

Date:

BAJAJ FINANCE LIMITED

Place:

Rated CRISIL AAA/ STABLE and [ICRA]AAA(Stable)

Application Form No.:

- Minimum deposit is ₹ 15,000/-
- Please check rate of interest with your local relationship manager as the rate may differ based on deposit relationship size with Bajaj Finance Ltd
- Rates offered by management will be binding on all deposits irrespective of the deposit size

Sourcing Channel:

Broker Code:

Sub Broker Code:

PLEASE FILL IN BLOCK LETTERS AND TICK WHERE REQUIRED

Investment details

1. Investment Fresh Renewal If renewal, existing deposit no.

2. Mode of Payment (Not applicable for renewal application)

<input type="checkbox"/> RTGS/NEFT	Account Name: Bajaj Finance Ltd Fixed Deposit Coll Ac Account No./Client Code: BFLFD8 IFSC Code: HDFC0004989 Bank Name: HDFC Bank Ltd Branch: Kanjurmarg, Mumbai	Note: Cancelled cheque mandatory for online transfer of funds Cheque/UTR No. <input type="text"/>
<input type="checkbox"/> Cheque	Account payee cheque favoring " Bajaj Finance Ltd. A/c 00070350006738 " (Name of 1st holder shall appear on the cheque. Else bank statement required)*	Cheque/Transaction date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Bank Account No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IFSC <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Bank Name <input type="text"/> Branch <input type="text"/>

Interest and redemption payment instruction [Bank account in my/our name]

Pay in the investment account mentioned above OR

Pay in different bank account as mentioned below (cancelled cheque copy is mandatory)

Bank Account No.

IFSC

Bank Name

Branch

Deposit Details

Deposit Amount (in figures)	Deposit Amount (in words)	Deposit period (Months)	Tenor (in words)
<input type="checkbox"/> 15,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 1,00,000 <input type="checkbox"/> 2,00,000 <input type="checkbox"/> 3,00,000 <input type="checkbox"/> 5,00,000 <input type="checkbox"/> Other <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 (Recommended) <input type="checkbox"/> <input type="text"/> <input type="text"/> other tenor	<input type="text"/>
Interest Payout Instruction		Instruction on maturity	
<p><u>Cumulative Scheme</u></p> <input type="checkbox"/> At maturity alongwith principal (Recommended for maximum savings)		<p><u>Non-Cumulative Scheme</u></p> <input type="checkbox"/> Annually <input type="checkbox"/> Half-yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	
		<input type="checkbox"/> Renew Principal + Interest (recommended) <input type="checkbox"/> Renew Principal only <input type="checkbox"/> Pay at maturity (default if not selected)	

Applicant details

Type of applicant HUF Trust Sole proprietorship Partnership Firm LLP Association of Persons / Body of Individuals
 Society Artificial Liability Partnership Central/ State Govt. Department/ Agency Artificial Juridical Person
 Not Categorized Others (please specify).....

Name

Date of Incorporation /Registration/Formation Landline PAN

Date of Commencement of Business Country of Incorporation/ Formation

LEI Number LEI Renewal Date

TIN/ GST Registration Number

Correspondence Address/
Principal place of business

City State

Registered Address

City State

Email

Number of Related Persons ("Related persons" consists of Director, Promoter, Karta, Partner, Court Appointed Official, Proprietor, Beneficiary, Authorised signatory, BO, PoA holder, etc.)

Authorised Signatory/ Karta/ Power of Attorney Holder Details

1) Name F I R S T M I D D L E L A S T
 Mobile Email Residential Status: Resident NRI
 Designation Date of birth D D M M Y Y Y Y
 CKYCR No./ KIN PAN/Form 60 (in absence of allotment of PAN) (mandatory)

2) Name F I R S T M I D D L E L A S T
 Mobile Email Residential Status: Resident NRI
 Designation Date of birth D D M M Y Y Y Y
 CKYCR No./ KIN PAN/Form 60 (in absence of allotment of PAN) (mandatory)

3) Name F I R S T M I D D L E L A S T
 Mobile Email Residential Status: Resident NRI
 Designation Date of birth D D M M Y Y Y Y
 CKYCR No./ KIN PAN/Form 60 (in absence of allotment of PAN) (mandatory)

Please fill in attached KYC form if not filled earlier or in case of change in previously submitted information

For sole proprietorships only - Nomination to Deposit: Form DA 1: u/s 45 QB of RBI Act 1934

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 Bajaj Finance Limited:

1. *Name & Address of the Nominee
 Relationship with depositor
 Please enter Date of Birth of the Nominee in DD/MM/YYYY D D M M Y Y Y Y

2. *As the Nominee is minor on this date, I/We appoint (Name, address and age of guardian)
 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

Would you like to display name of nominee in the Fixed Deposit Receipt? Yes No

Signature/thumb impression of all applicants with date:

Mandatory
 Authorised Signatory 1

Authorised Signatory 2

*Two Witnesses Name & Signature

1.

2.

