

APPLICATION FORM

SANCHAY CORPORATE DEPOSIT SCHEME

CRISIL CREDIT RATING AAA / STABLE

● ELIGIBILITY

Body Corporates, Public Limited Companies, Private Limited Companies, Corporations, Statutory Board, Local Authorities, Banks, Financial Institutions and other such institutions as may be decided by the management.

● MINIMUM DEPOSIT AMOUNT

Details :	Quarterly Option	Yearly Option
Minimum Amount of Deposit	Rs. 2,00,000/-	Rs. 20,000/-
Additional Amount in multiples of	Rs. 10,000/-	Rs. 1,000/-

● MODE OF ACCEPTANCE

Deposit(s) shall be made by cheque in favour of "LIC Housing Finance Limited Collection A/c" and should be marked "Account Payee Only" or by transfer to LICHFL's below mentioned bank account through RTGS/NEFT. In case of Deposits for above ₹ 20 crore, a prior intimation must be served to LICHFL and amount must be credited before 11 A.M. for interest to accrue from same date.

Beneficiary Name : LIC Housing Finance Limited **Account Number :** 919020003182009
Bank Name : Axis Bank **IFSC Code :** UTIB0000447
Branch Name : Cuffe Parade Branch **MICR :** 400211039

● INTEREST

Interest shall be paid from the date of credit of cheque/RTGS/NEFT. Payment of interest (net of TDS-where applicable) will be made on due date through NACH. Wherever NACH facility is not available interest shall be paid by "Account Payee" Interest Warrant drawn in favour of the depositor. Interest will cease to accrue after the maturity date.

Interest rates **effective from 19.06.2025** on deposits upto ₹ 20 Crore*

Term	Interest Rates (per annum)					
	Deposits upto Rs. 5 Crores		Deposits above Rs. 5 Crores upto Rs. 10 Crores		Deposits above Rs. 10 Crores upto Rs. 20 Crores	
	Non-Cumulative (Quarterly Option)	Cumulative/ Non-Cumulative (Yearly Option)	Non-Cumulative (Quarterly Option)	Cumulative/ Non-Cumulative (Yearly Option)	Non-Cumulative (Quarterly Option)	Cumulative/ Non-Cumulative (Yearly Option)
1 YEAR	6.45%	6.60%	6.50%	6.65%	6.55%	6.70%
15 MONTHS	6.50%	6.65%	6.55%	6.70%	6.60%	6.75%
18 MONTHS	6.50%	6.65%	6.55%	6.70%	6.60%	6.75%
2 YEARS	6.65%	6.80%	6.65%	6.80%	6.65%	6.80%
3 YEARS	6.65%	6.80%	6.65%	6.80%	6.65%	6.80%
5 YEARS	6.65%	6.80%	6.65%	6.80%	6.65%	6.80%

***FOR RATE OF INTEREST ON DEPOSITS OF ABOVE ₹ 20 CRORE : PLEASE CONTACT CORPORATE OFFICE.**

Under Non-cumulative (Quarterly) Deposit Scheme, Interest will be Paid on 1st July, 1st October, 1st January and on 31st March.

Under Non-cumulative (yearly) Deposit Scheme, Interest will be Paid on 31st March.

Under Cumulative Deposit Scheme, Interest will be compounded annually.

Card Rates will be applicable as per the amount mentioned in the Deposit Application Form.

A Depositor can deposit upto ₹ 20 Crore in each of the period between 1st to 15th and 16th to the last day of a month at the applicable card rates. If the total deposit amount exceeds ₹ 20 Crore in any of the above mentioned period, the interest rates for that period will be the rates applicable for deposits exceeding ₹ 20 Crore.

SERVICE PROVIDER TO SANCHAY CORPORATE DEPOSIT SCHEME

DATAMATICS GLOBAL SERVICES LIMITED : Unit: LIC Housing Finance Ltd., Knowledge Centre, Plot No. 58, Street No. 17,

MIDC, Andheri (East), Mumbai - 400 093, India. Contact No.: 022 - 6102 5381 / 6102 0201 • E-mail: lichfldeposits@datamatics.com

All communications with regards to Sanchay Deposit should be addressed to the Service Provider for Deposit Scheme at the above address.

Registered Office: Bombay Life Building, 2nd Floor, 45/47, Veer Nariman Road, Fort, Mumbai - 400 001.

Tel.: +91 22 2204 9919, +91 22 2202 6661.

