

100411

Sub-Broker Code

Mahindra & Mahindra Financial Services Limited

CIN: L65921MH1991PLC059642

APPLICATION FORM FOR FIXED DEPOSIT
(Please write in BLOCK LETTERS and [✓] the appropriate box)

APPL. NO.

Agents are not permitted to accept cash with application form & issue receipt. Mahindra & Mahindra Financial Services Limited will in no way be responsible for such or other wrong tenders.

I/We hereby apply for a fixed deposit with your company as per details below:-

Cumulative															Non - Cumulative														
<input type="checkbox"/> 12 Months					<input type="checkbox"/> 18 Months					<input type="checkbox"/> 24 Months					<input type="checkbox"/> 12 Months					<input type="checkbox"/> 24 Months					<input type="checkbox"/> 36 Months				
<input type="checkbox"/> 36 Months					<input type="checkbox"/> 48 Months					<input type="checkbox"/> 60 Months					<input type="checkbox"/> 48 Months					<input type="checkbox"/> 60 Months									
Existing FDR/Folio <input type="text"/>															Interest Payment Frequency <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly														
Auto Renewal: Yes <input type="checkbox"/> No <input type="checkbox"/> (*Default option Yes, if not selected)															Renewal for: <input type="checkbox"/> Principal Amount <input type="checkbox"/> Principal with Interest Amount														
The fixed deposit should be in the name (s) of																													
FIRST APPLICANT: (in Capital Letters) <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Minor																													
Applicant Name: <input type="text"/>																													
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others DOB / Age <input type="text"/>																													
Father's Name: <input type="text"/>																													
Mother's Name: <input type="text"/>																													
Spouse Name: <input type="text"/>																													
Guardian's Name: <input type="text"/>																													
Pan No.: <input type="text"/> Aadhaar No.: <input type="text"/>																													
Occupation: <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Govt. Sector <input type="checkbox"/> Others <input type="text"/>																													
Permanent Address of Sole / First Applicant <small>Refer to Clause 8 (ii) of Terms & Conditions</small>																													
<input type="text"/>																													
City <input type="text"/> State <input type="text"/> Country <input type="text"/> Pin <input type="text"/>																													
CKYC Number (Central KYC Registry) <input type="text"/>																													
Mailing Address of Sole / First Applicant																													
<input type="text"/>																													
City <input type="text"/> State <input type="text"/> Country <input type="text"/> Pin <input type="text"/>																													
Tel <input type="text"/> Mobile <input type="text"/> Email <input type="text"/>																													
Status: <input type="checkbox"/> Domestic Company <input type="checkbox"/> Resident Individual <input type="checkbox"/> HUF <input type="checkbox"/> Trust <input type="checkbox"/> Others <input type="text"/>																													
Category: <input type="checkbox"/> Public <input type="checkbox"/> MMFSL Employee SAP Code <input type="text"/> <input type="checkbox"/> Employee's Relative (Relation with Employee is <input type="text"/>)																													
<input type="checkbox"/> Senior Citizen (Attach age proof document) <input type="checkbox"/> Director <input type="checkbox"/> Director's Relative																													
Annual Income: <input type="checkbox"/> Up to ₹5,00,000 <input type="checkbox"/> ₹5,00,001 to ₹10,00,000 <input type="checkbox"/> ₹10,00,001 to ₹25,00,000 <input type="checkbox"/> ₹25,00,001 to ₹50,00,000 <input type="checkbox"/> ₹50,00,001 to ₹1,00,00,000 <input type="checkbox"/> ₹1,00,00,000 & above																													
<div style="float: right; text-align: right;">DEPOSIT PAYABLE TO Please (✓) any one <input type="checkbox"/> First Holder <input type="checkbox"/> Either or Survivor</div> <input type="checkbox"/> Please recover Income Tax as applicable and issue me TDS Certificate/s as applicable for each financial year. <input type="checkbox"/> Form 15H/15G is enclosed. Therefore, do not deduct Income tax.																													
Bank Details of the Sole / First Applicant for Repayment (Please attach a copy of your Bank's cheque for verification)																													
Name of Bank <input type="text"/> Branch <input type="text"/>																													
Account Number <input type="text"/> MICR Code <input type="text"/>																													
NEFT IFSC Code <input type="text"/>																													
Amount of Deposit																													
Rs. <input type="text"/> Rs. (in words) <input type="text"/>																													
Mode of Payment																													
Cheque / Demand Draft No. <input type="text"/> Dated <input type="text"/> Renewal of FDR <input type="text"/>																													
Drawn on Bank <input type="text"/> Branch <input type="text"/>																													
Nomination																													
Name of the Nominee Mr. / Ms. / Mrs. <input type="text"/> Date of birth <input type="text"/>																													
Relation of Nominee with 1 st Depositor <input type="text"/>																													
Guardian's Name Mr. / Ms. / Mrs. <input type="text"/>																													
(If Nominee is Minor)																													
Address of Nominee <input type="text"/>																													
City <input type="text"/> State <input type="text"/> Country <input type="text"/> Pin <input type="text"/>																													
Tel <input type="text"/> Mobile <input type="text"/>																													
Depositors are strongly advised to have their accounts in joint names or use nomination. FDR Despatch Mode (Tick only one): <input type="checkbox"/> E-Receipt <input type="checkbox"/> Physical Receipt <input type="checkbox"/> Registered Post <input type="checkbox"/> Courier																													
Nominee Signature: <input type="text"/> Witness Signature: <input type="text"/>																													

