

Declaration:

3. I/We declare that, I/We am/are authorized to make this deposit in the above-mentioned scheme (PNBHFL Deposit) and that the amount kept in the deposit is through legitimate source and does not involve directly or indirectly any proceeds of schedule of offence and/or is not designed for the purpose of any contravention or evasion of the provisions of the Prevention of Money Laundering Act, 2002 and any Rules, Regulations, Notifications, Guidelines or Directions thereunder, as amended from time to time. I/We shall provide any further information and fully co-operate in any investigation as and when required by the company in accordance to the applicable Law. We further affirm that the information/details provided by us are true and correct in all respect, no part thereof is false and nothing has been concealed.

Bank details for repayment

Bank Name		Branch Location	
Account Number		Type of Account	<input type="checkbox"/> Saving <input type="checkbox"/> Current
IFSC		MICR	

If the repayment proceeds has to be credited in an account different from the cheque used for placement of fixed deposit, then please provide cancelled cheque of the repayment account.

Nomination Form (Optional)

I/We _____ nominate the following person to whom in the event of my/our/minor's death, the amount of the deposit, particulars whereof are given, may be paid by the company.

Nominee Name			
Address	(✓if same as applicant)		
House No.			
Building Name			
Road No./Name			
City		PIN Code	
State		Country	
Tel.	STD Code	Mobile	

Relationship with Depositor (if any)	Age of Nominee	Date of Birth of Nominee (if minor)

As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum. _____ to receive the amount of the deposit on behalf of the event of my/our/minor's death during the minority of the nominee.

Signature of 1 st Applicant	Signature of 2 nd Applicant	Signature of 3 rd Applicant	Signature of Witness (in case of nomination)
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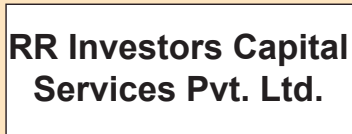
Date: _____ **Place:** _____

In case of non-individual deposit or, please furnish the following information.

Name(s) of the authorised signatories	Designation	Specimen Signature(s)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Registered Office Address:
9th Floor, Antriksh Bhavan,
22 Kasturba Gandhi Marg,
Near Connaught Place,
New Delhi-110001

CIN: U65922DL1988PLC033856



Broker's Stamp Code



Version - 1.0.1