



LIC HFL
LIC HOUSING FINANCE LTD

☐ Direct ☐ Agent Name : _____ Agent Code : _____

☐ Individual ☐ Others _____ (Please Specify) Date: _____

Senior Citizens (60 years & above) ☐ Yes ☐ No (If yes, Please attach proof of age)

I/We apply for placement/renewal of deposit with LIC Housing Finance Ltd. the necessary details are as under :

Gender

1.							
	1st Depositor : Mobile	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	PAN	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	Email id	<div style="border-bottom: 1px solid black; width: 180px;"></div>	
2.	<div style="border: 1px solid black; height: 20px;"></div>						
	2nd Depositor: Mobile	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	PAN	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	Email id	<div style="border-bottom: 1px solid black; width: 180px;"></div>	
3.	<div style="border: 1px solid black; height: 20px;"></div>						
	3rd Depositor: Mobile	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	PAN	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	Email id	<div style="border-bottom: 1px solid black; width: 180px;"></div>	
Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Individual <input type="checkbox"/> Co-op. Society <input type="checkbox"/> Trust <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Association of Persons <input type="checkbox"/> HUF <input type="checkbox"/> Others _____						
In case First/Sole Applicant is Minor (Guardian's Name):	<div style="border: 1px solid black; height: 20px;"></div>						
Relation with First/Sole Depositor	<div style="border: 1px solid black; height: 20px;"></div>						

Kindly fill in a Know Your Customer (KYC) Compliance form for each depositor. If already submitted, please mention the KYC No. for

1st Depositor : 2nd Depositor : 3rd Depositor :

Amount of Deposit ₹

--	--	--	--	--	--	--	--

 Mode of payment ☐ Cheque ☐ RTGS/NEFT ☐ Renewal

Ruppes (in words)

Cheque / RTGS / NEFT (UTR)

No.															Dt.										For ₹									
Bank															Branch																			
Bank Account No.															MICR Code										9 Digit Code No. (as appearing on MICR cheque issued by your Bank)									
IFSC Code															Type of Account : <input type="checkbox"/> Saving <input type="checkbox"/> Current																			

Interest Amount and Redemption Proceeds on this deposit to be credited to above Bank Account directly through NACH/NEFT/RTGS/ECS/DIRECT CREDIT facility.

2nd Depositor :	Bank Account No. <input style="width: 100%;" type="text"/>	MICR Code <input style="width: 100%;" type="text"/>	
IFSC Code <input style="width: 100%;" type="text"/>	Bank Name <input style="width: 100%;" type="text"/>	Branch <input style="width: 100%;" type="text"/>	

3rd Depositor :	Bank Account No. <input style="width: 100%;" type="text"/>	MICR Code <input style="width: 100%;" type="text"/>	
IFSC Code <input style="width: 100%;" type="text"/>	Bank Name <input style="width: 100%;" type="text"/>	Branch <input style="width: 100%;" type="text"/>	

If Renewal : Old Deposit Receipt No.	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>	Maturing On	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>	For ₹	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
Renewal Amount ₹	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>	Additional Amount ₹	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>		
Legal Entity Identifier Number (For deposit of Rs. 50 Crore & above) :					

☐ Tick in case of any change in KYC particulars, if selected please submit proof of change in KYC.

Crossed A/c Payee Cheque/RTGS/NEFT should be payable to 'LIC Housing Finance Limited – Collection A/c'

