

# JAIPRAKASH ASSOCIATES LIMITED

CMS CODE- "JAYPEE"

Regd. & Corporate Office : Sector 128, Noida-201 304 (U.P.)  
 Delhi Office : 'JA House', 63, Basant Lok, Vasant Vihar, New Delhi - 110 057.  
 website : www.jalindia.com

Sr. No.

BSDL 58784

Broker's Name & Address Stamp

JM Financial  
 Services Pvt Ltd

PAN No.

## APPLICATION FORM FOR FIXED/CUMULATIVE DEPOSIT SCHEMES

WRITE ONLY ONE LETTER IN EACH BOX BY USING BLOCK LETTER AND TICK (3) APPROPRIATE BOX WHERE APPLICABLE

FIRST APPLICANT'S NAME : MR./MRS./MS. \_\_\_\_\_ AGE \_\_\_\_\_

IF MINOR, GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PIN CODE \_\_\_\_\_

DATE OF BIRTH OF FIRST APPLICANT (IN CASE OF MINOR & SENIOR CITIZEN) \_\_\_\_\_ First Applicant's Father's/Husband's Name..... \_\_\_\_\_

PHONE NO. \_\_\_\_\_ E-mail address \_\_\_\_\_

SECOND APPLICANT'S NAME  
 MR/MRS/MS.....

THIRD APPLICANT'S NAME  
 MR/MRS/MS.....

CATEGORY	STATUS	OCCUPATION
<input type="checkbox"/> PUBLIC	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> SERVICE
<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> TRUST	<input type="checkbox"/> PROFESSIONAL
<input type="checkbox"/> SHAREHOLDER*	<input type="checkbox"/> HUF	<input type="checkbox"/> BUSINESS
		<input type="checkbox"/> RETIRED
		<input type="checkbox"/> HOUSE WIFE
		<input type="checkbox"/> STUDENT
		<input type="checkbox"/> SR. CITIZEN**
		<input type="checkbox"/> OTHER

\* LF NO./CLIENT ID & DP ID .....

\*\* Please submit proof of age, if the age is 60 years and above

AMOUNT OF DEPOSIT RUPEES \_\_\_\_\_

RUPEES \_\_\_\_\_

BY CASH RECEIPT/CHEQUE/DD NO..... DATED.....

DRAWN ON.....

IF RENEWAL, FDR NO..... DATED.....

MATURITY VALUE RS..... DUE ON.....

TYPE OF DEPOSIT SCHEME FOR THE PERIOD

A  B  C  6  12  24  36 Months

TAX TO BE DEDUCTED YES  NO  NA

(If no, Form 15G/15H\* should be submitted alongwith the Application Form, otherwise tax will be deducted wherever applicable)

(\* 15H in case of Sr. Citizen aged 65 years and above)

PERMANENT A/C NO (enclose copy of PAN Card).....

(PAN is mandatory in case Deposit is Rs. 50,000/- or more).....

### DECLARATION:-

I/we hereby declare that the amount being deposited with you is not out of any funds acquired by me/us by borrowing from any other person. I/we declare that I am/we are resident(s) of India and am/are not depositing this amount as nominees of any person residing outside India. I/we declare that the first named depositor is the beneficial owner of this joint deposit and is to be treated as the payee for the purpose of deduction of tax under section 194A of the Income Tax Act, 1961. I/we also declare that the status as declared above is correct. I/we have read the Terms & Conditions of Deposit and agree to abide by the same.

DEPOSIT TO BE PAYABLE ON MATURITY TO	DETAILS OF OTHER DEPOSIT(S) WITH THE COMPANY
<input type="checkbox"/> FIRST NAMED DEPOSITOR	<input type="checkbox"/> NONE
<input type="checkbox"/> EITHER OR SURVIVOR	<input type="checkbox"/> YES, FDR NO.....

**BANK PARTICULARS OF FIRST APPLICANT**

Name of the Bank .....

Branch.....

Account Type : Current  Saving

Account Number .....

**NOMINATION FORM**  
 (To be filled in by individual(s) applying singly or jointly)

I/We..... wish to make a nomination and do hereby nominate the following person to whom all rights of the amount payable in respect of the deposit shall vest in the event of my/our death.

Nominee's Name .....

Guardian's Name\* .....

Date of Birth\* ..... Relationship .....

Address .....

(Signature of Nominee/Guardian\*) \_\_\_\_\_ Signature of Depositor(s) \_\_\_\_\_

\*in case the nominee is a minor

**SIGNATURE OF THE APPLICANT(S)**

FIRST/SOLE APPLICANT .....

SECOND APPLICANT.....

THIRD APPLICANT .....

### FOR OFFICE USE ONLY

RECEIVED ON	SCHEME <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	INWARD NO.	FDR NO.
AMOUNT (Rs.)	PERIOD <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 MONTHS	MODE OF PAYMENT Cash/Cheque/Draft	INVESTOR CODE
WHETHER THROUGH BROKER <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE OF ENCASHMENT OF CHEQUE/DRAFT	BROKER CODE	

### Acknowledgement Slip

(To be filled in by the Applicant)  
 JAIPRAKASH ASSOCIATES LIMITED

Sr. No.

RECEIVED from Mr./Mrs./Ms. ....  
 (Name of First/Sole Applicant)

an application under Fixed Deposit Scheme  A  B  C with cash/cheque/demand draft/FDR no. .... dated.....  
 drawn on..... for Rs. .... for the period  6  12  24  36 months.

Receipt will be forwarded to you within 8 weeks

Cheques & Drafts are subject to realisation.



Signature & Stamp of Receiving Officer