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

The contents of the application form were explained to the applicant/ co applicant in language.

signature and employee code of sourcing employee

Applicants' Consent and Confirmation

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/We hereby authorize BFL to pay the interest and Deposit amount upon maturity or upon the payment frequency selected by me/us, as the case may be, using the available online banking payment system, to the bank account stated by me/us in this Application or into such other bank account as may be instructed by me/us (jointly) in writing to BFL during the term of the Deposit. I/We state that the amount being deposited is not out of borrowed funds or funds acquired by accepting deposits from any other person or through any illegal or wrongful means. I/We confirm that I/we have read and understood the detailed terms and conditions annexed to this Application including the interest rate and other charges, the financials and other statements/particulars/representations furnished by BFL and after careful consideration, I/we am/are making the deposit with the BFL at my/our own risk and volition. I/We state that the first named depositor mentioned in this application should be treated as the payee for the purpose of deduction of tax, under Section 194 A/195 of the Income Tax Act, 1961, as may be applicable. I/We agree that any and all information provided by me/us in this application or through separate KYC form or previously submitted KYC, all deposit(s) held by me/us with BFL may be disclosed by BFL to any statutory/regulatory authorities as and when required and to provide any additional document and/or information as may be prescribed by BFL/said authorities in relation to this application. I/we agree that in case of joint fixed deposit with a survivorship clause, in the event of death of one of the depositors, BFL shall be discharged by paying the Fixed Deposit proceeds prematurely to the survivor/s on request. I/We further affirm that the payment of proceeds of such deposits to either one of us represents a valid discharge of the BFL's liability. The FATCA/ CRS declaration will be considered as per the KYC form submitted separately.

I authorize BFL to use, verify, download, exchange, share or part with all information relating to this application with credit bureaus/credit reference agencies, its group companies, business partners with whom BFL has business relationship, financial institutions, Credit Information Companies ('CIC'), NeSL, NSDL, Central KYC Registry (CERSA) or any authorized third-party agency as BFL may deem necessary or appropriate for use or processing of the said information and shall not hold BFL (or any of its group companies or its/ their agents/representatives) liable for use/sharing of the information as stated above and to seek/obtain any other information, relating to me, from any third party. I/ We hereby authorize BFL to verify/check/obtain/download /upload/update my/our KYC details from/with the Central KYC Registry (CKYCR):

- a. by verifying such details through the CKYCR number (i.e., KYC Identifier/ KIN) provided by me/ us or
- b. by furnishing such other details of Applicant, as may be permitted by CKYCR Registry or
- c. by obtaining such CKYCR number/KIN, through details shared by me/ us for this Application Form

I hereby confirm that there is no change in my KYC status (i.e. my Identity and Address documents) and these are same as per my KYC documents (towards identity and address proof) submitted to Bajaj Finance Limited.

Signature/thumb impression of all applicants with date:

Mandatory for Authorised Signatory 1

Mandatory for Authorised Signatory 2

In case of thumb impression, 2 witnesses name and signature are required. Name of nominee should be same as that appearing on valid ID Proof of the nominee.

Witness 1

Witness 2

The contents of the application form were explained to the applicant/ co applicant in language.

signature and employee code of sourcing employee

Application Form No.:

FATCA/CRS Details for non-Individual Applicants (mandatory)

Name of the entity

Type of address given at KYC: Residential or Business Residential Business Registered Office

Note: "Address of tax residence would be taken as available in KRA (KYC Registration Agency) database. In case of any change, please approach KRA & notify the changes"

PAN Date of Incorporation/Registration/Formation

LEI Number LEI Renewal Date

City of incorporation..... Country of incorporation.....

Contact No. Email ID

Entity Constitution Type: Partnership Firm HUF Society AOP/BOI Trust Liquidator

Limited Liability Partnership Artificial Juridical Person Others specify.....

Please tick the applicable tax resident declaration -

Is "Entity" a tax resident of any country other than India? Yes No

If 'yes', please fill below details for all countries (other than India) in which the entity is a resident for tax purposes as well as Ultimate Beneficiary Ownership (UBO) declaration on the next page

Country of tax residency	Tax Identification number or functional equivalent	Identification type (TIN or other, please specify)*

*If TIN is not available please tick reason A, B or C

Reason A - The country where applicant is liable to pay taxes does not issue Tax Identification number to its residents

Reason B - No TIN required (Select this only if the authorities of the respective country of tax residence do not require TIN to be collected)

Reason C - Any other reason

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here.....

FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

In case the Entity Country of Incorporation/Tax residence is US but entity is not specified US person mention entity exemption code Entity exemption code are provided below in table which can be enclosed with application form for ease of customer to mention the exemption code same.

Code	Sub category	Code	Sub category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)	G	A real estate investment trust
B	The United States or any of its agencies or instrumentalities	H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities	I	A common trust fund as defined in section 584(a)
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)	J	A bank as defined in section 581
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)	K	A broker
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state	L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
		M	A tax exempt trust under a section 403(b) plan or section 457(g) plan

PART A [to be filled by Financial Institutions or Direct Reporting Non-Financial Entities (NFES)]

We are a: Financial institution <input type="checkbox"/> OR Direct reporting NFE <input type="checkbox"/>	GIIN (consists of 19 characters) GIIN is applied but not yet issued <input type="checkbox"/> Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity.....
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If GIIN not available and If the entity is a financial institution(tick whichever is applicable): Not required to apply for Not obtained - Non-participating FI

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1.	Is the Entity an active NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) No <input type="checkbox"/> Nature of Business.....
2.	Is the Entity a passive NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) No <input type="checkbox"/> Nature of Business.....

