



SUNDARAM HOME

**Sundaram Home Finance Ltd**

Registered Office: 21, Patullas Road, Chennai - 600 002  
Corporate Office: Sundaram Towers,46, Whites Road, Chennai - 600 014,  
CIN: U65922TN1999PLC042759 / Website: www.sundaramhome.in  
Toll Free Number: 1800 572 1840 / E-mail: depositorcare@sundaramhome.in  
RATED FAAA (STABLE) BY CRISIL

**APPLICATION FOR  
ADDITIONAL DEPOSIT**

NEW  ADDITION

Account No:

I/We wish to place a deposit for ₹  Rupees (in words)   
  
 and enclose a Cheque / Draft No.   
dated  favouring Sundaram Home Finance Ltd.  
Drawn on  Branch

APPLICANT(S) Existing deposit Account No

NAME	CUSTOMER ID
I <input type="text"/> <i>Mr./ Mrs./ Miss/ M/s</i>	<input type="text"/>
II <input type="text"/> <i>Mr./ Mrs./ Miss/ M/s</i>	<input type="text"/>
III <input type="text"/> <i>Mr./ Mrs./ Miss/ M/s</i>	<input type="text"/>

SCHEME  FD (Regular Income Scheme)  CD  Senior Citizen  Others (Below 60 years of age)

TERM  12 Months  24 Months  36 Months  48 Months  60 Months

INTEREST FREQUENCY (Regular Income Scheme)  Monthly  Quarterly

REPAY ON MATURITY TO :  Any one of Survivor/s (A or S)  Number one or Survivor/s (N or S)

**INTEREST PAYMENT MODE (Regular Income Scheme) : BANK ACCOUNT DETAILS OF FIRST APPLICANT**

Bank Name   
Branch   
IFSC CODE  MICR CODE   
BANK A/C. No.  SB  Current  NRO   
Tax to Deducted  Yes  No Form 15G/H Furnished  Yes  No

**DECLARATION :** 1. I/We have read and understood the terms and conditions of the company governing this deposit scheme as also the prevailing interest rates for deposits and accept that they are binding on me/us. We declare that the first named depositor is the beneficial owner of this joint deposit and is to be treated as payee for the purpose of section 19A of the Income Tax Act 1961.

2. I wish to avail online access for my deposit  Yes  No  Already Availed.

**VERIFICATION:** I/We have gone through the financial and other statements/particulars/representation 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.

First Depositor Signature

Second Depositor Signature

Third Depositor Signature

**Please Note :** In the case of deposit in joint names, All the depositors MUST sign in the space provided above

for Office Use

Processed by Checked by Released by TDR No.

PC  POST  COURIER  BRANCH

DATE : PLACE :