME	<input type="checkbox"/>	24 MONTHS	<input type="checkbox"/>	60 MONTHS	<input type="checkbox"/>
	<input type="checkbox"/>	36 MONTHS	<input type="checkbox"/>		<input type="checkbox"/>

Amount Rs..... in words (Rupees.....)

NAME & ADDRESS OF THE FIRST APPLICANT (IN BLOCK LETTERS) Mr./Mrs./Miss.					
PIN	<input type="text"/>	AGE	<input type="text"/>	<input type="text"/>	<input type="text"/>
SECOND APPLICANT'S NAME: Mr./Mrs./Miss.					
<input type="text"/>				AGE	<input type="text"/>
THIRD APPLICANT'S NAME: Mr./Mrs./Miss.					
<input type="text"/>				AGE	<input type="text"/>
GUARDIAN'S NAME (IN CASE OF MINOR ONLY) Mr./Mrs./Miss.					
<input type="text"/>				AGE	<input type="text"/>
DATE OF BIRTH OF MINOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NOMINEE: Mr./Mrs./Miss					
RELATIONSHIP WITH NOMINEE					
<b>INDICATE YOUR CHOICE ON WHICH BANK YOU REQUIRE INTEREST WARRANTS BY MAKING A TICK MARK</b>					
STATE BANK OF TRAVANCORE		<input type="checkbox"/>	THE FEDERAL BANK LTD.		<input type="checkbox"/>
<i>(if no indication is given, we will draw interest warrants as per our choice)</i>					
NAME OF BANK AND ADDRESS (in Block letters) (For payment of interest through Bank only)					
PIN	<input type="text"/>	S.B./CA/CNo.	<input type="text"/>	<input type="text"/>	<input type="text"/>
OF Mr./Mrs./Miss.					

<b>INTEREST PAYABLE</b>															
MONTHLY						QUARTERLY									
<b>ACCOUNT CODE (TICK)</b>															
MINOR					MAJOR					JOINT					
<b>MODE OF REMITTANCE (TICK)</b>															
CASH					CITY CHEQUE					O/S CHEQUE					
DD			RENEWAL			COMBINATION			INTER SCHEME TRANSFER						
<b>STATUS</b>															
RESIDENT							NRI								
<b>CATEGORY (TICK)</b>															
INDIVIDUAL					FIRM					COMPANY					
INSTITUTIONS					GOVERNMENT					H.U.F.					
<b>TAX CODE &amp; FURNISH</b>															
1. PERMANENT A/C No.								2. PARTICULARS OF I.T.O							
3. TAX TO BE DEDUCTED			YES		NO		4. FORM 15H ENCLOSED			YES		NO			
1. NAME OF THE BANK & CITY ON WHICH CHEQUE/DD IS DRAWN WITH NO. & DATE															
2. EXISTING FIXED DEPOSIT NO. IN THE CASE OF RENEWAL															
3. DETAILS OF DEPOSITS ALREADY HELD WITH US (if any)															

#### DECLARATIONS

1. I/We hereby deposit with you in Fixed Deposit as per particulars given above.
2. I/We hereby declare that the amount is not being deposited out of the funds acquired by me/us by borrowings or accepting deposits from any other person.
3. I/We read the terms and conditions of the Deposit or had them read out and translated to me/us and understood them and agree to abide by them.
4. The Fixed Deposit Receipts should be made payable in first named Depositer/ Either or Survivor/Joint Depositors in order/Nominee

#### SIGNATURE OF APPLICANTS

1.	2.	3.
----	----	----

**DATE:**

**PLACE:**

**FOR OFFICE USE**

DATE OF RECEIPT		AMOUNT RS.	
CASH/D.D/CHEQUE/OLD FDR No.			
DATE OF REALISATION			
DATE OF MATURITY			

**CASHIER / MANAGER (D)**

**FDR No.**