Ultimate Beneficiary Ownership (UBO) declaration (to be filled by a non-individual tax resident of any country other than India)

Name of the entity PAN

Entity Constitution Type: Partnership Firm HUF Society AOP/BOI Trust Liquidator

Limited Liability Partnership Artificial Juridical Person Others specify.....

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s):

1.	Name of Beneficial owner / Controlling person..... Country of Tax residency..... Tax ID No. - Or functional equivalent for each country.....	Tax ID Type (TIN or Other, please specify)..... Beneficial Interest %..... Address type: Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>	Address - Include State, Country, PIN / ZIP Code & Contact Details:
2.	Name of Beneficial owner / Controlling person..... Country of Tax residency..... Tax ID No. - Or functional equivalent for each country.....	Tax ID Type (TIN or Other, please specify)..... Beneficial Interest %..... Address type: Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>	Address - Include State, Country, PIN / ZIP Code & Contact Details:
3.	Name of Beneficial owner / Controlling person..... Country of Tax residency..... Tax ID No. - Or functional equivalent for each country.....	Tax ID Type (TIN or Other, please specify)..... Beneficial Interest %..... Address type: Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>	Address - Include State, Country, PIN / ZIP Code & Contact Details:

If passive NFE, please provide below additional details (to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India):

1.	PAN, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others..... City / Country of Birth Country of Tax residency..... Tax ID No. - Or functional equivalent for each country.....	Occupation Type - Service, Business, Others..... Nationality..... Father's Name	Date of birth..... Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender / Others <input type="checkbox"/>
2.	PAN, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others..... City / Country of Birth Country of Tax residency..... Tax ID No. - Or functional equivalent for each country.....	Occupation Type - Service, Business, Others..... Nationality..... Father's Name	Date of birth..... Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender / Others <input type="checkbox"/>
3.	PAN, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others..... City / Country of Birth Country of Tax residency..... Tax ID No. - Or functional equivalent for each country.....	Occupation Type - Service, Business, Others..... Nationality..... Father's Name	Date of birth..... Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender / Others <input type="checkbox"/>

Certification:

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Declaration:

I/ we understand that my/our purchase from the Company may create legal, tax or other financial/ reporting obligations for me/us under the laws of the country of which I/we hold citizenship or reside in. I/we shall be solely responsible for undertaking and fulfilling any obligations that I/we may have under the laws of such country/ies and shall not hold the Company liable under any circumstance in the event of a default on my/our part in fulfilling the said obligations. I/ We agree that, as may be required by domestic regulators/ tax authorities the Company may also be required to report, reportable details to CDBT or close or suspend my/ our applications/ contracts.

Signature of first Authorised Signatory/
PoA holder/ Karta

Signature of second Authorised Signatory/
PoA holder/ Karta

Seal of applicant entity

Customer ID:

'FORM NO. 15G'

Application Form No.:

[See section 197A(1), 197A(1A) and rule 29C]

Declaration under section 197A (1) and section 197A(1A) to be made by an individual or a person (not being a company or firm) claiming certain incomes without deduction of tax.

PART I

- 1. Name of Assessee (Declarant) ... 2. PAN of the Assessee ...
3. Status (tick whichever applicable): HUF 4. Previous year (PY) (for which declaration is being made): 20__ - 20__
5. Residential Status (tick whichever applicable): Indian/Other 6. Complete address including PIN code:
7. Email: 8. Telephone/mobile no:
9(a). Whether assessed to tax under the Income-tax Act, 1961: Yes No 9(b). If yes, latest assessment year for which assessed
10. Estimated income for which this declaration is made
11. Estimated total income of the PY. in which income mentioned in column 10 to be included
12. Details of Form No. 15G other than this form filed during the previous year, if any
Total no. of Form No. 15G filed Aggregate amount of income for which Form No. 15G filed
13. Details of income for which the declaration is filed

Table with 5 columns: Sr. no., Identification number of relevant investment/account, etc.8, Nature of income, Section under which tax is deductible, Amount of income. Contains 4 rows of Fixed Deposit Interest with Section 194 A.

14. Declaration/Verification

*I/We do hereby declare that to the best of my/our knowledge and belief what is stated above is correct, complete and is truly stated. *I/We declare that the incomes referred to in this form are not includible in the total income of any other person under sections 60 to 64 of the Income- tax Act, 1961.

Place Date Signature of the Declarant

PART II

[To be filled by the person responsible for paying the income referred to in column 11 of Part I]

Name of the person responsible for paying BAJAJ FINANCE LIMITED Unique Identification No.
PAN of the person responsible for paying AACCB1518L
Complete Address: 4TH FLOOR, BAJAJ FINSERV CORPORATE OFFICE, OFF PUNE AHMEDNAGAR ROAD, VIMAN NAGAR, PUNE - 411014
TAN of the person responsible for paying: PNEB00001B Email ID
Telephone No. (with STD Code) and Mobile No.020-30405060 Amount of income paid Gross Interest for FY
Date on which Declaration is received Date on which the income has been paid/credited (DD/MM/YYYY)
Place Signature of the person responsible for paying the income referred to in column 10 of Part I

*Delete whichever is not applicable

As per provisions of section 206AA(2), the declaration under section 197A(1) or 197A(1A) shall be invalid if the declarant fails to furnish his valid Permanent Account Number (PAN). Declaration can be furnished by an individual under section 197A(1) and a person (other than a company or a firm) under section 197A(1A).