OPTION	PERIOD				
<input type="checkbox"/> CUMULATIVE : Interest Compounded Annually. <input type="checkbox"/> NON-CUMULATIVE : Interest payable Annually on 31st March <input type="checkbox"/> NON-CUMULATIVE : Interest Payable Monthly .	<input type="checkbox"/> 1 yr <input type="checkbox"/> 18 months <input type="checkbox"/> 2 yrs <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs ROI : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Deposit Payable to <input type="checkbox"/> First Depositor <input type="checkbox"/> First Depositor or survivor/s Category <input type="checkbox"/> Public <input type="checkbox"/> Director/Relative of a Director <input type="checkbox"/> Promoter <input type="checkbox"/> Employee <input type="checkbox"/> Shareholder (DP Client ID _____)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Tax Status</th> <th style="width: 50%; text-align: center;">Interest Payable By</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Exempt <input type="checkbox"/> Non - Exempt <input type="checkbox"/> 15G/15H Enclosed (In Triplicate) <input type="checkbox"/> Order u/s. 197 <input type="checkbox"/> Order u/s. 10 </td> <td> <input type="checkbox"/> NACH <input type="checkbox"/> Warrants </td> </tr> </tbody> </table>	Tax Status	Interest Payable By	<input type="checkbox"/> Exempt <input type="checkbox"/> Non - Exempt <input type="checkbox"/> 15G/15H Enclosed (In Triplicate) <input type="checkbox"/> Order u/s. 197 <input type="checkbox"/> Order u/s. 10	<input type="checkbox"/> NACH <input type="checkbox"/> Warrants
Tax Status	Interest Payable By				
<input type="checkbox"/> Exempt <input type="checkbox"/> Non - Exempt <input type="checkbox"/> 15G/15H Enclosed (In Triplicate) <input type="checkbox"/> Order u/s. 197 <input type="checkbox"/> Order u/s. 10	<input type="checkbox"/> NACH <input type="checkbox"/> Warrants				

A photocopy of Pan Card (Mandatory) and any one of the following ☐ Election Identity Card ☐ Passport ☐ Aadhaar Card ☐ Driving Licence
☐ Document evidencing creation/registration of the trust / Co-operative Society / Partnership Firm / HUF / Association of Persons

I/We the applicant(s) hereby apply for the placement/renewal of Public Deposit as per details given above in accordance with the Terms and Conditions and confirm that these are binding on me/us. I/We also declare that I/We have not acquired the fund being deposited with you by borrowing or accepting deposit from any other person. I/We declare that the first name depositor is the beneficial owner and is to be treated as the payee for the purpose of deduction of tax under section of 194A of the Income Tax Act 1961. I/We have gone through the financial & other statements/particulars/representations furnished/made by the Housing Finance Company and after careful consideration, I/We are placing deposit with the Housing Finance Company at my/our own risk and volition. I/We further declare that, I/We am/are authorised to make these deposit in the above mentioned scheme and 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 provision of Money Laundering Act, 2002 and any Rules, Regulations, Notifications, Guidelines or Directions thereunder as amended from time to time. I/We shall provide any further information and fully co-operate in any investigation as and when required by the Company in accordance with the applicable law. I/We further affirm that information/details provided by me/us is/are and correct in all respects and nothing has been concealed.

I hereby give my explicit consent to LICHFL to duly ☐ renew principal / ☐ renew principal and interest / ☐ repay, in entirety, the principal and interest on maturity of the Deposit to my designated Bank Account mentioned herein.

Signature of Third Depositor

KNOW YOUR CUSTOMER (KYC) COMPLIANCE APPLICATION FORM

PLEASE FILL THE INFORMATION IN BLOCK LETTERS AND TICK ☒
IN APPROPRIATE PLACES (ALL FIELDS ARE MANDATORY.)

The Information is sought under Prevention of Money Laundering Act, 2002, the rules notified thereunder and Reserve Bank of India (Know Your Customer (KYC)) Directions, 2016.



ATTACH SEPARATE SHEETS FOR 1ST HOLDER, EACH JOINT HOLDER & RELATED PERSON

For existing depositor, the information furnished herein will supersede the information available in records of LIC HFL.

