



**PROOF OF IDENTITY TO BE PROVIDED BY THE DEPOSITOR (PLEASE SUBMIT ANY ONE OF THE FOLLOWING CERTIFIED DOCUMENTS)**

Passport  Photo PAN Card  Driving License  Voter Identity Card  Photo Ration Card   
Any other identification with photograph (Subject to the satisfaction of NHB)

**PROOF OF ADDRESS TO BE PROVIDED BY THE DEPOSITOR (ANY ONE OF THE FOLLOWING CERTIFIED DOCUMENTS MAY BE SUBMITTED)**

Latest Telephone bill  Latest Electricity Bill  Latest Bank Account Statement  Latest Demat Account Statement  
 Ration Card  Registered rent agreement  Any other proof (Subject to the satisfaction of NHB)

**IN CASE, FIRST / SOLE APPLICANT IS A MINOR, NAME AND ADDRESS OF NATURAL / LEGAL GUARDIAN**

Guardian's Name \_\_\_\_\_ Relationship with Minor \_\_\_\_\_  
Guardian's Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Pin \_\_\_\_\_

**NOMINATION (To be signed by the Depositor):**

I/We hereby nominate the following persons as my /our nominee and authorize National Housing Bank to pay the proceeds of the Deposit to nominee mentioned hereunder in the event of my / our death

Name & Address of the nominee	Relationship with the Depositor(s), if any	Age of the nominee	Date of birth of nominee (if minor)

# As the nominee is a minor on this date, I / we appoint (Name, Address & age) \_\_\_\_\_  
\_\_\_\_\_ to receive the amount due on the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

# is applicable if the nominee is a minor. Where deposits are made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

**Name (s) and address(es) of witness(es) for nomination only**

<u>Name &amp; Address</u>	<u>Signature</u>
1. _____	_____
2. _____	_____

**Signature of Depositor(s) For Nomination**

1. First/sole/Guardian \_\_\_\_\_  
2. Second \_\_\_\_\_  
3. Third \_\_\_\_\_

**TAX TO BE DEDUCTED:**  YES  NO

(If No, please enclose exemption certificate)

**Form Attached:**  15H  15G Option for TDS Certificate

**PAN DETAILS:**

PAN No. of the Depositor(s)	Sole/ First/ Karta for HUF / Guardian in case of Minor	Second	Third
PAN No. ( Please attach copy of PAN Card/ Allotment letter)			
Form 60			
Form 61			

**BANK DETAILS FOR THE PAYMENT OF INTEREST AND PRINCIPAL (ONLY OF FIRST DEPOSITOR):**

Bank Name: \_\_\_\_\_ Branch \_\_\_\_\_

RBI Code \_\_\_\_\_

A/c Type :  Saving  Current A/c No. \_\_\_\_\_

**Only for depositors Opting for Electronic Clearing Service (ECS)**  I would like to avail ECS facility. (If yes, please enclose a cancelled Cheque / photocopy of cheque)

I hereby declare that the particulars given above are correct and complete. If the transmission under ECS is delayed/not affected for reasons of incomplete/incorrect information, or such facility is not arranged for in that Branch/Centre, I would not hold NHB responsible. I have read the terms and conditions and agree to discharge the responsibility expected of me as a participant in the Electronic Clearing Service .

I / We have read and understood the terms and conditions of the NHB SUVRIDDHI (Tax Saving) Term Deposit Scheme and the same are acceptable to me / us. I / we also declare that above information is true to the best of my / our knowledge and belief. 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 offense and / or is not designed for the purpose of contravention or evasion under any law.

Signature of the Depositor(s)	Sole/ First/ Karta for HUF / Guardian in case of Minor	Second	Third
Signature			

Date: \_\_\_\_\_ Place: \_\_\_\_\_

**For collecting Bankers only:**

Term Deposit Application No. _____ Date of Application Form _____ Date of Realisation of Cheque _____	Stamp & Signature of Collecting Bank/ Branch _____
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**For office use only:**

Term Deposit Receipt No. _____ Category of Depositor _____ Rate of Interest _____ Cumulative / Non-Cumulative _____ Arranger Name _____	Date of TDR _____ Period of Deposit _____ Months Date of Maturity _____ Operation Mandate _____ Senior Citizen _____ Yes / No _____ Arranger Code _____
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Checked by \_\_\_\_\_ Authorised by \_\_\_\_\_

**Terms and conditions of the Term Deposit Scheme of National Housing Bank Scheme :**

1. Minimum deposit of Rs. 10,000 and higher in multiples of Rs. 10,000 upto a max of Rs. 1,00,000/- per FY
2. Application forms should be accompanied by a Cheque/DD/Payorder in favour of "NHB SUVRIDDHI (TAX SAVING) TERM DEPOSIT" payable at the collecting centres.
3. Deposits are accepted through Arrangers/Collecting Banker, who will acknowledge the receipt of application. Deposit Receipt will be issued by National Housing Bank.
4. Deposit will be accepted for a period of 60 months
5. Interest will be compounded quarterly.
6. Interest shall be payable half yearly or on maturity.
7. If interest payable half yearly it shall be paid on 1<sup>st</sup> April and 1<sup>st</sup> October every year.
8. Premature withdrawal as per guidelines in force.
9. No loan will be extended on the deposit by National Housing Bank.
10. Nomination Facility is available on the deposit
11. Any dispute or claim shall be subject to exclusive jurisdiction of courts in New Delhi
12. Please submit the following along with the application
  - ❖ Photograph
  - ❖ Proof of Identity ( As specified)
  - ❖ Proof of Residence ( As specified)
  - ❖ Copy of PAN Card or Form 60 / 61 as applicable
  - ❖ Form 15H / 15G if applicable

