



(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 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. _____ E-mail : _____	Deposit amount (In figures) Rs. _____ Rupees (in words) _____ <input type="checkbox"/> Draft <input type="checkbox"/> Local Cheque <input type="checkbox"/> Pay Order No. _____ Dated _____ Drawn On _____ If Renewal, FDR/CDR No. _____ Dated _____ Amount _____ Additional Amount Rs./_____ CH/DD/PO No _____ Date _____ Drawn On _____
SCHEME <input type="checkbox"/> Scheme A <input type="checkbox"/> Scheme B <input type="checkbox"/> Scheme C	
PERIOD OF DEPOSIT months _____	
TAX TO BE DEDUCTED <input type="checkbox"/> Yes, Income Tax Permanent A/C No. _____ <input type="checkbox"/> No (Form 15H/15G enclosed/to be given subsequently)	

REPAYMENT OF DEPOSIT TO BE MADE PAYABLE TO		
<input type="checkbox"/> First Depositor	<input type="checkbox"/> Former Or Survivor	<input type="checkbox"/> Anyone or Survivor

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

SIGNATURE OF APPLICANTS	
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 _____ months alongwith Cheque/Draft*/OLD STD/FDR/CDR Address _____ 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