

MUKAND LIMITED

CIN: L99999MH1937PLC002726
Registered Office & Fixed Deposit Department:
Raiai Rhayan, Jampalal Raiai Marg

Bajaj Bhavan, Jamnalal Bajaj Marg, 226 Nariman Point, Mumbai - 400 021

APPLICATION FORM FOR FIXED DEPOSIT SCHEME FROM SHAREHOLERS ONLY

(PLEASE WRITE IN BLOCK LETTERS AND TICK ✓ THE APPROPRIATE BOX)

Dear Sirs.

I/We hereby apply to Deposit in accordance with the terms and conditions of the Fixed Deposit Scheme

DECLARATION

• I/ We hereby declare that the amount being deposited herewith is not out of any funds acquired by me/us by borrowing or accepting deposits from any other person(s) • I/We declare that the first-named Depositor mentioned in our application is the beneficial owner of this deposit and as such he/she should be treated as the payee for the purpose of deduction of tax at source under Section 194A of the Income Tax Act, 1961 + I/We have read and agree to abide by the attached terms and conditions governing the deposit • I/We declare that what is stated in this application is true and correct. + I/We hereby declare that we are resident of India.

I hereby confirm that the first name holder is the shareholder of the Company and would continue to remain shareholder of the Company during the entire tennure of the deposit. I am/We are aware that in case the first holder ceases to be the shareholder at any time during the tenure of the deposit, the company has right to refund the deposit prematurely, in which case the rules for premature repayment would apply.

| company has high to return the deposit prematurery, in which case the rules for premature repayment would apply. | | | | | | | | | | | | | |
|--|-------------------|------------|---------------------------------------|--------------------------------|-----------------------|---------------------------|------|---|---------------------|---------|-------------------|---------|--|
| AMOUNT O | F ₹ | ₹ | | | | | | | SCHEME | | | | |
| DEPOSIT | (Rupees | | only) | | | | | PERIOD | | | | | |
| MODE OF | | DD NO. | DATED / | | | | | | 3 Years | | | | |
| | RENEWAL | | | OLD F. D. R. NO. | | | ŗ | Monthly Quarterly Cumulative * * Optional only for deposit of Rs. 1,00,000/- & above | | | | | |
| CATEGORY | | | STATUS I | | | ABLE TO | | INCOME TAX | | | | | |
| SHAREHOLDER | | | RESIDEN | Γ INDIVIDUAL [| FIRST NAMED DEPOSITOR | | or [| TO BE DEDUCTED | | | | | |
| FOLIO NO | | | HUF | | EITHER OR SURVIVOR | | | NOT APPLICABLE | | | | | |
| DP IDCLIENT ID(ATTACH NECESSARY PROOF) | | OTHERS, | PLEASE SPECIFY [| ANYC | ONE OR SURVIVOR | | _ | | 15G SUB 15G WILL | | MITTED | | |
| PARTICULARS O | F OTHER FIXED DEI | POSIT WITH | THE COMPANY | NO YES. F. D. R. NO. (S) | | | | FOLIO NO | | | | | |
| FULL NAME OF APPLICANT(S) FIRST NAME MIDDLE NAME SURNAME | | | | | | | | | | | | | |
| 1 (SHRI/SMT/MAST/MISS) (SOLE/ FIRST APPLICANT) | | | | | | | | | | | | | |
| NAME OF THE GUARDIAN (In case the first Applicant is a Minor) Date of Birth of (1st Applicant): | | | | | | | | | | | | | |
| INCOME TAX PERMANANT A/c No : (Refer instruction No. 4 (e) & 12 (j) AADHAR NO | | | | | | | | <u> </u> | | | | | |
| 2 | | | | | | | | | | | | | |
| (SHRI/SMT/MAST/MISS) (SECOND JOINT APPLICANT) | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| (SHRI/SMT/MAST/MISS) (THIRD JOINT APPLICANT) | | | | | | | | | | | | | |
| ADDRESS OF | | | | | | | | | | | | | |
| SOLE / | | | | | | | | | | | | | |
| FIRST APPLICANT City: Pin: Tel.: Mobile.: E-mail: | | | | | | | | | | | | | |
| .&. | BANK & BRANC | | | | | | | | | | | | |
| HARITA CONTROL OF THE PROPERTY | 9 Digit MICR Co | 1 | | | RTGS / | NEFT IFSC COD | DE | | | | | | |
| | A/C NO. | | PLEASE ATTACH COPY OF (| ANCELLED CHEOLIE) | A/c Typ | A/c Type (Saving/Current) | | | | | | | |
| | | | EASE ATTACH COPY OF CANCELLED CHEQUE) | | | | | | | | | | |
| Whor | o the denocit is | in the nan | | ON (OPTIONAL nominatoin should | | | | titlad ta | act on | bobalf | of the | minor | |
| | | | | | | | | uueu ic | act on | Dellall | or the r | TIITIOI | |
| I /We hereby nominate the following person to receive the amount payable to me/us, on my/our death. Nominee's name | | | | | | | | | | | | | |
| Guardian's na | | | | | | | | | | | | | |
| (In case nominee is a minor) Address of the Nominee/Guardian | | | | | | | | | | | | | |
| Date of Birth (In case nominee is a minor) | | | | | | | | | | | | | |
| Signature of nominee (Optional) | | | | | | | | | | | | | |
| SIGNATURE(S) OF APPLICANT(S) (GUARDIANS IN CASE OF MINOR) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1. SOLE/FIRST APPLICANT 2. SECOND APPLICANT 3. THIRD APP | | | | | | | | | | PLICAN | T | | |
| FOR OFFICE USE ONLY BROKER'S NAME & ADDRESS | | | | | | | | | | | | | |
| Deposi | | | alised on | Application | No. | | | | • | | | | |
| = - [- 55 | | | ** | 1 1 | - PPIIOGROIT ITO | | | | | | | | |
| FDR | No | | Dated | Remarks | s | | | | | | | | |
| , 510 | | | _ 3.00 | 7 Comand | - | PAN NO. : | | | | | $\overline{\Box}$ | | |