



Tamilnadu Transport Development Finance Corporation Ltd.,

(A Government of Tamilnadu Undertaking)

Tamilnadu Tourism Complex, 4th Floor, No.2, Wallajah Road, Chennai – 600 002

PHONE: 044-25333930 / 25333931 / 25333932 P.B. No.2215

APPLICATION FORM FOR DEPOSIT AND RENEWAL

INTEREST PAYMENTS
THROUGH ECS
WHERE EVER SUCH
FACILITIES AVAILABLE

Please tick the appropriate box

SCHEMES	PERIOD IN MONTHS	INTEREST PAYMENT
1. Scheme 1-PIPS (Periodic Interest Payment Scheme) <input type="checkbox"/>	24 <input type="checkbox"/> 48 <input type="checkbox"/> 36 <input type="checkbox"/> 60 <input type="checkbox"/>	1. Monthly <input type="checkbox"/> 2. Quarterly <input type="checkbox"/> 3. Annually <input type="checkbox"/>
2. Scheme 2-MMS (Money Multiplier scheme) <input type="checkbox"/>	12 <input type="checkbox"/> 36 <input type="checkbox"/> 60 <input type="checkbox"/> 24 <input type="checkbox"/> 48 <input type="checkbox"/>	1. On Maturity <input type="checkbox"/>

Deposit amount Rs. (Rupees.....only)

Cheque / DD No. & Date.....

Name of Bank.....

FDR / DC No. (In Case of Renewal) :

Name & Address of the Primary Depositor (In Block Letters)

Mr/Ms/Mrs/M/S

Pincode

Age

Date of Birth

Mobile No. for SMS Alert Service :

E-mail ID :

Address Proof for Depositor and Age Proof for Senior Citizen must be Enclosed

Name of Joint Holders (In Block Letters)

NAME (Mr./Ms./Mrs./M/s.)	AGE	DATE OF BIRTH
1.		
2.		

TAX TO BE DEDUCTED YES NO NA

If No I.T., Exemption certificate / Form 15H/15G furnished, Tax will be deducted as applicable.

PAN No.

Copy of PAN shall be enclosed.

INTEREST PAYABLE TO PIPS DEPOSIT THROUGH ECS

1. IFS Code

2. Account Number

3. Name and address of the Bank :

**Copy of Bank
Pass Book shall
be enclosed**

FOR OFFICE USE / HEAD OFFICE

T.R. No.....Date.....

Date of Deposit.....

Amount Rs.....

Date of Maturity.....

Cashier

FDR / DC No.

BRANCH OFFICE

Date of Deposit.....

T.R. No.....Date.....

Amount Rs.....

ABM

BM

MODE OF REMITTANCE

1. City Cheque 3 Renewal

2. DD 4 Combination

CATEGORY

- | | |
|--|--|
| <input type="checkbox"/> 1 Individual | <input type="checkbox"/> 2 HUF |
| <input type="checkbox"/> 3 Partnership | <input type="checkbox"/> 4 Trust |
| <input type="checkbox"/> 5 Public Ltd. Co. | <input type="checkbox"/> 6 Pvt. Ltd. Co. |
| <input type="checkbox"/> 7 Govt. Company | <input type="checkbox"/> 8 Board |
| <input type="checkbox"/> 9 Local Authority | <input type="checkbox"/> 10 Society |
| <input type="checkbox"/> 11 Govt. Dept. | <input type="checkbox"/> 12 Temples |
| <input type="checkbox"/> 13 University | <input type="checkbox"/> 14 Others |

ACCOUNT CODE

Minor Major Joint

STATUS

Resident NRI

FDR / DC Nos. of other Deposits with the Company

INITIAL OF TDFC OFFICERS

DECLARATION

- I/We hereby deposit with you in Fixed Deposit as per particulars given above.
- I/We hereby declare that the amount is not being deposited out of the funds acquired by me / us by borrowing or accepting deposits from any other person.
- I/We have gone through the financials and other statements / particulars / representations furnished / made by the company and after careful consideration I am making the deposit with the company at my own risk and volition.
- I/We have read the terms and conditions of the deposit or had them read out and translated to me / us and understood them and agree to abide by them.

Signature of Joint Depositors

1

2

Date

SIGNATURE OF PRIMARY DEPOSITOR

NOMINATION FORM - 1 : FORM DA-1

Nomination under section 45QB of the Reserve Bank of India Act, 1934 (read with section 45ZA of the banking Regulation Act, 1949 and Rule 2(1) of the banking Companies (Nomination) Rules, 1985) In respect of deposits with non-banking financial Companies.

I.....(Name of the Depositor) nominate the following person to whom in the event of my death the amount of the deposit, particulars whereof are given below, may be returned by Tamil Nadu Transport Development Finance Corporation Ltd.

Deposit Details		Nominee			
FDR No.	Amount (Rs.)	Name & Address	Relationship	Age	If nominee is a minor his/her date of Birth

As the nominee is a minor on this date, I appoint Mr/Ms..... (name, address and age) to receive the amount of the deposit on behalf of the nominee event of my/our/minors death during the minority of the nominee.

Place :

Date :

Signature of the depositor(s)

**RATE OF INTEREST FOR FRESH DEPOSITS / RENEWALS
WITH EFFECT FROM 18.01.2021**

**Scheme-I PERIODIC INTEREST PAYMENT SCHEME
Minimum Deposit Rs. 50000/-**

RATE OF INTEREST PER ANNUM

FOR OTHER THAN SENIOR CITIZEN (GENERAL)			
Period of Deposit (Months)	Monthly (%)	Quarterly (%)	Annually (%)
24	-	7.25	-
36	7.75	7.75	7.98
48	7.75	7.75	7.98
60	8.00	8.00	8.24

FOR SENIOR CITIZEN **			
Period of Deposit (Months)	Monthly (%)	Quarterly (%)	Annually (%)
24	-	7.50	-
36	8.25	8.25	8.51
48	8.25	8.25	8.51
60	8.50	8.50	8.77

**Scheme-II MONEY MULTIPLIER SCHEME (GUMULATIVE)
Minimum Deposit Rs. 50000/-**

FOR OTHER THAN SENIOR CITIZEN (GENERAL)			
Period of Deposit (Months)	Base Rate (%)	Effective Yield (%)	Maturity Value for Rs. 50000/-
12	7.00	7.19	53593
24	7.25	7.73	57727
36	7.75	8.63	62947
48	7.75	8.99	67969
60	8.00	9.72	74297

FOR SENIOR CITIZEN **			
Period of Deposit (Months)	Base Rate (%)	Effective Yield (%)	Maturity Value for Rs. 50000/-
12	7.25	7.45	53725
24	7.50	8.01	58011
36	8.25	9.25	63880
48	8.25	9.66	69315
60	8.50	10.46	76140