

APPLICATION FORM



SANCHAY

CORPORATE DEPOSIT SCHEME

CRISIL CREDIT RATING FAAA / STABLE

● ELIGIBILITY

Body Corporates, Public Limited Companies, Private Limited Companies, Corporations, Statutory Board, Local Authorities, Banks, Financial Institutions and other such institutions as may be decided by the management.

● MINIMUM DEPOSIT AMOUNT

Companies can deposit a minimum of ₹ 20,000/- and in multiples of ₹ 1,000/- thereafter with no maximum limit on amount of deposit(s).

● MODE OF ACCEPTANCE

Deposit(s) shall be made by cheque in favour of "LIC Housing Finance Limited Collection A/c" and should be marked "Account Payee Only" or by transfer to LICHFL's below mentioned bank account through RTGS/NEFT. In case of Deposits for above ₹ 20 crores, a prior intimation must be served to LICHFL and amount must be credited before 11 A.M. for interest to accrue from same date.

Beneficiary Name : LIC Housing Finance Limited **Account Number :** 919020003182009

Bank Name : Axis Bank **IFSC Code :** UTIB0000447

Branch Name : Cuffe Parade Branch **MICR :** 400211039

● INTEREST

Interest shall be paid from the date of credit of cheque/RTGS/NEFT. Payment of interest (net of TDS where applicable) will be made on due date through NACH. Wherever NACH facility is not available interest shall be paid by "Account Payee" Interest Warrant drawn in favour of the depositor. Interest will cease to accrue after the maturity date.

Interest rates **effective from 08.10.2020** on deposits upto ₹ 20 Crores*

TERM	INTEREST RATE P.A. FOR YEARLY OPTION Cumulative & Non-Cumulative Deposits.	ON MATURITY UNDER CUMULATIVE SCHEME ₹ 20,000/- will become
1 YEAR	5.65%	₹ 21,130/-
18 MONTHS	5.65%	₹ 21,727/-
2 YEARS	5.65%	₹ 22,324/-
3 YEARS	5.75%	₹ 23,652/-
5 YEARS	5.75%	₹ 26,450/-

*FOR RATE OF INTEREST ON DEPOSITS OF ABOVE ₹ 20 CRORES : PLEASE CONTACT CORPORATE OFFICE.

Under Non-Cumulative Deposit Scheme, Interest will be payable on 31st March & under Cumulative Deposit Scheme, interest will be compounded annually.

If the total deposits received from single deposit holder/s within a period of one calendar month exceeds ₹ 20 Crores it shall be treated as single deposit and the interest rate shall be the rate applicable for deposits of exceeding ₹ 20 Crores.

REGISTRAR TO THE DEPOSIT SCHEME

LINK INTIME INDIA PVT. LTD. : UNIT: LICHFL, C-101, 247 Park, LBS Marg, Vikhroli (West), Mumbai - 400 083.

Tel. No.: +91 22 49186260/266 Fax: +91 22 49186060 • E-mail: fd@linkintime.co.in

All communications with regards to Deposit should be addressed to the Registrar to Deposit Scheme at the above address.

Registered Office : Bombay Life Building, II Floor, 45/47, Veer Nariman Road, Fort, Mumbai - 400 001. Tel.: +91 22 2204 9799, Fax : +91 22 2204 9839
Corporate Office : 131 Maker Tower 'F' Premises, 13th Floor, Cuffe Parade, Mumbai - 400 005. Tel.: +91 22 2217 8600 • Fax : +91 22 2217 8715
Email: pd@lichousing.com • Website : www.lichousing.com • CIN : L65922MH1989PLC052257



Registered Office : Bombay Life Building, II Floor, Veer Nariman Road, Fort, Mumbai - 400 001.
Corporate Office : 131 Maker Tower 'F' Wing, 13th Floor, Cuffe Parade, Mumbai - 400 005.
Email : pd@lichousing.com • Website : www.lichousing.com

● TAX DEDUCTION

Income tax will be deducted at source in accordance with Section 194 A of the Income Tax Act, 1961, from the interest payable when the aggregate amount of interest exceeds Rs. 5,000/- in a financial year. In case of cumulative interest, tax will be deducted on the date of credit/payment whichever is earlier.

● RENEWAL & REPAYMENT

For both renewal and repayment of the deposit the duly discharged deposit receipt must be surrendered to LICHFL Ltd at least 15 days before the due date of maturity. In case of renewal a fresh application form is also required to be submitted along with the discharged deposit receipt & relevant KYC documents.

● KNOW YOUR CUSTOMER (KYC) COMPLIANCE

In terms of the Prevention of Money Laundering Act, 2002, the rules notified thereunder and KYC Guidelines issued by the National Housing Bank (NHB), every depositor is required to comply with the KYC guidelines by submitting the required documents as mentioned on the Application Form.

