



# JAIPRAKASH ASSOCIATES LIMITED

CMS CODE- "JAYPEE"

Regd. & Corporate Office : Sector 128, Noida-201 304 (U.P.)  
 Delhi Office : 'JA House', 63, Basant Lok, Vasant Vihar, New Delhi - 110 057,  
 website : www.jalindia.com email : jalinvestor@jalindia.co.in

Sr. No.  
 Sub broker code -  
 60400091551

Broker's Name, PAN & Address Stamp\*

## APPLICATION FORM FOR FIXED DEPOSIT SCHEMES

WRITE ONLY ONE LETTER IN EACH BOX BY USING BLOCK LETTER AND TICK (✓) APPROPRIATE BOX WHERE APPLICABLE

\*Please put cross if not through broker

FIRST APPLICANT'S NAME : MR./MRS./MS. \_\_\_\_\_ AGE \_\_\_\_\_

IF MINOR, GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PIN CODE \_\_\_\_\_

DATE OF BIRTH OF FIRST APPLICANT (MANDATORY) \_\_\_\_\_ First Applicant's Father's/Husband's Name \_\_\_\_\_

PHONE NO. \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_ MOBILE \_\_\_\_\_

SECOND APPLICANT'S NAME  
 MR./MRS./MS. \_\_\_\_\_

THIRD APPLICANT'S NAME  
 MR./MRS./MS. \_\_\_\_\_

CATEGORY	STATUS	OCCUPATION
<input type="checkbox"/> PUBLIC	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> SERVICE
<input type="checkbox"/> SHAREHOLDER*	<input type="checkbox"/> TRUST	<input type="checkbox"/> RETIRED
<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> HUF	<input type="checkbox"/> HOUSE WIFE
		<input type="checkbox"/> STUDENT
		<input type="checkbox"/> SR. CITIZEN
		<input type="checkbox"/> BUSINESS
		<input type="checkbox"/> OTHER

\* LF NO./CLIENT ID & DP ID \_\_\_\_\_

AMOUNT OF DEPOSIT RUPEES \_\_\_\_\_

RUPEES \_\_\_\_\_

BY CHEQUE/DD NO. \_\_\_\_\_ DATED \_\_\_\_\_

DRAWN ON \_\_\_\_\_

IF RENEWAL, FDR NO. \_\_\_\_\_ DATED \_\_\_\_\_

MATURITY VALUE ₹ \_\_\_\_\_ DUE ON \_\_\_\_\_

TYPE OF DEPOSIT SCHEME FOR THE PERIOD (Months)	Non-Cumulative <input checked="" type="checkbox"/> A	Cumulative <input type="checkbox"/> B
	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36	<input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36

BANK PARTICULARS OF FIRST APPLICANT

Name of the Bank \_\_\_\_\_

Branch \_\_\_\_\_

Account Type : Current  Saving

Account Number \_\_\_\_\_

FOR NECS/ECS PAYMENT

9 Digit MICR No. \_\_\_\_\_

8 Digit Code number of the Bank & Branch appearing on the MICR Cheque issued by the bank (please attach a photocopy of Cheque or a cancelled Cheque issued by your bank for verifying accuracy of the code number)

TAX TO BE DEDUCTED YES  NO

(If no, Form 15G/15H\* should be submitted alongwith the Application Form, otherwise tax will be deducted wherever applicable) (\* 15H in case of Sr. Citizen aged 60 years and above)

PERMANENT A/C NO. of First Applicant Mandatory (enclose copy of PAN Card) \_\_\_\_\_

DEPOSIT TO BE PAYABLE ON MATURITY TO	DETAILS OF OTHER DEPOSIT(S) WITH THE COMPANY
<input type="checkbox"/> FIRST NAMED DEPOSITOR	<input type="checkbox"/> NONE
<input type="checkbox"/> EITHER OR SURVIVOR	<input type="checkbox"/> YES, FDR NO. _____

**DECLARATION:-**  
 I/we hereby declare that the amount being deposited with you is not out of any funds acquired by me/us by borrowing from any other person. I/we declare that I am/we are resident(s) of India and am/are not depositing this amount as nominees of any person residing outside India. I/we declare that the first named depositor is the beneficial owner of this joint deposit and 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 also declare that the status as declared above is correct. I/we have read the Terms & Conditions of Deposit and agree to abide by the same.

**NOMINATION FORM**  
 (To be filled in by individual(s) applying singly or jointly)

I/We \_\_\_\_\_ wish to make a nomination and do hereby nominate the following person to whom all rights of the amount payable in respect of the deposit shall vest in the event of my/our death.

Nominee's Name \_\_\_\_\_

Guardian's Name\* \_\_\_\_\_

Date of Birth\* \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

(Signature of Nominee mandatory/Guardian\*) \_\_\_\_\_ Signature of Depositor(s) \_\_\_\_\_

\*in case the nominee is a minor

SIGNATURE OF THE APPLICANT(S)

FIRST/SOLE APPLICANT \_\_\_\_\_

SECOND APPLICANT \_\_\_\_\_

THIRD APPLICANT \_\_\_\_\_

### FOR OFFICE USE ONLY

RECEIVED ON	SCHEME <input type="checkbox"/> A <input type="checkbox"/> B	INWARD NO.	FDR NO.
AMOUNT (₹)	PERIOD <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 MONTHS	MODE OF PAYMENT Cheque/Draft	INVESTOR CODE
WHETHER THROUGH BROKER <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE OF ENCASHMENT OF CHEQUE/DRAFT	BROKER CODE	

Acknowledgement Slip  
 (To be filled in by the Applicant)  
 JAIPRAKASH ASSOCIATES LIMITED

Sr. No.

RECEIVED from Mr./Mrs./Ms. \_\_\_\_\_  
 (Name of First/Sole Applicant)

an application under Fixed Deposit Scheme  A  B with cheque/demand draft/FDR no. \_\_\_\_\_ dated \_\_\_\_\_  
 drawn on \_\_\_\_\_ for ₹ \_\_\_\_\_ for the period  6  12  24  36 months.

Receipt will be forwarded to you within 8 weeks

Cheques & Drafts are subject to realisation.

Copy of PAN (clear & readable) must be enclosed with application



Signature & Stamp of Receiving Officer