The Manager Shinhan Bank		
	Branch	
Sub: - Request for a Ter	m Deposit	
Dear Sir,		
I would like to make a t	erm deposit as under:	
Amount: (In Figures)		
Amount: (In Words)		
Starting Date Tenor	(Simple Interest met	nod)
enclosed Term Deposit Closure	nstructions (please tick any one of the A/c No on maturity. with / without interest for a period of	three options)
	· —	uays.

2.3.2 If customer requests for the Term Deposit renewal after 14 days-

The Bank will renew the Term Deposit. The Bank will pay Interest as per the contracted rate till the maturity. The Bank will decide its own interest rate for the overdue period from the maturity date till the time the instructions for renewal is received. The Bank will Open new Term Deposit from the date of receiving the instructions at the interest rate prevailing at the time of such request.

If Customer requests for the Term Deposit Closure after 14 days-

The Bank will credit the account with the Term Deposit proceeds with interest on the date of receiving the instructions. No interest will be payable for the overdue period.

- 3. Nomination facility is available with the Bank and Form 45ZA has to be filled for the aforesaid purpose.
- **4.** The Interest is calculated on a simple interest base method.
- 5. No partial withdrawals are allowed in the 550 days special scheme. And that if premature withdrawn, the interest will be calculated at the applicable bank rates, for which the fixed deposit has run.

Yours faithfully,			

of the Banking Companies (Nomination) Rule 1985 in respect of Bank Deposits.									
I/WeName(s) and address(es)									
Nominate	the following p	person to	whom in the e	event of m	y/our/minor	's death the amount			
of deposit in the account, particular whereof are given below, may be returned by									
Shinhan I	Bank, BKC, Mu	ımbai 400	051.						
Domasit									
Deposit Nature of	Denosit	Account	unt No Add		tional details, if any				
rtatare or	Верозіі	710000111	110.	/ tadition	iai actano, n	arry			
	etails of your No								
		Relationship with		Age	Date of Birth of				
			Depositor, if	any		Nominee			
* As the r	nominee is a m	inor on th	is date, I/We a	appoint					
			, .		Na	ame, Address & age			
to receive the	e amount of the depo of the nominee.	osit in the acc	count on behalf of th	ne nominee in	the event of my	y/our/minor's death during			
Personal D	etails of Your Wi	tness							
Name									
Address									
Signature									
Place									
Date									

Nomination under Section 45 ZA of the Banking Regulation Act 1949 and Rule 2(1)

^{**} Signature of the Depositor