Corporate Office : 131 Maker Tower 'F' Premises, 13th Floor, Cuffe Parade, Mumbai - 400 005. Tel.: +91 22 2217 8600, +91 22 2217 8700,

Fax: +91 22 2217 8777, Email: pd@lichousing.com • Website : www.lichousing.com • CIN : L65922MH1989PLC052257

● TAX DEDUCTION

Income tax will be deducted at source in accordance with Section 194A of the Income Tax Act, 1961, from the interest payable when the aggregate amount of interest exceeds Rs.10,000/- in a financial year. In case of cumulative interest, tax will be deducted on the date of credit/payment whichever is earlier.

● RENEWAL & REPAYMENT

For both renewal and repayment of the deposit the duly discharged deposit receipt must be surrendered to LICHFL Ltd at least 15 days before the due date of maturity. In case of renewal a fresh application form is also required to be submitted along with the discharged deposit receipt & relevant KYC documents. If the date of maturity falls on any day on which LICHFL's office remains closed, repayment will be made on next working day. No part repayment or renewal will be permitted.

● PREMATURE WITHDRAWAL

- No premature withdrawal will be allowed before the completion of three months from the date of realization. In case of request for premature withdrawal, the rates given in the table below shall apply.
- In the event of the deposit holder already having/received interest at a higher rate, the difference in the total interest paid and revised interest payable would be adjusted against the interest/principal amount.
- The brokerage payable to authorised agents is for the period completed and excess brokerage paid as a result of pre-payment of the deposit will be recovered from deposit amount.
- Outstanding post-dated interest warrants in the custody of the depositor, if any should be surrendered to LIC Housing Finance Limited.

Period completed from the date of deposit	Rate of Interest payable (% p.a.)
Up to 6 months	No interest shall be payable.
After 6 months but before the date of maturity	Interest Payable will be 1% lower than the interest rate applicable to the deposit for which deposit remained with the company or the rate applicable for the immediately lower prescribed period, as applicable. If the interest rate has not been prescribed for such period, then interest payable will be 2% lower than the lowest rate at which corporate deposits are accepted by the company.

● KNOW YOUR CUSTOMER (KYC) COMPLIANCE

In terms of the Prevention of Money Laundering Act, 2002, the rules notified thereunder and KYC Guidelines issued by Reserve Bank of India, every depositor is required to comply with the KYC guidelines by submitting the required documents as mentioned on the Application Form.

● MISCELLANEOUS

- ✓ Agents are not authorized to accept cash or issue receipt on behalf of LIC Housing Finance Limited. Please ensure that the Agent's name and code number allotted by the Company is clearly mentioned to enable payment of brokerage. Application Forms received without name and code number of the agent in the Application Form will not be considered for payment of brokerage. Brokerage will be paid to the agents at the rate decided by the management from time to time.
- ✓ The Company reserves the right to alter or amend from time to time the terms and conditions without assigning any reason if so required by RBI/NHB regulations/Government Regulations/Guide lines.
- ✓ Brokerage will be paid only to agents appointed by the company. No brokerage will be paid to the Agent for deposits held in their own name.
- ✓ Deposit Receipts & Warrants will be sent to the first depositor by post/courier. LIC Housing Finance Limited will not be responsible for non-receipt/loss or any delay in transit.
- ✓ In case of loss/misplacement of Deposit Receipts / Warrants, relevant legal procedures will have to be complied.
- ✓ Change of address of the depositor should be intimated to Datamatics Global Services Limited.
- ✓ Acceptance of deposits is subject to Mumbai jurisdiction only.
- ✓ The deposits solicited by the company are not insured.
- ✓ The deposits accepted by the company are unsecured & rank pari passu with other unsecured liabilities, save & except the floating charge created on the statutory liquid assets maintained in terms of sub-sections (1) & (2) of Section 29B of the National Housing Bank Act, 1987, as may be prescribed by NHB, from time to time.
- ✓ Deposit(s) with LICHFL are not transferable. LICHFL reserves the right to change, amend, add, or delete the Terms and Conditions of the scheme without any notice or reject the application without assigning any reason.
- ✓ All the deposit holders placing deposit with the company are compulsorily required to provide LEI Number (Legal Entity Identifier Number) for transaction ₹ 50 Crore & above.

Agent /Agency's Name : TECHWEALTH CAPITAL SERVICES PRIVATE LIMITED



LIC HFL
LIC HOUSING FINANCE LTD.

