KDDL Limited

(CIN : L33302HP1981PLC008123)
Regd. Office: Plot No. 3, Sector - III, Parwanoo, Distt. Solan (H.P.) 173 220 Corporate Office: Kamla Centre, S.C.O. 88-89, Sector 8-C, Madhya Marg, Chandigarh 160 009
Tel.: +91 172 2548223/24, Fax : +91 172 2548302,
website: www.kddl.com, email id: investor.complaints@kddl.com

APPLICATION FORM FOR UNSECURED SHORT TERM /CUMULATIVE/FIXED DEPOSIT

(Tick wherever applicable)

Dear Sirs,

I /We declare that I am a/we are resident (s) of India and I am/we are not depositing this amount as nominee(s) of any person residing outside India and the amount is not being deposited, by me/us out of funds acquired by me/us by borrowing or acquiring loan/deposits from any other person as per Rule 10 of the Companies (Acceptance of Deposits) Rules,2014.

I/We hereby declare that I/We will remain the shareholder of the company till holding of the Fixed Deposits in the company. In case of failure to comply with the condition, the Company will have the right to premature my/our Fixed Deposits as per the Company's policy.

I/ we hereby declare that the first named Depositor is the beneficial owner 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 have gone through the financials and others statements/particulars/representations furnished/made and after careful consideration, I/We am/are making the deposits with Company at my/our own risks and volition.

I/We request you to keep the sum indicated below in Short Term Deposit/Fixed/Cumulative Deposit for the period indicated, in accordance with the terms and conditions stipulated by the Company which I/We have read and understood and accept that they are binding on me/us/our successors and assigns.

NAME OF FIRST APPLICANT
Mr./Mrs./Miss _____
Father's/Husband's Name _____
Second Applicant's Name _____
Address of First Applicant _____
_____
City _____ PIN _____
Phone No. _____ DOB _____
Previous FD, if any. No _____
Shareholder Folio No./Client I.D. No _____
Email ID _____

In case of Minor, Guardian's Name :
Mr./Mrs./Miss _____
Relationship _____
Date of Birth of Minor _____

Deposit amount (In figures) Rs. _____
Rupees (in words) _____
☐ Draft ☐ Local Cheque ☐ Pay Order
No. _____ Dated _____
Drawn On _____
If Renewal, FDR/CDR No. _____ Dated _____
Amount _____
Additional Amount Rs./_____ CH/DD/PO No _____
Date _____ Drawn On _____

SCHEME ☐ Scheme A ☐ Scheme B ☐ Scheme C

PERIOD OF DEPOSIT _____ months

TAX TO BE DEDUCTED
☐ Yes, Income Tax Permanent A/C No. _____
☐ No (Form 15H/15G enclosed/to be given subsequently

REPAYMENT OF DEPOSIT TO BE MADE PAYABLE TO
☐ First Depositor ☐ Former Or Survivor ☐ Anyone or Survivor

Whether any relative is a deposit holder in the company Yes ☐ No ☐
Name of relative _____ Relationship _____ F.D No. _____

NOMINEE'S NAME AND ADDRESS
I /We wish to make a Nomination and hereby nominate the following person to receive the amount payable on my/our death
Mr./Mrs/Miss _____ Relation _____
Address _____ _____
_____ Specimen Signature of Sole/First Applicant

SIGNATURE OF APPLICANT(S)
Sole/First Applicant _____ Second Applicant _____

FOR OFFICE USE ONLY

Certified that the Depositor is a shareholder of the Company

Application No.	STD/CDR/FDR No.	Signatures
Received on	Date	Date of realisation
Date of commencement	Date of Maturity	Repaid on
Deposit Insurance Amount	Date	Co's name

Tear From here

ACKNOWLEDGEMENT SLIP (to be filled by the Depositor)

Received from Mr/Mrs/Ms _____ an application for Short Term/Cumulative/Fixed Deposit for
Address _____ _____ months alongwith Cheque/Draft*/OLD STD/FDR/CDR
_____ No. _____ Dated. _____ for Rs. _____ drawn on
_____ (Bank name)

* Cheque / DD subject to realisation

for KDDL Limited

NB : THE DEPOSIT RECEIPT IS NORMALLY ISSUED WITHIN 21 DAYS FROM THE DATE OF REALIZATION OF THE CHEQUE/DD OR DATE OF RENEWAL.

AUTHORISED SIGNATORY