DEPOSITOR'S DETAILS IN CASE OF INDIVIDUAL / RELATED PERSON DETAILS

Name : (As per PAN)	Prefix	First Name	Middle Name	Last Name	Affix a latest Photograph here
Guardian Name: (In case of Minor)					
Father/Spouse Name :					
Mother Name :					
Maiden Name :					
Marital Status: <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Others	Gender: <input type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input type="checkbox"/> T - Transgender				
Status: <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Individual	Citizenship: <input type="checkbox"/> Indian <input type="checkbox"/> others (Specify country name) _____				
Date of Birth: DDMMYY	Nationality: _____			Place of Birth: _____	
Income-tax Permanent Account Number (PAN): _____ (Attach a copy of self attested PAN Card)					

ENTITY DETAILS (If Depositor is Legal Entity)

Name : (As per PAN)	
Entity Constitution Type : <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Society <input type="checkbox"/> Association of Persons <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> LLP <input type="checkbox"/> Artificial Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Not Categorised <input type="checkbox"/> Body of Individuals <input type="checkbox"/> Others _____	
Date of Incorporation : DDMMYY	Date of Commencement of Business: DDMMYY
Place of Incorporation/Formation: _____	Country of Incorporation/Formation: _____ TIN or Equivalent Issuing Country: _____
PAN: _____ (Attach a copy of self attested PAN Card)	TIN/GST Registration Number : _____
Entity Registration Number : _____	

DETAILS OF RELATED PERSON

<input type="checkbox"/> Addition of Related Person <input type="checkbox"/> Deletion of Related Person <input type="checkbox"/> Updation of Related Person Details
KYC Number of Related Person (if available*): _____ *If KYC Number is available, only 'Related Person Type' & 'Name' is mandatory
Related Person Type : <input type="checkbox"/> Guardian of Minor <input type="checkbox"/> Assignee <input type="checkbox"/> Authorised Representative (In case of Individual/HUF)
Citizenship : <input type="checkbox"/> Indian <input type="checkbox"/> Others (Specify Country Name) _____
Number of Related Person : _____
Related Person Type : <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Court Appointment Official <input type="checkbox"/> Proprietor <input type="checkbox"/> Beneficiary (In case of Legal Entity)
<input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Other (Please Specify) _____

PROOF OF IDENTITY & PERMANENT ADDRESS (Please attach self attested copy of any one of the following Officially Valid Documents(OVD) & carry original document for verification)

Individual	Proof of Identity <input type="checkbox"/>	Proof of Address <input type="checkbox"/>	Proof of possession of Aadhaar number (Please redact / blackout first 8 digits of aadhaar number) XXXXXXXX	Expiry Date DDMMYY
	<input type="checkbox"/>	<input type="checkbox"/>	Passport No. _____	DDMMYY
	<input type="checkbox"/>	<input type="checkbox"/>	Driving Licence No. _____	DDMMYY
	<input type="checkbox"/>	<input type="checkbox"/>	Voter ID Card No. _____	

Legal Entity ☐ Certificate of Incorporation / Formation ☐ Registration Certificate ☐ Other Documents

Permanent/Registered Address/Place of Business: (Individual / Legal Entity)	
Line 1 -	
Line 2 -	
Line 3 -	
City / Town / Village -	District - Pin/Post Code -
State / UT Code -	Country -

CONTACT DETAILS (All Communications will be sent to Mobile Number/Email-Id provided)

Tel.(R) _____	STD Code _____	Fax _____	Mobile _____
Tel.(O) _____	Extn. No. _____	Email Id _____	

CORRESPONDENCE ADDRESS : Please submit self attested copy of any utility bills (Electricity, Gas, Telephone, Post Paid Mobile, etc.) which is not more than two months old or any other document acceptable to LIC HFL.

Any other Address Proof (Subject to satisfaction of the Company) _____

Correspondence Address/Local Address -

Line 1 -

Line 2 -

Line 3 -

City / Town / Village - District - Pin/Post Code -

State / UT Code - Country -

Mandatory In case of NRI :

Country of Residence for Tax Purpose _____ *Tax Identification No. (TIN): _____ Country of Issue _____

Country of Birth _____ Nationality _____ Citizenship _____ Occupation Type _____

• Self Attested copy of Tax Residency Certificate

*Functional equivalent of TIN : Social Security/Insurance No./Citizen/Personal Identification/Service Code/National Identification No./Resident No.