**Acknowledgement**

(to be filled by the applicant)

Received from Mr/Mrs/Ms. \_\_\_\_\_ Cheque\*/DD/Pay order No. \_\_\_\_\_  
\_\_\_\_\_ dated \_\_\_\_\_ for Rs. \_\_\_\_\_ drawn on \_\_\_\_\_ Bank \_\_\_\_\_ Branch,  
towards NHB SUVRIDDHI (TAX SAVING) Term Deposit for a period of \_\_\_\_\_ months at \_\_\_\_\_ % p.a. under  
interest option  Cumulative  Non Cumulative Option .(\* valid subject to realisation of Cheque )

**For National Housing Bank**

Date: \_\_\_\_\_

Authorised Signatory

**Collecting Banker :** IDBI BANK LTD.

**Nodal Branch :**  
CMS Department, Indian Red Cross Society Building,  
1 Red Cross Road, New Delhi-110001  
Fax No. 22752730, Tel No. 23461785

**List of Collecting Centres :**

Agartala Agra Ahmedabad Aizwal Ajmer Akluj Akola Allahabd Amravati Amritsar Ankleshwar Aurangabad Bahrapur Bangalore Banswara Baramati Bareilly Baroda Barshi Belgaum Berhampur Bhandara Bhavanagar Bhilai Bhilwara Bhopal Bhubaneswar Bhusawal Bijnor Bikaner Bilaspur Bokaro Bulandshahr Burdwan Burhanpur Calicut Chalisgaon Chandigarh Chandrapur Chennai Chiplun Chittorgarh Coimbatore Cuddalore Cuddapah Cuttack Dehradun Delhi-RPU/ Gurgaon Dewas Dhanbad Dhule Dimapur Durg Durgapur Erode Faridabad Gangtok Gazhiabad Gondia Gorakpur Guwahati Gwailor Haldia Hazaribagh Himmatnagar Hingoli Hosur Hubli Hyderabad Ichhalakaranji Indore Islampur Itanagar Jabalpur Jaipur Jalagaon Jalna Jammu Jannar Jamshedpur Jhansi Jodhpur Jullandhar Junagadh Kakinada Kanpur Karad Karaikudi Kashipur Katni Khamgaon Khandwa Kharagpur Khed Kishangarg Kochi Kolhapur Kolkata- Park St. Korba Kottayam Kurnool Latur Lucknow Ludhiana Madurai Malappuram Malegaon Malkapur Mandi Gobindgarh Mnagalore Mathura Meerut Mhow Miraj Moradabad Mysore Nagpur Nanded Nandurbar Nariman Point Nasik Navsari Nipani Pachora Pandharpur Panipat Panjim Paradip Parbhani Patiala Patna Phagwara Phaltan Pithampur Pune Raebareilly Raipur Rajamundhry Rajkot Rajnandgaon Rajsamand Ranchi Ratlam Ratnagiri Renukoot Roorkee Rourkela Rudrapur Saharanpur Salem Sangamner Sangli Satara Sendhwa Shillong Shimla Sholapur Shrirampur Sikanderpur Sikanderpur Siliguri Silvassa Sinnar Sirsa Sivaganga Surat Surendranagar Tasgaon Thiruvalla Thiruvananthapuram Thrissur Tirupur Trichi Udaipur Udgir Ujjain Vallabh Vidyanagar Vapi Varanasi Vijaywada Vishakhapatnam Vita Wai Wani Warangal Wardha Yeotmal

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**Registrar to the NHB SUNIDHI Term Deposit Scheme :-**

RCMC Share Registry Pvt. Ltd.,  
Unit-National Housing Bank, B - 106, Sector 2, Noida - 201301, Uttar Pradesh  
Email ID : [nhbfd@rcmcdelhi.com](mailto:nhbfd@rcmcdelhi.com), Telephone No. 0120-4015852, Fax No. 0120-2444346

**Note :** In case the Deposit Receipt is not delivered to you within 21 days from the date of deposit, Please contact our Registrar at following address : RCMC Share Registry Pvt. Ltd.,  
Unit-National Housing Bank, B - 106, Sector 2, Noida - 201301, Uttar Pradesh  
Email ID : [nhbfd@rcmcdelhi.com](mailto:nhbfd@rcmcdelhi.com)

Contact Persons - Mr. Ravinder Dua, Mr. Rajesh Adhana  
Contact Nos. 0120-4015880 / 0120-4015852  
Direct No.0120-4015884

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**Note :- to be obtained separately from each account holder in case Joint Account**

**(DECLARATION)**

**FORM NO. 60**

[See second proviso to rule 114B]

**Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B**

1. Full name and address of the declarant \_\_\_\_\_
2. Particulars of transaction \_\_\_\_\_
- 3 Amount of the transaction \_\_\_\_\_
4. Are you assessed to tax? Yes / No
5. If yes, (i) Details of Ward/ Circle/ Range where the last return of income was filed?  
(ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

***Verification***

I, \_\_\_\_\_ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_ 20

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Signature of the declarant

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**Form No. 61**

**Form of Declaration to be filed by a person who has agricultural income and is not in receipt of any other income chargeable to income tax in respect of transactions specified in clauses (a) to (h) of rule 114B**

1. Full name and address of the declarant: .....  
.....  
.....
2. Particulars of transaction:
3. Details of the document being produced in support of address in Column(1)  
.....

I hereby declare that my source of income is from agriculture and I am not required to pay income tax on any other income if any

Date: .....

Place: .....

.....  
Signature of the declarant

***Verification***

I, ..... do hereby declare that what is stated above is true to the best of my knowledge and belief .

Verified today, the ..... day of .....20.....

Date: .....

Place: .....

.....  
Signature of the declarant