Shriram Finance Limited

Corporate Identity No. (CIN) L65191TN1979PLC007874
Regd. Office: Sri Towers, Plot No. 14A, South Phase, Industrial Estate,
Guindy, Chennai - 600 032. Ph: 044 485 24 666
Admin Office: 6th Floor (level 2), Building No.Q2, Aurum Q Parć, Gen 4/1, TTC,
Thane Belapur Road, Ghansoli, Navi Mumbai 400710. Ph: 022 4095 7575
Toll free No. 18001034959, E-mail ID: customersupport@shriramfinance.in, **www.shriramfinance.in**



SHRIRAM UNNATI

FIXED DEPOSITS

RESIDENT INDIVIDUALS

Rated "CARE AAA; Stable" by CARE Ratings Limited

Rated "Crisil AAA/Stable" by CRISIL Limited

Rated "[ICRA]AAA (Stable) " by ICRA Limited

Rated "IND AAA/Stable" by India Ratings and Research Pvt Ltd

Application for Deposit

CARE Rating indicates highest degree of safety
CRISIL Rating indicates highest degree of safety
ICRA Rating indicates highest degree of safety
India Ratings and Research Rating indicates highest degree of safety

INTEREST RATES ON FRESH DEPOSITS/RENEWALS UPTO Rs. 10 CRORE (w.e.f. 11th Oct 2026)*#@$^

Period (In (months)	Cumulative	Non-Cumulative			
	At Maturity % p.a.	Monthly % p.a.	Quarterly % p.a.	Half yearly % p.a.	Yearly % p.a.
12	7.00	6.79	6.82	6.88	7.00
15 (Digital Only)	7.50	7.25	7.30	7.36	7.50
18-23	7.25	7.02	7.06	7.12	7.25
24-35	7.50	7.25	7.30	7.36	7.50
36-60	7.85	7.58	7.63	7.70	7.85

*Interest rates are rounded off to two decimal places.

Additional interest rate of 0.50% p.a. will be paid for Senior citizen (Completed age 60 years on the date of deposit/renewal).

@ Additional interest rate of 0.15% p.a. will be paid on all renewals, where the deposit is matured.

$ Additional interest rate of 0.05% p.a. will be paid to Women Depositors.

^ 15 months (Digital only) Deposit tenure is available only for Resident Individuals.

The above additional interest rates will be applied on the yearly rate, which will be factored correspondingly into the calculation of compounding interest rates for periods shorter than a year, including monthly, quarterly, and half-yearly rates..

INTEREST RATES ARE SUBJECT TO CHANGE AND THE RATE APPLICABLE WILL BE THE RATE PREVALENT ON THE DATE OF DEPOSIT / RENEWAL.

"Remember to register a Nominee"

- Nomination helps in easy settlement of claim of deceased depositor.
- One can opt to print the Nominee's name on the certificate.

Application No:

SHRIRAM Finance

Shriram Finance Limited

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Admin Office: 6th Floor (level 2), Building No.Q2, Aurum Q Parc, Gen 4/1, TTC, Thane Belapur Road, Ghansoli, Navi Mumbai 400710. Ph: +91-22-40957575.

Business Associate Name :

Business Associate Code :

Affiliate Business Associate :

Branch :

Application Form for Fixed Deposit (Resident Individual)

Please fill the information in CAPITAL letters and tick in appropriate places, only with black or blue ink

I/We wish to apply for Fresh/Renewal of Deposit for a *Period of_____ months.