- 1. Enter the name of the declarant
2. Enter the PAN of the declarant
3. Tick whichever status is applicable
4. The financial year to which the income pertains.
5. Please mention the residential status as per the provisions of section 6 of the Income-tax Act, 1961.
6-8. Enter residential address and contact details
9. Please mention 'Yes' if assessed to tax under the provisions of Income-tax Act, 1961 for any of the assessment year out of six assessment years preceding the year in which the declaration is filed.
10. Please mention the amount of estimated total income of the previous year for which the declaration is filed including the amount of income for which this declaration is made.
11. Enter income from all sources, including income filled in 10. above
12. In case any declaration(s) in Form No. 15G is filed before filing this declaration during the previous year, mention the total number of such Form No. 15G filed along with the aggregate amount of income for which said declaration(s) have been filed.
13. Mention the distinctive number of shares, account number of term deposit, recurring deposit, National Savings Schemes, life insurance policy number, employee code, etc.
14. Indicate the capacity in which the declaration is furnished on behalf of a HUF, AOP, etc.

Before signing the declaration/verification, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable-

- a. In a case where tax sought to be evaded exceeds twenty-five lac rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;
b. In any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.

The person responsible for paying the income referred to in column 10 of Part I shall allot a unique identification number to all the Form No. 15G received by him during a quarter of the financial year and report this reference number along with the particulars prescribed in rule 31A(4)(vii) of the Income-tax Rules, 1962 in the TDS statement furnished for the same quarter. In case the person has also received Form No.15H during the same quarter, please allot separate series of serial number for Form No. 15G and Form No. 15H.

The person responsible for paying the income referred to in column 10 of Part I shall not accept the declaration where the amount of income of the nature referred to in sub-section (1) or sub-section (1A) of section 197A or the aggregate of the amounts of such income credited or paid or likely to be credited or paid during the previous year in which such income is to be included exceeds the maximum amount which is not chargeable to tax. For deciding the eligibility, he is required to verify income or the aggregate amount of incomes, as the case may be, reported by the declarant in columns 10 and 12.

KYC DOCUMENTATION FOR OPENING ACCOUNT

Please note that these guidelines are based on the RBI Master Directions - Know Your Customer (KYC) Direction, 2016 updated as on January 04, 2024 and the PMLA and UIDAI Notifications issued thereafter.

(A) KYC Documents for an Account of Individual, and for Karta, Trustee, Partner, Proprietor, Authorised Signatory, Power of Attorney Holder:

- (1) One recent **Photograph**
- (2) **PAN** or Form 60 if PAN is not allotted
- (3) **Certified Copy** * of one of the Officially Valid Documents (OVDs) listed below:

Sr. No.	Proof of Identity (PoI)	Proof of Address (PoA)
i	Valid Passport	Valid Passport
ii	Valid Driving License	Valid Driving License
iii	Voter's Identity Card issued by Election Commission of India	Voter's Identity Card issued by Election Commission of India
iv	Proof of possession of Aadhaar Number (i.e. Aadhaar letter downloaded from UIDAI website, Aadhaar card) **	Proof of possession of Aadhaar Number (i.e. Aadhaar letter downloaded from UIDAI website, Aadhaar card) **
v	Job Card issued by NREGA duly signed by an officer of the State Government	Job Card issued by NREGA duly signed by an officer of the State Government
vi	-	Letter issued by the National Population Register containing details of Name, Address of the customer

* Obtaining a **Certified Copy** by **Reporting Entity** (this includes our Company) means **comparing** the copy of Officially Valid Document (OVD) so produced by the client (i.e. customer) **with its Original** and recording the same on the copy by the authorised officer of the Reporting Entity”

** To Ensure that the **first Eight Digits of Aadhaar No.** (on copy of Aadhaar Letter/Aadhaar Card obtained), must be **redacted or blackened** and it is **not legible** and the Aadhaar No. should **not be entered/stored in any system.**

- (4) In case **OVD** does not have **Current Address** of the client, obtain below listed documents which are treated as **Deemed to be Officially Valid Documents (DOVD)** for the limited purpose of **Proof of Address**:

Sr. No.	Proof of Address (PoA)
i	Utility bill , in the name of the client, which is not more than two months old of any service provider (Electricity, Telephone, Post-paid Mobile Phone, Piped Gas, Water bill)
ii	Property or Municipal tax receipt
iii	Pension or Family Pension Payment Orders (PPOs) issued to retired employees by Government Departments or Public-Sector Undertakings, if they contain the address
iv	Letter of Allotment of Accommodation from Employer issued by State Government or Central Government Departments, Statutory or Regulatory Bodies, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and Listed Companies, and Leave & License Agreements with such employers allotting official accommodation

In case a client submits Deemed to be OVD (DOVD) towards Current Address, client must submit an OVD mentioned in **(A)(3)**, updated with Current Address, within **three months** of submission of the DOVD.