Mahindra & Mahindra Financial Services Ltd. - Acknowledgement Slip (Collection Bank)

Received with thanks from Mr/Mrs/Ms

Received with cheques from the bank(s) dated _____ drawn on _____
as Fixed Deposit under Cumulative / Non-Cumulative Scheme for a period of _____ month(s)

Following documents received: (self attested)

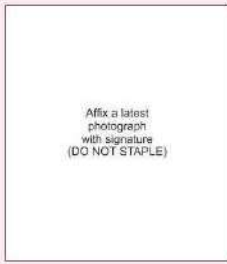
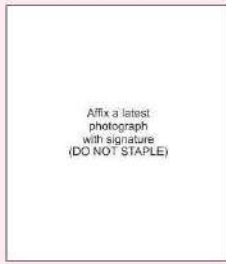
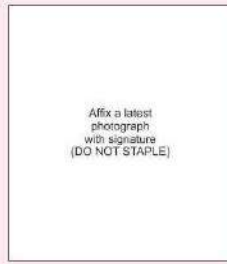

→ Aadhaar Card → Passport → Pan Card Intimation letter → Driving License → Voter ID → Job Card issued by NREGA duly signed by an officer of the State Government
→ Cancelled cheque → Form 15G → Form 15 H → Birth certificate in case of minor

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APPL. NO.:

..... Cheque# DD / FD (in case of renewal) No.....

Collection Bank
(on behalf of Mahindra & Mahindra Financial Services Ltd.)
(Valid subject to realisation of cheque / demand draft)

