



Shriram Transport Finance Company Limited

Corporate Identity No. (CIN) L65191TN1979PLC007874

Regd. Office: Sri Towers, Plot No. 14A, South Phase, Industrial Estate, Guindy, Chennai - 600 032. Ph: 044 485 24 666 Fax: 044 485 25 666

Admn Office: 101-105, Shiv Chambers, 1st Floor, 'B' Wing Sector-11, CBD Belapur, Navi Mumbai - 400 614, Maharashtra.

Toll free No. 18001034959, E-mail Id: customersupport@stfc.in, www.stfc.in



SHRIRAM UNNATI FIXED DEPOSITS

INDIVIDUALS, HUF, NRI
&
SOLE PROPRIETORSHIP

FD rated
"FAAA/Stable"
by CRISIL.

Application for Deposit

CRISIL rating indicates highest degree of safety
ICRA rating indicates high credit quality

FD rated
"MAA+ / with
Stable Outlook"
by ICRA

INTEREST RATES-ON FRESH DEPOSITS/ RENEWALS (w.e.f. 1st April 2021)

Retail Deposit <= 5 crore								Bulk Deposit > 5 crore							
Non-cumulative Deposit				Cumulative Deposit				Non-cumulative Deposit				Cumulative Deposit			
Period (months)	Monthly % p.a	Quarterly % p.a	Half yearly % p.a	Yearly % p.a	Rate (p.a. at Monthly rests)	Effective yield % p.a	Maturity value for Rs. 5000/-	Period (months)	Monthly % p.a	Quarterly % p.a	Half yearly % p.a	Yearly % p.a	Rate (p.a. at Monthly rests)	Effective yield % p.a	Maturity value for Rs. 5000/-
12	7.01	7.06	7.12	7.25	7.01	7.25	5,360	12	7.26	7.31	7.38	7.51	7.26	7.51	5,375
24	7.25	7.30	7.37	7.50	7.25	7.78	5,775	24	7.50	7.55	7.62	7.77	7.50	8.07	5,805
36	7.72	7.77	7.85	8.00	7.72	8.66	6,300	36	7.97	8.03	8.11	8.27	7.97	8.98	6,345
48	7.81	7.87	7.94	8.10	7.81	9.14	6,825	48	8.06	8.12	8.20	8.37	8.06	9.48	6,895
60	7.95	8.01	8.09	8.25	7.95	9.73	7,430	60	8.20	8.26	8.35	8.52	8.20	10.10	7,525

Additional interest of 0.40% p.a. will be paid for Senior citizen (Completed age 60 years on the date of deposit/renewal)

Additional interest of 0.25% p.a on all Renewals, where the deposit is matured.

Additional interest of 0.15% p.a to employees of Shriram Group Companies and their relatives.

Deposits will be accepted in multiples of 1000/- subject to a minimum amount of 5000/-

Cumulative deposits can be renewed for maturity value.

INTEREST RATES ARE SUBJECT TO CHANGE AND THE RATE APPLICABLE WILL BE THE RATE PREVALENT ON THE DATE OF DEPOSIT / RENEWAL.



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 CBD Belapur, Navi Mumbai - 400 614, Maharashtra. Ph.: +91-22-40957575.

Business Associate Name : _____
Business Associate Code : DEBDEL031
Affiliate Business Associate : _____
Branch : _____

Application Form for Fixed Deposit (Resident Individual / HUF / NRI / SOLE PROPRIETORSHIP)

Please fill the information in CAPITAL letters and tick in appropriate places, only with black or blue ink

I/We wish to apply for Fresh/Renewal of Deposit for a Period (months) of 12 24 36 48 60

Payment Details

If Fresh, Cheque/RTGS/NEFT, UTR No _____ Amount: _____ Drawn on _____ Date : _____
 If Renewal, Old Cert No. _____ Maturity Date ____/____/____ Renewal Amount Rs. _____
 Part Refund Amount Rs. _____ Total Investment Amount _____ *Deposit Type : Fresh Renewal Both