(B) KYC Documents for an Account of SOLE PROPRIETORSHIP CONCERN:

- (1) **KYC Documents** of the **Proprietor** as per the KYC Documents for Individual mentioned in **Point A**, and
- (2) Any of the **Two** documents in the name of the Proprietorship Concern as **Proof of Business / Activity** mentioned below:

Sr. No.	Proof of Business/ Activity in the name of the Proprietorship Concern
i	Registration certificate including Udyam Registration Certificate (URC) issued by the Government
ii	Certificate / License issued by the Municipal Authorities under Shop & Establishment Act
iii	Sales and Income Tax returns
iv	GST/ CST/ VAT certificate (Provisional / Final)
v	Certificate / Registration document issued by Sales Tax / Service Tax / Professional Tax Authorities
vi	Importer Exporter Code (IEC) issued to the Proprietorship Concern by the office of DGFT/ Licence/Certificate of Practice issued in the Name of the Proprietorship Concern by any Professional Body Incorporated under a Statute
vii	The complete Income Tax return (not just the acknowledgement) in the Name of the Sole Proprietor where the firm's income is reflected and the same is duly authenticated / acknowledged by the Income Tax Authorities
viii	Utility Bills such as Electricity, Water, and Landline Telephone bills in the Name of the Proprietorship Concern
ix	Udyam Registration Certificate (URC) issued by the Government

(C) KYC Documents for an Account of PARTNERSHIP FIRM:

Sr. No.	Document Name
i	Registration Certificate
ii	PAN of the Firm (PAN is mandatory)
iii	Partnership Deed
iv	One recent Photograph, PAN or Form 60, and valid OVD of the person holding an Attorney to transact on its behalf as per Point (A)
v	Beneficial Ownership Declaration & KYC Documents of BO as per Point (A)
vi	Document specifying the names of all the partners
vii	Address proof of the registered office, and the principal place of its business, if it is different.

(D) KYC Documents for an Account of TRUST:

Sr. No.	Document Name
i	Registration Certificate
ii	Trust Deed
iii	PAN / Form 60 of the Trust
iv	One recent Photograph, PAN or Form 60, and valid OVD of the person holding an Attorney to transact on its behalf as per point (A).
v	Beneficial Ownership Declaration & KYC documents of BO as per Point (A)

(E) KYC Documents for an Account of an UNINCORPORATED ASSOCIATION OR BODY OF INDIVIDUALS:

Sr. No.	Document Name
i	Resolution of the Managing Body of such Association or Body of Individuals
ii	Permanent Account Number or Form No. 60 of the unincorporated association or a body of individuals
iii	Power of Attorney (POA) granted to attorney holder to transact on its behalf
iv	One recent Photograph, PAN/ Form 60 and valid OVD of the person holding an Attorney to transact on its behalf. (Attorney holder means Manager, Officer, Employee, Authorised Signatory, etc. holding an Attorney to transact on behalf of the client as mentioned in Point (A))
v	Such information as may be required to collectively establish the legal existence of such Association or Body of Individuals
vi	Beneficial Ownership Declaration & KYC documents of BO as per Point (A)

(F) KYC Documents for an Account of HINDU UNDIVIDED FAMILY (HUF):

Sr. No.	Document Name
i	Deed of Declaration of HUF or HUF Letter having Name and Signature of all Adult Male and Female Co-Parceners
ii	PAN of HUF
iii	One recent Photograph, PAN or Form 60, and valid OVD of the person holding an Attorney to transact on its behalf as per Point (A).

(G) KYC Documents for an Account of a LIMITED LIABILITY PARTNERSHIP FIRM:

Sr. No.	Proof of Business/ Activity in the name of the Proprietorship Concern
i	Limited Liability Partnership Agreement
ii	Certificate of Incorporation
iii	PAN of the LLP (PAN is mandatory)
iv	List of all existing designated partners of the LLP along with the Designated Partner Identification Number (DPIN) issued by the Central Government (on the letterhead of the LLP)
v	Resolution passed at the meeting of the Designated Partners for placing such Deposit/borrowing request with BFL.
vi	Proof of Address in the name of LLP
vii	One recent Photograph, PAN or Form 60, and valid OVD of the person holding an Attorney to transact on its behalf as per Point (A).
viii	Beneficial Ownership Declaration & KYC documents of BO as per Point (A).

(H) KYC Documents for an Account of ARTIFICIAL JURIDICAL PERSON:

Sr. No.	Proof of Business/ Activity in the name of the Proprietorship Concern
i	Document showing name of the person authorised to act on behalf of the entity
ii	One recent Photograph, PAN or Form 60, and valid OVD of the person holding an Attorney to transact on its behalf as per Point (A).
iii	Such documents as may be required by the RE to establish the legal existence of such an entity/juridical person

Beneficial Ownership Declaration

Date:

D	D	M	M	Y	Y	Y	Y
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To,
The Branch Manager,
_____ Branch,
Bajaj Finance Ltd.