SECOND APPLICANT: (in Capital Letters) <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Minor	
Applicant Name:	FIRST NAME MIDDLE NAME SURNAME
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others DOB / Age DD MM YYYY AGE	
Father's Name: Mr.	FIRST NAME MIDDLE NAME SURNAME
Mother's Name: Mrs.	FIRST NAME MIDDLE NAME SURNAME
Spouse Name: Mr./Mrs.	FIRST NAME MIDDLE NAME SURNAME
Guardian's Name: Mr./Mrs./Miss	FIRST NAME MIDDLE NAME SURNAME
Pan No.: MANDATORY Aadhaar No.: MANDATORY	
Occupation: <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Govt. Sector <input type="checkbox"/> Others SPECIFY	
Permanent Address of Second Applicant Refer to Clause 3 (iii) of Terms & Conditions	
LAND MARK	
City State Country Pin	
CKYC Number (Central KYC Registry)	
Mailing Address of Second Applicant	
LAND MARK	
City State Country Pin	
Tel MANDATORY Mobile MANDATORY Email	
THIRD APPLICANT: (in Capital Letters) <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Minor	
Applicant Name:	FIRST NAME MIDDLE NAME SURNAME
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others DOB / Age DD MM YYYY AGE	
Father's Name: Mr.	FIRST NAME MIDDLE NAME SURNAME
Mother's Name: Mrs.	FIRST NAME MIDDLE NAME SURNAME
Spouse Name: Mr./Mrs.	FIRST NAME MIDDLE NAME SURNAME
Guardian's Name: Mr./Mrs./Miss	FIRST NAME MIDDLE NAME SURNAME
Pan No.: MANDATORY Aadhaar No.: MANDATORY	
Occupation: <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Govt. Sector <input type="checkbox"/> Others SPECIFY	
Permanent Address of Third Applicant Refer to Clause 8 (ii) of Terms & Conditions	
LAND MARK	
City State Country Pin	
CKYC Number (Central KYC Registry)	
Mailing Address of Third Applicant	
LAND MARK	
City State Country Pin	
Tel MANDATORY Mobile MANDATORY Email	
<p>DECLARATION: I/We hereby declare that the amount being deposited herewith is not out of any funds acquired by means of borrowing or accepting from any other person. I/We declare that the first name depositor is the beneficial owner of this joint deposit & is to be treated as the payee for the purpose of deduction of Tax under section 194A of the Income Tax Act, 1961. I/We have read the Terms & Conditions of Deposits & agree to abide by them. I/We have gone through the financial & other declarations furnished by the Company & after careful consideration I am/We are making the deposit with the Company at my/our own risk & volition. I/We further declare that, I/We are authorized to make this Deposit in the above mentioned Scheme & that the amount kept in the Deposit is through legitimate source & does not involve directly or indirectly any proceeds of Schedule of offences &/or is not designed for the purpose of any contravention or evasion of the provisions of the Prevention of Money Laundering Act, 2002 & any Rules, Regulations, Notifications, Guidelines or Directions thereunder, as amended from time to time. I/We shall provide any further information & fully co-operate in any investigation as & when required by the Company in accordance with the applicable Law. I/We further affirm that the information/details provided by me/us is/are true & correct in all respect & nothing has been concealed.</p> <p>Date & Place: _____</p>	
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  Affix a latest photograph with signature (DO NOT STAPLE) </div> <div style="text-align: center;">  Affix a latest photograph with signature (DO NOT STAPLE) </div> <div style="text-align: center;">  Affix a latest photograph with signature (DO NOT STAPLE) </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>**Thumb impressions must be attested by Magistrate or Notary Public or Special Executive Officer.</p> <p>Signature Designation / Authority</p> </div> <div style="width: 30%; text-align: center;">  1st Applicant Signature <small>(Guardian in case of Minor)</small> </div> <div style="width: 30%; text-align: center;"> 2nd Applicant Signature </div> <div style="width: 30%; text-align: center;"> 3rd Applicant Signature </div> </div>	
<p>IDENTIFICATION OF DEPOSITORS (Refer Terms & Condition): To comply with "Know your Customer" Guidelines for NBFCs prescribed by the Reserve Bank of India, new investors should provide self attested copy of any one of the following documents (which contains the photograph of the concerned first depositor) for identification & proof of residential address. <input type="checkbox"/> Passport (Expiry Date:) <input type="checkbox"/> PAN Card with address proof <input type="checkbox"/> Voters Identity Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhaar Card In case, KYC document address differs from mailing address please furnish: <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Letter from any recognised public authority <input type="checkbox"/> Bank Account Statement <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Letter from employer</p>	