

Term Deposit: Account Opening Form Cum Instructions for Existing Customers

JANA SMALL FINANCE BANK

(A Scheduled Commercial Bank)

Customer Type: ☐ Individual ☐ Entities Branch Name: Date

D	D	M	M	Y	Y	Y	Y
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☐ Senior Citizen (Individual)

Product Name: Product Code: Branch Code:

Account Number:

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 LG Code: LC Code:

****Fixed Deposits with no Premature withdrawal. (Fill separate FD Plus declaration form)**

Applicant/s Details

CRN 1

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 CRN 2

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*PAN for Applicant 1

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 *PAN for Applicant 2

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LEI/Legal Entity Identifier

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(if any)

***If PAN is not available submit Form 60.**

Mode of Operation Details

☐ Self ☐ Either or Survivor ☐ Former or Survivor
☐ Minor Under Guardian ☐ Jointly ☐ Others.....

Fixed Deposit / Recurring Deposit details

FD ☐ RD ☐

A. Amount Rs..... (In Words.....)

B. Tenure FD:

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 Days RD:

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 Months

C. Maturity Instructions (Only for FD): Auto Renewal ☐ Y ☐ N Renew Principal Only ☐ Renew Principal with Interest ☐

D. Interest to be paid ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☐ Cumulative

E. Mode of Payment: ☐ Debit from My/our Existing A/C No.

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☐ Cash ☐ NEFT/RTGS/IMPS Ref. No..... ☐ UPI/QR/Payment Link Ref. No.....

☐ Cheque Cheque No..... Bank Account No.

in the name of

* In case payout/renewal instructions are not provided at the time of booking, term deposits will be renewed at the prevailed rates as per the original instructions on the maturity.

* Payment of periodic interest and Principal & interest amount on maturity will be paid to the same Jana Bank account number (Customer's own Jana Bank SA/CA account) as mentioned above in (E) while booking Deposit.

* RD will always be Cumulative.

F. Deduct TDS ☐ Y ☐ N (If Applicable)

If No, attach ☐ Form 15G/15H ☐ Income Tax Exemption Certificate/Letter from IT Department for the financial year

G. Customer Declaration:

I/we hereby solemnly declare that the information voluntarily provided above is up to date and true to the best of my knowledge and belief and I/we hereby submit my/our recent KYC documents. I/we acknowledge and agree that I/we have read, understood and accepted the terms and conditions and the other terms and conditions relating to deposit services stipulated on www.janabank.com (the "Website"). I/We agree that the Bank shall have the right to modify/amend any of the terms and conditions from time to time, at Bank's own discretion, which may be hosted and noticed on the Website and the same shall be sufficient notice, to me/us regarding such modification/amendment and I/we shall be bound by such modification/amendment.

I/ We confirm that the monies deposited or which may be deposited from time to time into in my/our account belong to me/us. I/We undertake to deposit such monies into my/our account as I am/we are legally entitled to deposit. I/We understand and acknowledge that the Bank is entitled to information with regard to the source of any monies being deposited by me/us into my/our accounts and I/we shall, upon demand, without demur or dispute, inform the Bank of any such source of monies.

I/We understand that the registered mobile number with the Bank will be used for sending any communication, as well as transaction advises. I/We confirm that the mobile number provided by me/us is not in use by any other third party and I/we undertake that I/We shall duly and promptly inform the Bank if and when my/our mobile number changes.

Signature/Thumb Impression of the Primary/1st Applicant

Signature/Thumb Impression of the Second/Joint Applicant

Name:

Date

D	D	M	M	Y	Y	Y	Y
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Name:

Date

D	D	M	M	Y	Y	Y	Y
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Acknowledgement (to be filled by Bank official)

Received a deposit booking request for the amount of Rs. by way of debiting from CA/SA account number for the tenure of The applicable rate of interest is

Is Nomination requested ☐ Y ☐ N

If Yes, Nominee Name

Name of the Bank Official

Signature

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Nomination (DA1 Form) (Only one individual nominee permitted)

☐ I wish to nominate ☐ I do not wish to nominate****

Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule2 (1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits

I/We (Name) (Address)

Nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the above account may be returned by JANA SMALL FINANCE BANK.

Name Address: ☐ Same as Primary Applicant

☐ If different from Primary Applicant

Relationship with depositor, If any Age Years Date of Birth of nominee

As nominee is minor I/We appoint (name)# Relationship with minor

Address: ☐ Same as Primary Applicant ☐ If different

to receive the amount of deposit on behalf of the nominee in the event of my/our/ minor's death during the minority of the nominee

Nominee Mobile Number:

**Signature/Thumb Impression of the Primary/1st Applicant

**Signature/Thumb Impression of the Second/Joint Applicant

Witness (only in case of thumb impression)

1. Signature :

Name :

Address :

Place : Date:

2. Signature :

Name :

Address :

Place : Date:

In case of a court appointed guardian, please furnish a copy of the court order

*Strike out if nominee is not a minor **Where account is opened in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

**** I have understood the benefits of nomination and still do not wish to nominate

JANA SMALL FINANCE BANK

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Please visit www.janabank.com for more queries on CASA related information.

Branch Details

Branch Code :

Address :

Contact No. :

Registered Office:

Jana Small Finance Bank Limited, The Fairway Business Park,
10/1, 11/2 & 12/2B, Off Domlur, Koramangla Inner Ring Road,
Next to Embassy Golf Links, Challaghatta, Bengaluru - 560071.



TOLL FREE NUMBER
1800 2080



CUSTOMER CARE EMAIL ID
customercare@janabank.com



WEBSITE
www.janabank.com