Deposit ID (for existing customers) _____ Customer ID (for existing customers) _____

In case the Applicant is listed on any stock exchange or is a subsidiary of an entity, which is listed on a stock exchange, please fill only the below highlighted section, otherwise mentioned complete details in Section I (i) and Section I (ii), as applicable

Name of the Entity:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>				
Type of the Entity:	<input type="checkbox"/> Pvt Ltd Co. <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Unincorporated Association or Body of Individuals <input type="checkbox"/> Listed Entity on Stock Exchange <input type="checkbox"/> Trust <input type="checkbox"/> LLP <input type="checkbox"/> Others _____				
Address of the Entity:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>				
	Pincode <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

In case the Applicant is listed on any stock exchange or is a subsidiary of an entity which is listed on a stock exchange in India or is an entity resident in jurisdictions notified by the Central Government and listed on stock exchanges in such jurisdictions please fill only the below section and sign in Section II.

I / We the undersigned hereby declare that our company/ holding company is listed on _____ Stock Exchange.
Name of the Holding Company, M/s _____

In case of Any Entity other than a Listed Company, Section – I, and if applicable, Section – II to be ticked and filled in.

Section – I (i)

I / We, the undersigned, hereby declare that following persons own Controlling Ownership Interest of more than 10% in case of Company, 10 % or more in case of Trust, more than 10% in case of Partnership Firm and more than 15% in case of Unincorporated Association or Body of Individuals. (Refer Notes - A)

Sr. No.	Name of Shareholders / Beneficial Owners / Partners / Trustees etc.	Address of Share-holders / Beneficial Owners / Partners / Trustees etc.	Beneficial Owner Type (Refer Note C)	Details of KYC Doc. & KYC Identifier	PAN / Registration No.	Nationality	% of Shareholding / Profits / Interest / Ownership in the Entity
1.							
2.							
3.							
4.							

Please use additional sheet in case of more information to disclose

Section – I (ii)

Applicable only if there is / are non-individual shareholder(s) / partners etc. having controlling ownership interest in excess of the prescribed threshold as declared in **Section – I (i)**

Following persons(s), have controlling ownership interest in Beneficial Owner of the Entity as declared in **Section – I (i)** above.

Sr. No.	Name of Shareholders / Beneficial Owners / Partners / Trustees etc.	Address of Share-holders / Beneficial Owners / Partners / Trustees etc.	Beneficial Owner Type (Refer Note C)	Details of KYC Doc. & KYC Identifier	PAN / Registration No.	Nationality	% of Shareholding / Profits / Interest / Ownership in the Entity
1.							
2.							
3.							
4.							

Please use additional sheet in case of more information to disclose

OR

Section – II

Applicable, if no person has controlling ownership in excess of the prescribed threshold as declared in **Section – I**.

Please provide the details of natural person(s) holding the position of Directors/ Senior Management in the entity (e.g., Directors/ Partners/ Trustees/ etc.) details in Section I (ii).

I / We declare that no person / entity holds controlling ownership in the captioned company in excess of the threshold limit prescribed below.

Authorised Signatory (ies) (i) _____ Signature _____

Authorised Signatory (ies) (ii) _____ Signature _____

Authorised Signatory (ies) (ii) _____ Signature _____

A. As per the Prevention of Money laundering (Maintenance of Records) Rules, 2005,

The beneficial owner for the purpose of sub-rule (1) shall be determined as under –

- (a) Where the client is a **Company**, the beneficial owner is the **natural person(s)**, who, whether acting alone or together, or through one or more juridical person, has a **controlling ownership interest** or who **exercises control through other means**. Explanation - For the purpose of this sub-clause-
 - i. **“Controlling ownership interest”** means **ownership of or entitlement to more than 10% of shares or capital or profits** of the company;
 - ii. **“Control”** shall include the **right to appoint majority of the directors or to control the management or policy decisions** including by virtue of their shareholding or management rights or shareholders' agreements or voting agreements;
- (b) Where the client is a **Partnership firm**, the beneficial owner is the **natural person(s)**, who, whether acting alone or together, or through one or more juridical person, has **ownership of / entitlement to more than 10% of capital or profits** of the partnership;
- (c) Where the client is an **Unincorporated Association or Body of Individuals**, the beneficial owner is the **natural person(s)**, who, whether acting alone or together, or through one or more juridical person, has **ownership of or entitlement to more than 15% of the property or capital or profits** of such association or body of individuals;
- (d) **Where no natural person is identified under (a) or (b) or (c) above**, the beneficial owner is the **relevant natural person who holds the position of senior managing official**;
- (e) Where the client is a **Trust**, the identification of beneficial owner(s) shall include **identification of the author of the trust, the trustee, the beneficiaries with ten percent or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership**; and
- (f) Where the customer or the owner of the controlling interest is a **Company listed on a stock exchange in India, or is a subsidiary of such a company, or is an entity resident in jurisdictions notified by the Central Government and listed on stock exchanges in such jurisdictions**, it is **NOT necessary to identify and verify the identity of any shareholder or beneficial owner of such companies**.