Payment Details

If Fresh, Cheque/RTGS/NEFT, UTR No _____ **Amount:** _____ **Drawn on** _____ **Date :** _____

If Renewal, Old Cert No. _____ Maturity Date _____/_____/_____ Renewal Amount Rs. _____

Part Refund Amount Rs. _____ Total Investment Amount _____ ***Deposit Type :Fresh** ☐ **Renewal** ☐ **Both** ☐

***Type of Receipt**
Physical Receipt ☐
E-Receipt ☐

***Senior Citizen** Yes ☐ No ☐

***Minor** Yes ☐ No ☐

***Maturity Instruction**
Auto Refund ☐
Renew only Principal Amount ☐
Renew, Principal with Interest Amount ☐
(If not opted will be treated as auto refund)

***Mode of Operation:**
Sole/First Applicant ☐
Anyone or Survivor/s ☐
Former or Survivor/s ☐

***Scheme**
☐ Cumulative
☐ Monthly interest
☐ Quarterly interest
☐ Half-Yearly interest
☐ Yearly interest

First Applicant Details as per KYC Document : ***CKYC No (if any)** _____ (For new / Non-CKYC investor, KYC form mandatory)

*Mr. / Ms. / Minor _____

***DOB** ___/___/_____ ***PAN** _____ **^Form 97** ☐ Customer ID: _____ (If existing investor)

(^If investment amount is less than or equal to ₹50,000/- or aggregating to less than ₹5,00,000/- during financial year)

#Email ID: _____ *Mobile No. : _____

*Form 121 furnished: Yes ☐ No ☐ (If No, TDS will be deducted)

Second Applicant Details as per KYC Document : ***CKYC No (if any)** _____ (For new / Non-CKYC investor, KYC form mandatory)

*Mr. / Ms. / Minor _____

***DOB** ___/___/_____ ***PAN** _____ **^Form 97** ☐ Customer ID: _____ (If existing investor)

(^If investment amount is less than or equal to ₹50,000/- or aggregating to less than ₹5,00,000/- during financial year)

#Email ID: _____ *Mobile No. _____

Natural Guardian Details as per KYC Document : ***CKYC No (if any)** _____ (For new / Non-CKYC investor, KYC form mandatory)

Mr. / Ms. _____ *Guardian of : ☐ First Applicant ☐ Second Applicant

***DOB** ___/___/_____ ***PAN** _____ Customer ID: _____

Email ID: _____ Mobile No. : _____ Guardian Relation: _____

Details of Bank Account (First Named Depositor) (Personalised Cancelled cheque leaf to be submitted)

*Bank Account No _____ *Bank Name _____

*MICR Code ☐☐☐☐☐☐☐☐☐ *Branch _____

*IFSC Code ☐☐☐☐☐☐☐☐☐☐☐ *Account: Saving ☐ Current ☐

Declaration: I/We have read the Terms and conditions of the company and accept that they are binding on me/us. I/We hereby declare that the first name depositor mentioned in my/our application is the beneficial owner of this deposit and as such he/she should be treated as the payee for the purpose of tax declaration under Section 393(1) of the Income Tax act, 2025. I/We hereby agree to abide by the attached terms and conditions governing the deposit. I/We have gone through the financials and other statements/representations/particulars 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. I/We further declare that, I/We am/are authorized to make this deposit in the above mentioned scheme Shriram Unnati Fixed Deposits and that the amount kept in the deposit is through legitimate source and does not involve directly or indirectly any proceeds of schedule of offence and/or is not designed for the purpose of any contravention or evasion of the provisions of the Prevention of Money Laundering Act, 2002 and any Rules, Notifications, Guidelines or Directions there under, as amended from time to time. I/We shall provide any further information and fully co-operate in investigation as and when required by the company in accordance to the applicable Law. I/We further affirm that the detail provided by me/us is/are true in all respect and nothing has been concealed.

I/We authorize Shriram Finance Limited to contact me/us, in person, by post, telephone, e-mail, using short messaging services (SMS), Whatsapp, Bots relating to my deposits. My personal / KYC details may be shared with Central KYC Registry. I hereby consent to receiving information from Central KYC Registry through SMS/Email on my registered number/email address. I hereby consent to download records from Central KYC Registry by using KYC identifier furnished by me/us. I/We confirm that the Company has explained and provided me / us the above information / Terms & Conditions in the vernacular language (mentioned in the SFL Financial Page) and the same has been understood by me. I hereby consent to Shriram Finance Limited to update my contact information in Central KYC registry and understand that I shall be intimated of any such change(s) by the Company.

