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TERM DEPOSIT ADVICE

Issued in lieu of Deposit receipt
(This is not a Negotiable Instrument)

Branch : PUNE MAIN
 Name : MANAGER, ST ARNOLDS CENTRAL SCHOOL
 Address : SUD CAMPUS, OPP NAGAR ROAD
 WADAGAON SHERI PUNE 411014
 PUNE
 MAHARASHTRA
 411014
 Branch Code : 0147
 Print Date : 04-04-2022
 Customer ID : A48874161
 A/C No : 0147100000008874
 PAN : AAFTS9841J
 Mode of Operation : JOINTLY
 Interest Payment : Quarterly
 Auto Renewal : Yes

Jointly with : CHAIRMAN ST ARNOLDS EDUCA
 Deposit Type : F D QTTLY INTT GENERAL

We are pleased to confirm details of the following amount held in deposit with us. Please quote the account number in all the correspondence. Thank you for banking with us.

Amount (In words) : **Rupees Three Lakh Only**

Term	Rate of Interest(p.a)	Principal Amount	Value Date	Maturity Date	Maturity Value
24 Months	4.9%	INR 300000	12-02-2022	12-02-2024	INR 300000

Nomination : Not Registered Nominee

Premature closure penalty is applicable for term deposit, except NRE deposits.

TDS (applicable if any) shall be deducted on interest payable/ maturity value. Rates may vary from time to time. Unless form 15H/15G is submitted for every financial year in advance, tax will be deducted at source, if applicable

Signature of Officer (Sign Code)

Print By/Date : 11396 04/04/2022 03:13:14

APPLICATION FOR CLOSURE OF TERM DEPOSIT ACCOUNT

I/We request you to please close the above Term Deposit Account held in my/our name:

Date

The proceeds thereof shall be credited to the below-mentioned account:

Account Number

Account Name

*Name of the Bank

*IFSC Code

Date of Closure

* To be filled in only for Non-SIB accounts.

I/We hereby declare that the Deposit requested to be closed has not been assigned/pledged/encumbered in favour of any third party and that I/We am/are the sole and absolute owner(s) of the same. I/We further undertake that, upon closure of the Deposit, I/We shall immediately destroy the Deposit Receipt along with any copies thereof, if any, available with me/us pertaining to the closed Deposit account, and I/We shall not deal with the same in any manner that would cause any claim to be raised against the Bank. I/We further undertake to indemnify the Bank and hold it harmless against any losses, damages, claims (including third party claims) or liabilities that may be incurred by the Bank arising out of the closure of the Deposit.

I/We hereby undertake to abide by all the Terms and Conditions and Schedule/List of charges available in the Bank website (www.southindianbank.com) and as updated from time to time.

Signature of 1st Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant

OFFICE USE

Employee PPC

Date

Signature of Officer (Sign Code)

Signature of Branch Head (Sign Code)

www.southindianbank.com

CIN:L65191KL1929PLC001017

Toll Free 18001029408, 18004251809

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