Hitech Plast Ltd.

CIN:L28992MH1991PLC168235
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APPLICATION FORM FOR FIXED DEPOSIT
PLEASE WRITE BELOW IN BLOCK LETTERS AND TICK IN APPROPRIATE BOX

We enclose herewith ₹ .....(in figures)

₹ ..... (in words)

by Cheque / Demand Draft No. ……..... Dated ……...

Drawn on ……
(Name & Branch of the Bank)

- **SCHEME** ☐ CUMULATIVE OR ☐ NON-CUMULATIVE
- **PERIOD OF DEPOSIT/RATE OF INTEREST** ☐ 12 MONTHS 9% OR ☐ 24 MONTHS 9.50 % OR ☐ 36 MONTHS 10 %
- **STATUS** ☐ RESIDENT INDIVIDUAL ☐ DOMESTIC COMPANY
- **PARTICULARS OF ANY DEPOSIT WITH THE COMPANY** ☐ NONE OR ☐ YES/F.D.R. NO.(S)……
- **THE DEPOSIT SHOULD BE MADE PAYABLE TO** ☐ FIRST NAMED DEPOSITOR
  ☐ EITHER OR SURVIVOR (S)/ANYONE OR SURVIVIOR
- **INCOME TAX MATTER**
  ON TDS, PLEASE SEE ITEM NO 9 OF TERMS AND CONDITIONS ON PAGE 2)
  PERMANENT A/C NO. ……
  ☐ (PLEASE ATTACH PHOTOCOPY DULY SIGNED AND ATTESTED BY YOURSELF)
  ☐ ADDRESS OF THE I. T. OFFICER UNDER WHOM ASSESSED

NOMINATION: I wish to make a nomination and do hereby nominate the following person to receive the amount payable on my death:

☐ Tick if Minor

1. Name of the Nominee

2. Guardian (in case of minor)

Address of Nominee/Guardian

Pincode

3. Signature of Nominee/Guardian ……..… Date of Birth (if Minor) ……

I/We the applicant/s hereby solemnly declare that I/We have not acquired any funds, being deposited with you, by borrowing or accepting Deposits from other persons. I/We have read the terms and conditions of the Company's Unsecured Fixed Deposit Scheme and agree to abide by them. Please acknowledge and send me/us the Fixed Deposit Receipt on realization of Cheque/Draft. I/We declare that I/We am/are the registered members of the Company and the sole/first named Depositor and am the beneficial owner of this Deposit and as such should be treated as the payee for the purpose of deduction of tax under sec. 194(A) of the Income Tax Act, 1961.

Name(s) in Capital Letters of Sole/Joint Depositors (all have to be Members)

	First Name Middle Name Surname	Folio No.	SPECIMEN SIGNATURE OF THE SOLE/ JOINT HOLDERS
1.	Mr./Mrs./Miss …….....	……	……
2.	Mr./Mrs./Miss …….....	……	……
3.	Mr./Mrs./Miss …….....	……	……

ADDRESS OF THE FIRST NAMED/SOLE DEPOSITOR

PINCODE

TEL. NO.

EMAIL :

Bank Account particulars of the sole/first named Depositor to be written on the cheque/warrants to be issued by the Company. If bank details are not given, payment will be at Depositor's risk. Bank details are mandatory for Non Cumulative Scheme

Bank Name: ……

Account No.: ……..……

Branch Address: ……...…

IFSC Code ……..……

PLACE :……

DATE :……

SIGNATURE OF THE SOLE/JOINT DEPOSITORS

FOR OFFICE USE ONLY	CHEQUE REALISED ON …….. FORM SR. NO. …… RECEIPT NUMBER …… RECEIPT DATE …….. EFFECTIVE DATE …….. MATURITY DATE ……