B. Beneficial Ownership Declaration is NOT required in following cases:

Individual accounts, Sole Proprietorship accounts, HUF, Government Departments, Public Sector Undertaking, Local Government Bodies (Municipal Corporation, Gram Panchayats etc.), Company listed on a recognized stock exchange. An entity resident in jurisdictions notified by the Central Government and listed on stock exchanges in such jurisdictions Majority owned subsidiary of a Company listed on a recognized stock exchange.

C. Beneficial Ownership Declaration to provide details of following

Partnership Firm / LLP: natural persons / partners,	Club: Members / Authorised Signatories / Beneficiary
Trust: Trustees / Settlor / Protector / Beneficiary	Association of Persons: Members / Auth. Signatories / Beneficiary
Foundation: Founder managers/Directors / Beneficiary	Pvt. Ltd companies and Unlisted Public Ltd Companies: Shareholder / Directors / Other Beneficiaries
Society: Members/Authorised Signatories / Beneficiary	In case of Foreign Entity: Shareholder/Director/Other Beneficiaries

D. Signature on Declaration form

Sr. No.	Type of Entity	Signatory (ies) for Signing BO Declaration
i	Partnership Firm / LLP / Trust / Foundation / Society / Club	Authorised Signatories should sign as per the Mode of Operations
ii	Association	All Authorised Signatories should sign
iii	Unlisted Public Limited Companies and Private Limited Companies	Any two Directors or Company Secretary or Authorised Signatories as per Mode of Operations
iv	Foreign Entity	All Authorized Signatories should sign

E. KYC Documents of Beneficial Owners should be submitted as per the OVD under PMLA and RBI Guidelines.

- (1) One recent Photograph
- (2) PAN or Form 60 if PAN is not allotted
- (3) Certified Copy * of one of the Officially Valid Documents (OVDs) listed below:

Sr. No.	Proof of Identity (PoI)	Proof of Address (PoA)
i	Valid Passport	Valid Passport
ii	Valid Driving License	Valid Driving License
iii	Voter's Identity Card issued by Election Commission of India	Voter's Identity Card issued by Election Commission of India
iv	Proof of possession of Aadhaar Number (i.e. Aadhaar letter downloaded from UIDAI website, Aadhaar card) **	Proof of possession of Aadhaar Number (i.e. Aadhaar letter downloaded from UIDAI website, Aadhaar card) **
v	Job Card issued by NREGA duly signed by an officer of the State Government	Job Card issued by NREGA duly signed by an officer of the State Government
vi	-	Letter issued by the National Population Register containing details of Name, Address of the customer

* Obtaining a Certified Copy by Reporting Entity (this includes our Company) means comparing the copy of Officially Valid Document (OVD) so produced by the client (i.e. customer) with its Original and recording the same on the copy by the authorised officer of the Reporting Entity"

** To Ensure that the Aadhaar No. (on copy of Aadhaar Letter/Aadhaar Card obtained), must be redacted or blackened and it is not legible and the Aadhaar No. should not be entered/stored in any system.