Foreign Residence Address _____

Occupation Type : Service: ☐ Private Sector ☐ Public Sector ☐ Govt Sector

Employee Id : _____

Others: ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student

☐ Business : Nature of Business _____

Others (Please tick wherever is applicable)

☐ Antique Dealers ☐ Dealers in Arms ☐ Bullion Dealers ☐ Exports/Imports Activity

☐ Conducting Money Service Bureau such as money exchangers

☐ Real Estate & Construction Business ☐ Politically Exposed Person

Networth (Assets-Liabilities) : ☐ Less than Rs. 5 Crore ☐ Rs. 5 Crore or More

Household Income :

☐ upto Rs. 1 Lakh p.a. ☐ upto Rs. 3 Lakh p.a. ☐ upto Rs. 5 Lakh p.a. ☐ Above Rs. 5 Lakh p.a.

Source of Funds : _____ Purpose of Opening Account : _____

Additional requirements/Proof of Identity for Deposit By Charitable/Religious Trusts, AOP, Co-operative Society, HUF, Partnership Firm.

- ☐ Certificate of Registration
- ☐ Certificate of Incorporation / Formation
- ☐ Governing Deed &/or Rules & Regulations/Bye Laws/Partnership Deed/HUF Deed
- ☐ PAN Card ☐ Trust Deed ☐ Telephone Bill
- ☐ Resolution of Board/Managing Committee
- ☐ Power of Attorney granted to its Manager, Officer's or Employees to transact on its behalf
- ☐ List of authorised signatories
- ☐ Proof of Identity of Trustees/Beneficiaries/Settlers
- ☐ Cancelled Cheque(as additional requirements)
- ☐ Activity Proof - 1 (for Sole Proprietorship only)
- ☐ Activity Proof - 2 (for Sole Proprietorship only)

DECLARATION

I hereby declare that the details furnished in above KYC compliance application form are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I/We further declare that the deposit made under the deposit application is through legitimate source and does not include directly/indirectly any proceeds of schedule of offence and/or is not designed for the purpose of any contravention or evasion under any law of the provisions of the Prevention of Money Laundering Act, 2002 and any Rules, Regulations, Notifications, Guidelines or Directions there under, as amended from time to time.

I hereby declare consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: DD - MM - YYYY

Place: _____

Signature of the Depositor / Related Person

ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

Application type ☐ New ☐ Update

KYC VERIFICATION CARRIED OUT BY

Date :

Emp. Name :

Emp. Code :

Emp. Desig. :

Emp. Branch :

[Employee Signature]

KYC Number

INSTITUTION DETAILS

Name

Code

[Institution Stamp]

FORM DA 1 : NOMINATION

Nomination under Section 36B of the National Housing Bank Act, 1987 and Rule 2(1) of the Banking Companies (Nomination) Rule, 1985 in respect of deposit with LIC Housing Finance Ltd.

I/We _____ Address(es) _____

Nominate the following person to whom in the event of my / our / minor's death the amount of this deposit may be returned by LIC Housing Finance Ltd.

Name of Nominee: _____

Date of Birth DD MM YYYY Age _____ Relationship of Nominee with First/Sole Depositor _____ Gender M F T

*As the nominee is a minor on this date, I/We appoint Shri/Smt/Kum. _____

Address _____

Date of Birth DD MM YYYY

to receive the amount of the deposit on behalf of the nominee in the event my/our/minor's death during the minority of the nominee.

Address of Nominee: _____

Mobile: _____ Pin Code _____

KYC No.(If KYC is already complied) _____

Email id: _____

☐ Please tick if nominee's name should not be printed on Deposit Receipt/Renewal of Deposit. (Nominee name will be printed accordingly on the Deposit Receipt)

*Strike out if nominee is not minor.

Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

Name and Address of witness (ONLY IN CASE OF THUMB IMPRESSION)

Witnesses-1 _____

Witnesses-2 _____

Sign. 1 _____

Sign. 2 _____

Place and Date: _____

Signature of Depositor(s) for Nomination

(First/Sole/Guardian)

(Second)

(Third)