I hereby authorize and I voluntarily opt for Aadhaar OVD KYC or e-KYC or offline verification, and submit to SFL my Aadhaar number, Virtual ID, e-Aadhaar, XML, Masked Aadhaar, Aadhaar details, demographic information, identity information, Aadhaar registered mobile number, face authentication details and/or biometric information (collectively, "Information") for the purpose of establishing my identity / address proof or in the capacity of guardian of my minor child's identity / address. I am informed by the SFL that in connection with Aadhaar services, SFL shall share Aadhaar number and/or biometrics with CIDR/UIDAI, and in response, the CIDR/UIDAI shall share with SFL, the authentication data or verification data such as Aadhaar Holder Name, Date of Birth, Address, Photo, and Registered Mobile Number.

Signature of the Depositors

*First Applicant / Guardian	
Second Applicant / Guardian	

1. In case of deposits in joint names, all the depositors must sign on the provided space.
2. Thumb impression(s) to be attested by two witnesses.

*** Details are mandatory**
 # Details mandatory for E-Receipt

^If investment amount is less than or equal to ₹50,000/- or aggregating to less than ₹5,00,000/- during financial year

Witness 1 Signature: _____ **Witness 2 Signature:** _____

Name of the witness : _____ **Name of the witness :** _____

Address of the witness : _____ **Address of the witness :** _____

Nomination Details U/S 45QB of RBI Act 1934 (Form DA1)

☐ I/We the above mentioned depositor(s) do not wish to Nominate

☐ I/We above named depositors at current address in your records, nominate the following person to whom in the event of my/our/minor's death the amount of this deposit may be returned by Shriram Finance Limited: Nominee name has to be printed on the certificate Yes ☐ No ☐

Name of the Nominee: Mr./Mrs._____ DOB of Nominee: ___/___/_____

Address of Nominee: _____

_____ City: _____ Pincode: _____

Nominee Relationship with First Applicant: Father ☐ Mother ☐ Son ☐ Daughter ☐ Spouse ☐ Others (Specify) _____

As the Nominee is minor on this date, I/We appoint _____ DOB of Appointee: ___/___/_____

Address: _____

to receive amount of the said deposit on behalf of the nominee in event of my/our/minor's death during the minority of the nominee.

Signature of the Depositors
For Nomination First Applicant / Guardian_____ Second Applicant / Guardian_____

Witness required in case if thumb impression is affixed by Depositor(s), Name of nominee should be same as that appearing on valid ID Proof of the nominee.

Shriram Finance Limited

SHRIRAM Finance

Know Your Customer (KYC) and FATCA–CRS Application Form (Resident Individuals)

Please fill the information in CAPITAL Letters and ✔ in appropriate places

The information is sought under Prevention of Money Laundering Act, 2002, the rules notified thereunder and RBI guidelines on Know Your Customer
For existing Depositor, the information furnished herein will supersede the information available in the records of SFL

Customer's Details (as per KYC documents)

Customer ID:_____ (If existing Investors) *PAN (^Form 97)_____

CKYC No (if any) _____ *Gender : M ☐ F ☐ Others ☐ *Date of Birth D D M M Y Y Y Y

*Name _____

*Father Name _____

*Mother Name _____

Spouse Name (If Married) _____

Country of Birth _____ City of Birth _____

*Communication Address: _____

_____

City _____ State _____ *Pin _____

Country _____ Birth Place _____

*Nationality _____ *Citizenship _____

Paste latest passport size photograph with signature (DO NOT STAPLE)

IGNORE if already submitted earlier

*Permanent Address: _____

_____

_____

City _____ State _____ *Pin _____

Country _____

*Marital Status:
☐ Married ☐ Unmarried ☐ Others

*Mobile No _____ #Email ID _____

* Fields are Mandatory # Mandatory for E-Receipt ^If investment amount is less than or equal to ₹50,000/- or aggregating to less than ₹5,00,000/- during financial year)