*Type of Receipt Physical Receipt <input type="checkbox"/> # E-Receipt <input type="checkbox"/>	*Maturity Instruction # Auto Refund <input type="checkbox"/> Renew only Principal Amount <input type="checkbox"/> Renew, Principal with Interest Amount (If, no option selected, Principal with interest amount will be renewed) <input type="checkbox"/>	Category Member of Public <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Relative of Director <input type="checkbox"/> Promoter <input type="checkbox"/>	*Shriram Group Employee Yes <input type="checkbox"/> No <input type="checkbox"/> Organization Name _____ Employee Code _____	*Deposit Repayment to be made to Sole/First Applicant <input type="checkbox"/> Anyone or Survivor/s <input type="checkbox"/> Former or Survivor/s <input type="checkbox"/>	*Scheme <input type="checkbox"/> Cumulative <input type="checkbox"/> Monthly interest <input type="checkbox"/> Quarterly interest <input type="checkbox"/> Half-Yearly interest <input type="checkbox"/> Yearly interest
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First Applicant Details as per KYC Document : *CKYC No (if any) _____ (For new / Non-CKYC investor, KYC form mandatory)
 *Mr. / Ms. / Minor _____
 *DOB ____/____/____ *PAN _____ ^Form 60 Customer ID: _____
 (If investment amount is less than Rs.50000/- & PAN not available) (If existing investor)
 #Email ID: _____ *Mobile No. : _____

*Form 15G / Form 15H furnished: Yes No (If No, TDS will be deducted) *Status of the First Applicant: Resident Individual HUF NRI

Second Applicant Details as per KYC Document : *CKYC No (if any) _____ (For new / Non-CKYC investor, KYC form mandatory)
 *Mr. / Ms. / Minor _____
 *DOB ____/____/____ *PAN _____ Customer ID: _____
 #Email ID: _____ *Mobile No. _____

Natural Guardian Details as per KYC Document : *CKYC No (if any) _____ (For new / Non-CKYC investor, KYC form mandatory)
 Mr. / Ms. _____ *Guardian of : First Applicant Second Applicant
 *DOB ____/____/____ *PAN _____ Customer ID: _____
 Email ID: _____ *Mobile No. : _____

Details of Bank Account (First Named Depositor) (Cancelled cheque leaf to be submitted)

*Bank Account No _____ *Bank Name _____
 *MICR Code _____ *Branch _____
 *IFSC Code _____ *Account: Saving Current

Declaration: I/we have read the Terms and conditions of the company and accept that they are binding on me/us. I/We hereby declare that the first named depositor mentioned in my/our application is the beneficial owner of this deposit and as such he/she should be treated as the payee for the purpose of tax deduction under Section 194A of the Income Tax Act, 1961. I/We hereby agree to abide by the attached terms and conditions governing the deposit.

I/We have gone through the financials and other statements/representations/particulars furnished /made by the company and after careful Consideration, I/We/am/are making the deposit with the company at my/our own risk and volition.

I/We further declare that, I/we am/are authorized to make this deposit in the above mentioned scheme Shriram Unnati Fixed Deposits 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, Notifications, Guidelines or Directions there under, as amended from time to time. I/We shall provide any further information and fully co-operate in investigation as and when required by the Company in accordance to the applicable Law. I/We further affirm that the detail provided by me/us is/are true in all respect and nothing has been concealed. I/We authorize Shriram Transport Finance Company Ltd to contact me/us, in person, by post, telephone, e-mail, using short messaging service (SMS), WhatsApp, Bots relating to my/our deposits.

Signature of the Depositors (Individuals / HUF / NRI)

*First Applicant / Guardian	1. In case of deposits in joint names, all the depositors must sign on the space provided above. 2. Thumb impression must be attested by the magistrate or notary public.
Second Applicant / Guardian	

* Details are mandatory
 # Details mandatory for E-Receipt

NRI investors are requested to furnish passport copy with Visa page, domestic and international address.