Vernacular Declaration Form

English	<input type="checkbox"/>	I/We confirm that the content of this Application / Terms and Conditions were read out and explained to me / us in English and I/We confirm to have understood the same.
Hindi	<input type="checkbox"/>	मैं/हम यह पुष्टि करता हूँ/करती हूँ/करते हैं कि इस आवेदन/नियम एवं शर्तों की सामग्री को हिंदी में पढ़ कर मुझे/हमें समझाया गया था और मैं/हम उनके समझने की पुष्टि करता हूँ/करती हूँ/करते हैं।
Bengali	<input type="checkbox"/>	আমি / আমরা নিশ্চিত করছি যে এই আবেদন / নিয়ম এবং শর্তাবলী সম্পর্কে বিস্তারিত সামগ্রীটি পড়েছি এবং আমাকে / আমাদের সেটা বাংলায় ব্যাখ্যা করে বোঝানো হয়েছে এবং আমি / আমরা এটিকে বুঝেছি বলে নিশ্চয়তা প্রদান করছি
Tamil	<input type="checkbox"/>	இந்த விண்ணப்பம்/வரையறைகள் மற்றும் நிபந்தனைகளிலுள்ள விபரங்களை எனக்கு / எங்களுக்கு தமிழில் படித்துக் காட்டி விளக்கப்பட்டது என்றும் அவற்றை நான்/நாங்கள் புரிந்து கொண்டிருக்கிறேன்/புரிந்து கொண்டிருக்கிறோம் என்று நான்/நாங்கள் உறுதி அளிக்கிறோம்.
Punjabi	<input type="checkbox"/>	मैं/असिं पुरती वरते हं कि इस बिन्द-पत्र/निजम अउ शरतं दी समगरी मैठुं/सठुं पंजाबी विच पढ़ के सुहायी गयी अउ समझायी गयी सी अउ मै/असिं पुरती वरते हं कि सठुं इस दी समझ र्ग गयी है।
Urdu	<input type="checkbox"/>	میں/ہم تصدیق کرتا ہوں/کرتے ہیں کہ اس درخواست/ شرائط و ضوابط کے متن کو مجھے/ہمیں انگریزی میں پڑھ کر سنا دیا گیا ہے اور اس کی وضاحت کردی گئی ہے اور میں/ہم تصدیق کرتا ہوں/کرتے ہیں کہ میں/ہم نے اسے سمجھ لیا ہے۔
Malayalam	<input type="checkbox"/>	ഈ അപേക്ഷ / നിബന്ധനകളും വ്യവസ്ഥകളും എന്നിവയിലെ ഉള്ളടക്കം എനിക്കു/ഞങ്ങൾക്ക് വായിച്ചുതരികയും മലയാളത്തിൽ എനിക്കു/ഞങ്ങൾക്ക് വിശദീകരിച്ചുതരികയും ചെയ്തതായി ഞാൻ / ഞങ്ങൾ സ്ഥിരീകരിക്കുന്നു. എനിക്കു/ഞങ്ങൾക്ക് അത് മനസ്സിലായി എന്ന് ഞാൻ / ഞങ്ങൾ സ്ഥിരീകരിക്കുകയും ചെയ്യുന്നു.
Gujarati	<input type="checkbox"/>	આથી હું/અમે એ વાતની પુષ્ટિ કરીએ છીએ કે, આ અરજી/નિયમો અને શરતોના લખાણને મારી/અમારી સમક્ષ ગુજરાતીમાં વાંચી સંભળાવવામાં આવ્યું હતું અને અમને સમજાવવામાં આવ્યું હતું અને મેં/અમે તેને સમજી લીધું હોવાની હું/અમે પુષ્ટિ કરે છું/કરીએ છીએ.
Telugu	<input type="checkbox"/>	ఈ అప్లికేషన్/నియమ నిబంధనల్లోని విషయంనాకు/మాకు తెలుగులోచదివి వినిపించబడిందని మరియు వివరించబడిందని మరియు నేను/మేము దీనిని అర్థం చేసుకున్నామని నేను/మేము ధృవీకరిస్తున్నాం.
Oriya	<input type="checkbox"/>	ମୁଁ/ଆମେ ସ୍ୱୀକାର କରୁଅଛୁ ଯେ ଏହି ଦରଖାସ୍ତ/ନିୟମ ଓ ସର୍ତ୍ତାବଳୀର ବିଷୟବସ୍ତୁ ଆମକୁ ଇଂରାଜୀରେ ପଢ଼ି ଶୁଣାଇ ଦିଆଯାଇଛି ଏବଂ ବୁଝାଯାଇଛି ଏବଂ ମୁଁ/ଆମେ ତାହାକୁ ବୁଝିପାରୁ ଏବଂ ସମ୍ମତ କରୁଅଛୁ ।
Kannada	<input type="checkbox"/>	ಈ ಮೂಲಕ ನಾನು/ಪತ್ರದಲ್ಲಿದ್ದ ನಿಮಯ ಮತ್ತು ಷರತ್ತುಗಳನ್ನು ನಮಗೆ ಕನ್ನಡದಲ್ಲಿ ಓದಿ ಹೇಳಲಾಗಿದೆ ಮತ್ತು ನಾನು/ನಾವು ಅದನ್ನು ಅರ್ಥೈಸಿಕೊಂಡಿದ್ದೇವೆ.
Marathi	<input type="checkbox"/>	मी/आम्ही यास पुष्टी देतो/देते की या अर्जातील/नियम व अटीमधील मजकूर मला/आम्हाला मराठीत वाचून दाखवण्यात आला आणि समजावून देण्यात आला आणि मला/आम्हाला तो समजला असल्याची मी/आम्ही पुष्टी देतो/देते.
Assamese	<input type="checkbox"/>	মই/আমি নিশ্চিত কৰিছো যে এই আবেদন / নীতি আৰু চৰ্তাৱলীত থকা সবিশেষ তথ্য আমি ভালদৰে পঢ়িছো আৰু মোক / আমাক এই বিষয়ে সবিশেষ অসমীয়াত ব্যাখ্যা কৰি বুজোৱা হৈছে আৰু মই / আমি এই বিষয়ে সমগ্ৰ কথা বুজি পাইছো বুলি নিশ্চিতি প্রদান কৰিলো।
Konkani	<input type="checkbox"/>	ह्या अर्जाची/नेम आनी अटींची सामुग्री कोंकणी भाशेंतल्यान वाचून दाखोवन, म्हाका/आमकां वर्णीत केल्या हाची हांव/आमी खात्री दितां/दितात आनी हांव/आमी ती समजलां/समजल्यात म्हूण खात्री दितां/दितात.



Authorized Signatories/PoA Holder/Karta



Authorized Signatories/PoA Holder/Karta



Thank you for trusting us

Application Acknowledgement

Application Number

Name of Applicant

Cheque/UTR No.

Amount INR Tenor Months ROI _____%

Bank name _____ Branch _____ Account type _____

Bank account No. IFSC Transaction date

Write to us at wecare@bajajfinserv.in or call our IVR on **8698 01 01 01**

This application acknowledgement is valid only till the issuance / rejection of the Fixed Deposit Receipt.

For BAJAJ FINANCE LTD

*Rate of Interest applicable and Interest payable on a Deposit will be calculated from the date of receipt/realization of amount by BFL.

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