*Category ☐ Member of Public ☐ Shareholder ☐ Director ☐ Relative of Director ☐ Promoter

*Occupation Type: ☐ Salaried ☐ Professional ☐ Self Employed ☐ Student ☐ Housewife ☐ Retired ☐ Other (Please specify_____)

*If Self Employed Nature of Business: ☐ Manufacturing ☐ Professionals ☐ Service Provider ☐ Agriculture ☐ Trader ☐ Jewellers/Bullion ☐ Real Estate ☐ Stock Broker ☐ Other (Please specify_____)

*Please tick (✓) If the following is applicable to you ☐ Politically Exposed Person (PEP) ☐ Relative of PEP ☐ Not Applicable

*Annual Income:
☐ Upto Rs. 3 Lakhs ☐ Above Rs. 3 Lakhs - 6 Lakhs ☐ Above Rs. 6 Lakhs - 15 Lakhs ☐ Above Rs. 15 Lakhs - 30 Lakhs ☐ Above Rs. 30 Lakhs

*Source of Fund:
☐ Salaried ☐ Business Income ☐ Agriculture ☐ Investment Income ☐ Sale of Asset ☐ Other (Please Specify)_____

*Person with Disability:
Differently Abled ☐ YES ☐ NO

If yes and Investor is not an existing customer, then annexure for Differently abled (Annexure XXI) to be attached

*Proof of Identity (Self Attested)	ID No.	Expiry Date
☐ Aadhaar issued by UIDAI		
☐ Passport		___/___/_____
☐ Driving Licence		___/___/_____
☐ Voter ID Card		
☐ Others :		

*Proof of Address (Self Attested)	Expiry Date
☐ Aadhaar issued by UIDAI	
☐ Passport	___/___/_____
☐ Driving Licence	___/___/_____
☐ Voter ID Card	
☐ Others : _____	

Please tick (✓) applicable tax resident declaration: (Any one)*

☐ I am a tax resident of India and not resident of any other country or ☐ I am a tax resident of the country/ies mentioned below

Country	Tax identification Number	Identification Type (TIN or Other please specify)	Address Type for Tax Purpose ☐ Residential ☐ Business ☐ Registered office Address for Tax Purpose ☐ Communication ☐ Permanent ☐ Please note Below
			Pin: State: Country:

#To also include USA, where the individual is a citizen/green card holder of USA %In case Tax Identification No. is not available, kindly provide functional equivalents.

Depositor Declaration

I/We certify that:

(i) I/We have read and understood the FATCA-CRS Terms and Conditions and here by accept the same.

(ii) All the particulars (including Taxpayer Identification Number) given hereby are true, correct and complete to the best of my/our knowledge and belief.

(iii) I/We shall submit a new form to Shriram Finance Ltd., within 30 days if any information or certification in this form becomes incorrect / changed.

(iv) I/We agree that as may be required by regulators, Shriram Finance Ltd. may be required to report my/our details to such regulators or close or suspend my/our account without any obligation of advising me/us of the same.

(v) I/We understand that Shriram Finance Ltd. is relying on this information for the compliance of FATCA-CRS and agree not to hold Shriram Finance Ltd., their employees, authorised agents, service providers, liable for any consequences /losses/costs/ damaged in case of any of the above particulars being false, incorrect or incomplete or in case of my/our not intimating /delay in intimating anychanges to the above particulars.

(vi) I/We agree to indemnify Shriram Finance Ltd. in respect of any false, misleading, inaccurate and incomplete information regarding my/our "U.S." person status or other Country Residential status or in respect of any other information as may be required under applicable tax laws.

(vii) I/We certify that: a. I/We is (1) an applicant taxable as a US Person under the laws of the United States of America (U.S.) or any state or political subdivision thereof or therein, including the District of Columbia or of any other states of the U.S. (i) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the depositor is a US Person/Citizen) b. I/We is an applicant taxable as a tax resident under the laws of country outside India.
(This clause is applicable only if the depositor is a Tax resident outside India).

Place : _____ *Date : ___/___/_____ *Signature : _____