PLEASE USE BLOCK LETTERS AND TICK ☒ IN APPROPRIATE PLACES (PREFERABLY IN BLACK INK)

Date : _____

CATEGORY: ☐ Public Ltd. Company ☐ Corporation ☐ Statutory Boards ☐ Local Authority ☐ Banks & Financial Institutions ☐ Pvt. Ltd. Company ☐ Others _____

PRODUCT OPTIONS: ☐ Cumulative ☐ Non-Cumulative Yearly ☐ Non-Cumulative Quarterly **FOLIO / KYC NO**

Name (in Block Letters) as appearing in PAN Card

CIN : _____

[illegible]

City :		State :		Pin Code :	
Telephone :		Mobile :		Fax :	
				Email :	

Income-tax Permanent Account No. (PAN) : (Attach a copy of Pan Card) Tax to be deducted ☐ Yes ☐ No

Tax Status : ☐ Non-exempt ☐ Exempt ☐ Order u/s 197 of I-tax Act, 1961 ☐ Order u/s 10 of I-tax act, 1961

New customers are required to submit certified true copy of the following documents to comply with KYC requirements:

1. Certificate of incorporation/registration and Memorandum & Articles of Association.
2. Resolution passed by the Board of Directors authorizing its personnel to enter into transactions/ agreements and to open and operate Fixed Deposit with Housing Finance Company on its behalf, their names and specimen signature(s).
3. PAN allotment letter/ PAN Card of the company.
4. Latest telephone/ electricity bill and a cancelled cheque.
5. An officially valid document (PAN, passport, driving license, Voter's Identity Card, Aadhaar Card) identifying the directors / employees / persons authorised for such transactions and their addresses.
6. KYC application form for Entity Related Person with rubber stamp of the Corporate.

[illegible]

Dated : D D M M Y Y Y Y BANK NAME: _____ Deposit Amount Rs.: _____

If Renewal :

Old Deposit Receipt No.		Maturing On		For ₹	
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Renewal Amount ₹	Additional Amount ₹
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BANK DETAILS

[illegible]

IFSC Code Name of the Bank : Branch :

[illegible]

The above Bank account information must match with the cheque / RTGS / NEFT instructions issued for placing the deposit. Also please note that LICHFL will credit interest payment, repayment proceeds (including accumulated interest) to the above bank account through NEFT / RTGS upon the depositor submitting discharged receipt for the same.

We hereby declare that name of company/institution mentioned in our application is the beneficial owner of this deposit and as such the company /institution should be treated as the payee for the purpose of tax deduction as per the provisions of the Income Tax Act, 1961. We hereby agree to abide by the terms and conditions governing this deposit plan.

We have gone through the financial and other statements/particulars/representations furnished/made by the LIC HFL and after careful consideration we are making the deposit with the LIC HFL at our own risk and volition.

We further declare that, we are authorized to make this deposit 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, Regulations, Notifications, Guidelines or Directions thereunder, as amended from time to time. We shall provide any further information and fully co-operate in any investigation as and when required by the LIC HFL in accordance to the applicable Law. We further affirm that the information/details provided by us are true and correct in all respect and nothing has been concealed.

Name of Authorised Signatories with Tel. No.

Signatures of Authorised Signatories

[illegible]

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY					
Deposit Receipt No.	Date of Receipt		Date of Deposit	Checked by	Authorised by

KNOW YOUR CUSTOMER (KYC) APPLICATION FORM FOR LEGAL ENTITY



ENTITY DETAILS

Name :

(As per PAN)

Entity Constitution Type :
☐ Public Limited Company ☐ Private Limited Company ☐ Corporation ☐ Statutory Board ☐ Local Authorities ☐ Banks ☐ Financial Institutions
☐ Section 8 Company ☐ Other such Institution as may be decided by the Management. Please Specify _____

Date of Incorporation/Formation

 Date of Commencement of Business

Place of Incorporation/Formation

 Country of Incorporation/Formation

 TIN or Equivalent Issuing Country

PAN:

 (Attach a copy of Pan Card) TIN/GST Registration Number :

CIN : _____ Registration Certificate Number : _____

PROOF OF IDENTITY

☐ Officially Valid Document(s) ☐ Certificate of Incorporation/Formation ☐ Registration Certificate ☐ Memorandum and Articles of Association
☐ Resolution of Board ☐ Power of Attorney granted by its Manager, officers or employees to transact on its behalf

ADDRESS

Registered Office Address/Place of Business -
 Proof of Address : ☐ Certificate of Incorporation/Formation ☐ Registration Certificate ☐ Other Documents

Line 1 -

 Line 2 -

 Line 3 -

City / Town / Village -

 District -

 Pin/Post Code -

State/UT Code :

 Country:

LOCAL ADDRESS IN INDIA (If different from above)

Line 1 -

 Line 2 -

 Line 3 -

City / Town / Village -

 District -

 Pin/Post Code -

State/UT Code :

 Country:

CONTACT DETAILS (All Communications will be sent on provided Mobile Number/Email-Id)

Tel.(O)

 STD Code

 Fax

Mobile

 Email Id

Mobile

 Email Id

REMARKS (If any)

APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I hereby declare consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

I hereby authorise Company to conduct online/offline verification of KYC.