● MISCELLANEOUS

- ✓ Agents are not authorized to accept cash or issue receipt on behalf of LIC Housing Finance Limited. Please ensure that the Agent's name and code number allotted by the Company is clearly mentioned to enable payment of brokerage. Application Forms received without name and code number of the agent in the Application Form will not be considered for payment of brokerage. Brokerage will be paid to the agents at the rate decided by the management from time to time.
- ✓ The Company reserves the right to alter or amend from time to time the terms and conditions without assigning any reason if so required by NHB regulations/Government Regulations/Guide lines.
- ✓ Brokerage will be paid only to agents appointed by the company. No brokerage will be paid to the Agent for deposits held in their own name.
- ✓ Deposit Receipts & Warrants will be sent to the first depositor by post/courier. LIC Housing Finance Limited will not be responsible for non-receipt/loss or any delay in transit,
- ✓ In case of loss/misplacement of Deposit Receipts / Warrants, relevant legal procedures will have to be complied.
- ✓ Change of address of the depositor should be intimated to Link Intime India Pvt. Ltd.
- ✓ Acceptance of deposits is subject to Mumbai jurisdiction only.
- ✓ The deposits solicited of the company are not insured,
- ✓ Deposit(s) with LICHFL are not transferable. LICHFL reserves the right to change, amend, add, or delete the Terms and Conditions of the scheme without any notice or reject the application without assigning any reason.

Agent /Agency's Name :

Code No.:



DEPOSIT APPLICATION FORM FOR CORPORATES

PLEASE USE BLOCK LETTERS AND TICK IN APPROPRIATE PLACES (PREFERABLY IN BLACK INK)

Date : _____

We apply placement/ renewal of a deposit of the value of Rs. _____ at _____ Branch for a period of _____ months/years earning interest @ _____ % p.a.

CATEGORY Public Ltd. Company Corporation Statutory Boards Local Authority Banks & Financial Institutions Pvt. Ltd. Company Others _____

PRODUCT OPTIONS: Cumulative Non Cumulative FOLIO / KYC NO

Name (in Block Letters) as appearing in PAN Card CIN : _____

ADDRESS

City : _____ State : _____ Pin : _____

Tel.: _____ Mobile : _____ Fax: _____ E-mail: _____

Income-tax Permanent Account No. (PAN) : Tax to be deducted Yes No

Tax Status : Non-exempt Exempt Order u/s 197 of I-tax Act, 1961 Order u/s 10 of I-tax act, 1961

New customers are required to submit certified true copy of the following documents to comply with KYC requirements:

- 1.Certificate of incorporation/registration and Memorandum & Articles of Association.
2. Resolution passed by the Board of Directors authorizing its personnel to enter into transactions/ agreements and to open and operate bank accounts on its behalf, their names and specimen signature(s).
- 3.PAN allotment letter/ PAN Card of the company.
- 4.Latest telephone/ electricity bill or bank account statement and a cancelled cheque.
- 5.An officially valid document (PAN, passport, driving license, Voter's Identity Card, Aadhaar Card) identifying the directors, employees and persons authorised for such transactions and their addresses.

PAYMENT DETAILS

Cheque No. RTGS/NEFT-UTR No.:

Dated : BANK NAME: _____ Deposit Amount Rs.: _____

If Renewal : Old Deposit Receipt No. Maturing On For ₹

Renewal Amount ₹ Additional Amount ₹

BANK DETAILS Bank A/c. No. MICR Code :

IFSC Code Name of the Bank : _____ Branch : _____

The above Bank account information must match with the cheque / RTGS / NEFT instructions issued for placing the deposit. Also please note that LICHFL will credit interest payment, repayment proceeds (including accumulated interest) to the above bank account through NEFT / RTGS upon the depositor submitting discharged receipt for the same.

DECLARATION

We hereby declare that name of company/institution mentioned in our application is the beneficial owner of this deposit and as such the company /institution should be treated as the payee for the purpose of tax deduction under Section 194A of the Income Tax Act, 1961. We hereby agree to abide by the terms and conditions governing this deposit plan.

We have gone through the financial and other statements/particulars/representations furnished/made by the Corporation and after careful consideration we are making the deposit with the Corporation at our own risk and volition. We further declare that, we are authorized to make this 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. We shall provide any further information and fully cooperate in any investigation as and when required by the Corporation in accordance to the applicable Law. We further affirm that the information/details provided by us are true and correct in all respect and nothing has been concealed.

Name of Authorised Signatories with Tel. No.

Signatures of Authorised Signatories

i) Name	<input type="text"/>	Tel.:	<input type="text"/>	<input type="text"/>
ii) Name	<input type="text"/>	Tel.:	<input type="text"/>	<input type="text"/>
iii) Name	<input type="text"/>	Tel.:	<input type="text"/>	<input type="text"/>

FOR OFFICE USE ONLY

Deposit Receipt No.	Date of Receipt	Date of Deposit	Checked by	Authorised by

Details of Authorised Signatories



1) Authorised Signatory KYC

Name _____

D.O.B. _____ PAN _____

Address _____

Signature _____

2) Authorised Signatory KYC

Name _____

D.O.B. _____ PAN _____

Address _____

Signature _____

3) Authorised Signatory KYC

Name _____

D.O.B. _____ PAN _____

Address _____

Signature _____

4) Authorised Signatory KYC

Name _____

D.O.B. _____ PAN _____

Address _____

Signature _____

5) Authorised Signatory KYC

Name _____

D.O.B. _____ PAN _____

Address _____

Signature _____