



SAMBANDAM SPINNING MILLS LIMITED

Regd. Office: P.B.No.1, KAMARAJ NAGAR COLONY, SALEM 636 014.

CIN : L17111TZ1973PLC000675; Ph : 0427-2240790 Fax : 0427-2240169

E-mail id : corporate@sambandam.com & cs@sambandam.com ; website : www.sambandam.com

APPLICATION FOR ACCEPTANCE / RENEWAL OF FIXED DEPOSIT

(Separate application form should be used for each deposit)

Old FDR No.
(For Renewal Only)

Dear Sirs,

I/ We request you to keep the sum indicated below in Fixed Deposit for the period indicated, in accordance with the terms and conditions stated in clause 2(e) of the Circular Inviting Unsecured Deposits from Members of the Company which I/We have read and understood and agree to be bound by those terms.

I/We declare that I/We am /are resident(s) in India and am/are not depositing this amount as nominee(s) of any person residing outside India or by borrowing or accepting deposits from any other person.

APPLICANT MR/MRS/MISS _____

JOINT APPLICANTS } MR/MRS/MISS _____

(if any) } MR/MRS/MISS _____

ADDRESS IN } _____
BLOCK LETTERS } _____

AGE & DOB _____

REPAYMENT OF DEPOSIT AND PAYMENT OF INTEREST TO : First named depositor / Joint Names
Either of Survivor / Anyone of Survivor :

NOMINEE :

AMOUNT Rs. _____ (Rupees) _____)

MODE OF PAYMENT Cheque / D.D.No. _____ dated _____ payable at _____
Drawn on _____ (Name of Bank)

PERIOD OF DEPOSIT 12 Months / 24 Months / 36 Months

RATE OF INTEREST 11 % p.a. TDS : YES \ No

INTEREST PAYMENT Quarterly / Yearly

STATUS OF DEPOSITOR Resident Individual / Non Resident Individual

CATEGORY Share Holder of the Company, Folio No.

PAN No : _____ (attach copy of PAN Card)

DATE : _____

Yours faithfully,

FOR OFFICE USE ONLY	
Application No. _____ A/c No. _____	1.
Scrutinized _____ Checked _____	
Amount realized on _____	
F.D.R.No. _____ Date _____	2.
Maturity Date _____	
Repaid on _____	3.

Name

Signature

SPECIMEN SIGNATURE

1. _____ 2. _____ 3. _____