Signature of the Authorised Person(s)

Date:

 Place:

ATTESTATION / FOR OFFICE USE ONLY

<p>Documents Received <input type="checkbox"/> Certified Copies</p> <p>KYC VERIFICATION CARRIED OUT BY</p> <p>Date : <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table></p> <p>Emp. Name : <table border="1" style="display: inline-table; width: 100%; height: 20px;"></table></p> <p>Emp. Code : <table border="1" style="display: inline-table; width: 100%; height: 20px;"></table></p> <p>Emp. Desig. : <table border="1" style="display: inline-table; width: 100%; height: 20px;"></table></p> <p>Emp. Branch : <table border="1" style="display: inline-table; width: 100%; height: 20px;"></table></p> <p>[Employee Signature]</p>	<p>Application type <input type="checkbox"/> New <input type="checkbox"/> Update</p> <p>KYC Number <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table></p> <p>INSTITUTION DETAILS</p> <p>Name <table border="1" style="display: inline-table; width: 100%; height: 20px;"></table></p> <p>Code <table border="1" style="display: inline-table; width: 100%; height: 20px;"></table></p> <p>[Institution Stamp]</p>
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KNOW YOUR CUSTOMER (KYC) APPLICATION FORM FOR RELATED PERSON.



DETAILS OF RELATED PERSON

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Updation of Related Person Details

KYC Number of Related Person (if available) : If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

Related Person Type : ☐ Director ☐ Promoter ☐ Court Appointment Official ☐ Beneficiary
☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please Specify) _____

DIN (Director Identification Number) : _____ (Mandatory if Related Person Type is Director)

PERSONAL DETAILS

Name Prefix First Name Middle Name Last Name
 (Same as ID Proof)
 Maiden Name:
 Father/Spouse Name:
 Mother Name:
 Date of Birth : Gender : ☐ M - Male ☐ F - Female ☐ T - Transgender
 Nationality : ☐ IN - Indian ☐ Others (ISO 3166 Country Code) PAN (Attach a copy of Pan Card)

PROOF OF IDENTITY & PERMANENT ADDRESS (Please attach self attested copy of any one of the following Officially Valid Documents(OVD) & carry original document for verification)

Proof of Proof of Identity Address

☐ ☐ Proof of possession of Aadhaar number Expiry Date
 (Please redact / blackout first 8 digits of aadhaar number)
☐ ☐ Passport No.
☐ ☐ Driving Licence No.
☐ ☐ Voter ID Card No.



Permanent / Registered Address -
 Line 1 -
 Line 2 -
 Line 3 -

City / Town / Village - District - Pin/Post Code -
 State / UT Code - Country -

CORRESPONDENCE ADDRESS DETAILS

☐ Same as above mentioned address (In such cases address details as below need not be provided)
 Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (Anyone of the following OVD's)
☐ A - Passport Number ☐ B - Voter ID Card
☐ C - Driving License

Correspondence Address : Please submit self attested copy of any utility bills (Electricity, Gas, Telephone, Post Paid Mobile, etc.) which is not more than two months old or any other document acceptable to LIC HFL.

Any other Address Proof (Subject to satisfaction of the Company) _____

Address :

Line 1 -
 Line 2 -
 Line 3 -
 City / Town / Village - District - Pin/Post Code -
 State / UT Code - Country -

CONTACT DETAILS (All Communications will be sent on provided Mobile Number/Email-Id)

Tel.(O) Tel.(Resi)
 Mobile Email Id

APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I under take to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I/We hereby consent to receiving information from central KYC Registry through sms/email on the above registered number / email address
- I hereby authorise Company to conduct online/offline verification of KYC.

Date : Place :

Signature of Related Person

ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

Application type ☐ New ☐ Update

KYC VERIFICATION CARRIED OUT BY

KYC Number

Date :
 Emp. Name :
 Emp. Code :
 Emp. Desig. :
 Emp. Branch :

INSTITUTION DETAILS

Name
 Code

[Employee Signature]

[Institution Stamp]