Nomination Details U/S 45QB of RBI Act 1934 (Form DA1)

I/We above named depositors at current address in your records, nominate the following person to whom in the event of my/our/minor's death the amount of this deposit may be returned by Shriram Transport Finance Company Limited:

Name of the Nominee: _____ DOB of Nominee: ____/____/____

Address of Nominee: _____

City: _____ Pincode: _____

Nominee Relationship with First Applicant: Father Mother Spouse Others (Specify) _____

As the Nominee is minor on this date, I/We appoint _____ Age: _____

Address: _____

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

Signature of the Depositors For Nomination
 First Applicant / Guardian _____ Second Applicant / Guardian _____

witness required in case if thumb impression is affixed by Depositor(s), Name of nominee should be same as that appearing on valid ID Proof on the nominee.
For office use only

TR number	Cert number	Cert date	Checked By	Authenticated by	Authentication date



Know Your Customer (KYC) Application Form (Resident Individuals / HUF / Sole Proprietorship)

Please fill the information in CAPITAL Letters and in appropriate places

A WINNING RELATIONSHIP

The information is sought under Prevention of Money Laundering Act, 2002, the rules notified thereunder and RBI guidelines on Know Your Customer
For existing Depositor, the information furnished herein will supersede the information available in the records of STFC.

Customer's Details (as per KYC documents)

Customer ID: _____

CKYC No _____ (if any) *Gender: M F Others

*Date of Birth

D	D	M	M	Y	Y
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*Name _____

*Father Name _____

*Mother Name _____

Spouse Name (If Married) _____

*Communication Address: _____

Paste latest passport size photograph with signature (DO NOT STAPLE)

IGNORE if already submitted earlier

City _____ State _____ *Pin _____

Country _____ Birth Place _____

Nationality _____ Citizenship _____

*Permanent Address: _____

City _____ State _____ *Pin _____

Country _____

* Marital Status:

Married Unmarried

*Mobile No _____ #Email ID _____

* Fields are Mandatory

Mandatory for E-Receipt

- *Occupation : Service Private Sector Self Employed Retired
 Public Sector Government Sector Housewife Student
 Professional Business Other (specify below) _____

*Please tick (✓) If the following is applicable to you Politically Exposed Person (PEP) Relative of PEP Not Applicable

*Proof of Identity (Self Attested)	
<input type="checkbox"/> Aadhaar issued by UIDAI	Expiry Date _____
<input type="checkbox"/> Passport	_____
<input type="checkbox"/> Driving Licence	_____
<input type="checkbox"/> Voter ID Card	
<input type="checkbox"/> Others : _____	

*Proof of Address (Self Attested)	
<input type="checkbox"/> Aadhaar issued by UIDAI	Expiry Date _____
<input type="checkbox"/> Passport	_____
<input type="checkbox"/> Driving Licence	_____
<input type="checkbox"/> Voter ID Card	
<input type="checkbox"/> Others : _____	

Additional Documents Required for NRI'S

- * Address proof both Indian and overseas - Self Attested
- * PIO card (if it is a foreign passport)
- * Tax Resident Certificate (TRC) for IT Department of the country of which the investor is resident to avail DTAA benefit
- * Overseas Employment letter (optional for confirmation of residential status and overseas address)
- * Passport with valid visa page self attested
- * DTAA Declaration
- * NRI Undertaking cum FATCA / CRS declaration Form

DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my/our 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/We am/are aware that I/we may be held liable for it.
- My personal / KYC details may be shared with Central KYC Registry.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.
- I hereby consent to download records from Central KYC Registry by using KYC identifier furnished".

Place : _____ *Date : _____ *Signature : _____

For Office Use Only

Documents Received Certified Copies

Checked by _____

KYC VERIFICATION CARRIED OUT BY	
Emp. Name :	_____
Emp. Code :	_____
Designation :	_____
Date :	_____

INSTITUTION DETAILS	
Name :	_____
Code :	_____

Employee signature _____