

Registered Office:

T-11, 3rd Floor, Grand Plaza, Paltan Bazar, G. S. Road, Guwahati – 781 008, Assam.

Corporate Office:

"D" Building, 6th Floor, Shiv Sagar Estate, Dr. Annie Besant Road, Worli, Mumbai - 400 018.

CIN: L24229AS1973PLC001446

Contact details: 022 62211000 • Email: legal@amines.com • Website: www.amines.com

	APPLICATION FORM	FOR UNSECURE	FIXED D	EPOSIT SCHE	ME							
	(Please write in BLO	OCK LETTERS and o	check √ the	e appropriate bo	ox)							
Customer ID No. (Of Sole/First Ap	oplicant)				t omer ID No. (Of licant) Applicable holder							
Application Form No.:												
UNSEC	URED DEPOSIT (in m	ultiples of Rs. 50,0	00/- with a	a minimum of I	Rs. 50,000/-)							
Rupees (in fig.)	Cheque/DD No.			Dated D	D / M N	A A Y Y Y						
Rupees (in words)												
Drawn On (Bank / Branch)												
Scheme Non-Cumula Code	tive	NS1		NS2		NS3						
Status of First Applicant Res	sident Individual	Company		HUF		Trust						
Folio No./ DP ID & Client ID No.												
(The Deposit Receipt will be issued i	n physical form only.)											
NAME(S) OF APPLICANT(S)	FIRST NAME MI	IDDLE NAME		SURNAME	PAN (mai applicant	ndatory for all s)						
Sole/First: Mr./Ms.												
Second: Mr./Ms.												
Third: Mr./Ms.												
Name of Guardian (if First holder is minor)												
Date of Birth of Sole/First Applicant	D D / M M /	YYYY										
ADDRESS AND OTHER DETAILS	OF SOLE / FIRST APP	LICANT (RECEIPT	& COMMI	UNICATION WI	ILL BE SENT ON	N THIS ADDRESS)						
Line 1:												
Line 2 :												
City				Pin								
State		Т	ēl.									
Email				Mobil	e No.							
	BANK ACC	COUNT DETAILS O	F SOLE/F	FIRST APPLICA	ANT							
Bank		E	Branch									
Current/Saving Account No.				MICR Code								
IFSCCode		(Please atta	ch cance	lled cheque fo	r verification)							
		·			}€							
		PROVISIONAL RE										
	Арр	olication Form No.										
Received with thanks from Mr./ Ms			amount ₹	F	(Rupees							
	only) via RTGS / NEFT Transaction Ref. No. / Cheque No. / DD No.											
Dated// drawn on												
Nominee Details : Name of the Non Receipt Date / /						horised Signatory						

													PO															
(Where the Deposit is made I / We, the above named Dep may be returned by the Com	positors																											
Name of the Nominee*	İ																								П			
Address Line 1		+														T								\Box	\exists			
Address Line 2		+															State				\Box				\dashv		_	
City		+					Re	L Iatio	nsh	iw ai	th S	ole/	First	Der	oosi	tor					\vdash				\dashv			
Mobile		+					Pin								_	nail					DC)B D	D/	ММ	/ Y `	ΥΥ	Υ	
	ae bela	 w 18	vear	rs) c	on this date, I / We appoint (Name, Address & Age):																							
Name of the Guardian							,																		П			
Address Line 1		+																							\dashv			
Address Line 2		+														\vdash	State				П				\dashv		_	
City		+					Relationship with Sole				ole/	First	t Depositor											\dashv				
Mobile		+					Pin			, p		1		201	_	nail					DC)B D	D/	MM	/ Y `	ΥΥ	Y	
Mobile Pin Email DOB D D / M M / Y Y Y Y as a guardian to receive the amount of the deposit and interest thereon on behalf of the minor nominee, in the event of the death of the depositor(s) during the minority of the nominee.																												
Signatures of Applicant (s) for Nomination																												
						Ť						Ť						PI	lace									
Sole / First Applicant (Guardian in case of Minor) Second Applicant									1	Γhird	Apı	plica	ant		D	ate	DD/MM/YYYY											
Names and Address of two Witness is compulsory, whether nominee is major or minor																												
1. Witness Name														-														
Address																												
2. Witness Name																												
Address																												
									DEC	CLA	RAT	ION																
I/ We have read and understood and agree with the terms and conditions stipulated b Exchange Management Act, 1999, as am is the beneficial owner of this Deposit, and to me/us the particulars required to be give correct. I/We have not withheld any mater any personal information and/or sensitive to disclose, transfer, exchange, share or pentity (ies)") with a further consent for any party service providers, sub-contractors of a AG Entity's business or any part thereof, Information by such persons wherever situ or any person with whom the Information offers specifically tailored to me/ us, provis me/ us in respect of the goods and service or illegal activities or otherwise complying connection with any business collaboratio confirm that I/we would like to receive info time to time and hereby provide my/ our comode, in respect of products and services any such communications made in terms I any changes that may take place in the infagree that my/our failure to disclose any fathat APL shall have the right and authority myself/ourselves and to comply at all time change in law either in India or abroad. I/W authorized to make this deposit in the abo is not designed for the purpose of any cor other Law as may be applicable, from time authorise APL to send electronic mails/ shadvice, have made an independent decision.	y APL. I/W en as per i aid information of a such hen as per i aid information information of a such hen as per sonal coart with, first further trait of any of the (, (e) any grated, and any be sha aion by the as of the AC with applien or programation, of onsent for roor of the APL hereof. I/W ormation, act known act known to carry o so with all in the switch all incoveremention travention to the comment of the APL when the AP	Vé, declam to the /she si the Comation from data or in from time nosfers in msfers in e AG Enflower Holling and the side of the follower had been declared in the AG Entities cable law am includiffers, ser receiving a or any of the side of the follower had been to me/us by the side of the follower had been to me/us by the side of	are that a, b, the work of the	t this I and a and a and a control this I and a factor of the control that a control the control that a control the control that a control th	Deposi m/are in the control of the c	t is nont de not	ot mad other or mad other ot	le out in the transport of transpo	of funs a moo s amo to purple a purple s purple	ids boil to see the control of the c	rowed nomini deductions and services are services and services and services and services and services and services are services and ser	I by me control to be made and the control to the c	efus. 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1. Tax to be deducted	□ Yes		No				If No	, Ple	ease	subr	nit F	orm	15G (OR	15H	(for	60 years	of ag	ge an	d abo	ove).							
						s	IGN.	ATU	RE(S) O	FA	PPLI	CAN	T(S)													
																						F	Place					
Sole/First Applicant (Guardian in case of Minor)						Second Applicant									Third Applicant								Date					

Documents Received: Individual: Cancelled Cheque, Form 15G/H, Pan Card, Proof of Address- Aadhar Card / Passport / Driving License / Voter ID / Latest Utility Bill : Electricity Bill/ Phone Bill/ Bank Passbook (older not more than 3 months) Leave and Licence agreement/rent receipt together with authorisation letter (if necessary). Company- Certificate of incorporation, Memorandum and Articles of Association, Board Resolution, PAN copy of the company, POI & POA (as per KYC documents mentioned for individuals) of the authorised signatory of the company signing the application. Hindu Undivided Family (HUF)- HUF PAN Card, Deed of declaration of HUF, POI & POA (as per KYC mentioned for individuals) of the Karta. Trust and Foundations-Registration certificate, Trust deed, POI & POA (as per KYC mentioned for individuals) of the authorised signatory of the trust /institution signing the application.

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