

## L.G. BALAKRISHNAN & BROS LIMITED



CIN: L29191TZ1956PLC000257

Regd. Office : 6/16/13, Krishnarayapuram Road, Ganapathy, Coimbatore - 641 006, India. Phone : 0422- 2532325, Fax : 0422- 2532333. E-Mail : info@lgb.co.in Web site : www.lgb.co.in

Part				AP	PLIC	CAT																									OL	DE	RS							
I / We request you to accept /renew the sum stated below as Fixed Deposit with you in accordance with the terms and conditions stipulated by you and printed in this form which I / We have read and understood and agree to abide by I / We declare that this Deposit is not made out of funds acquired by me / us, by borrowing or by accepting deposits from any other person(s). I / We am / are person(s) resident in India with in the definition of Section 2(v) of the Foreign Exchange Management Act, 1999, and am / are not depositing this amount as nominees of any non-residents. I / We declare that the first - named Depositor / Lender mentioned herein is the bareficial owner of this Deposit, and as such he / she																																								
should be treated as the payee for the purpose of deduction of tax under Section 194-A of the Income-Tax Act, 1961. I / We confirm that the Company has furnished to me / us the particulars required to be given as per the Companies (Acceptance of Deposits) Rules, 2014. I / We declare that what is stated by me / us in this application is true and correct.																																								
FRESH DEPOSIT / RENEWAL OF DEPOSIT (in multiples of ₹ 1000/- with a minimum of ₹ 25,000/-)																																								
Rs.				-				R	ipee	S											_	_		_								_					(	in v	vord	s)
Cheque / DD No. Dated. / / renewal of FDR No.																																								
Drawn on	(Ban	k/B			-			-						_			_		-	-		_	D (0		1			•		_		_					-			
Choice of		-			eme teres		Von	-Cur	nulat	ive) ly)	E		1 Yea	r/:	2 Ye	ars /	3 Ye	ars		Inte	rest	pay	B (C able	on	Mat	ve) turit	y)	-		-	-	and other			3 Ye			-		
NAME(S	-	20.02	PLI	CA	NT(	S)				1		1 4 4						-				-								PA		am	Idai	ory	y to	r al	ll ap	plic	ant	S)
Sole/First:	Mr.					_									_							_			_					-	-	-	_	_						
Second:		/Ms.		•				_							_			_									_				+	-	_							
Third:		/Ms.																																						
Date of Birth of Sole/First Applicant / / Name of Guardian (if First holder is minor)															-																									
ADDRESS AND OTHER DETAILS OF SOLE / FIRST APPLICANT																																								
Line 1:			Depositor code (if existing)																																					
Line 2:																																								
Line 3:																																								
City																Pi	n									Тө	1.						•							
Mobile	1										E	mail																								1			1	
	BANK ACCOUNT DETAILS OF SOLE / FIRST APPLICANT																																							
Bank																						•							000											
Branch				1																																				
Current/Savings Account No.																																								
MICR											IF	SC	ode																											
(Please a	ttach	a se	If at	test	ed c	anc	elle	d ch	equ	eor	ap	hoto	copy	of	ac	heq	ue f	or v	/erifi	cati	ion)																			
E.		1			1 m		-	in Vi		-			DE																				in an							
Submissi	on of	Forn	n 15	G/	15H	(Ti	ck a	ppro	opria	te b	KOO	t), (F	lefer	cla	use	14,	15	& 1	6 of	Ter	rms	& (	cond	litio	nss	5)												•		
1. Tax to										Yes					No							-																		
2. If tax	not to	be	ded	ucte	d	(a)	E	·					15G			-		N 60			_	F	mn	15	H (	Fo	r A	ge	60	yea	ars	and	dat	)OV	e) e	encl	ose	d		
[ Sele	ct (a)	or (t	)]							(li)	-		) yea							Yes					0	_								_			•			
						(b)	-					rm 1 estr	5G/	15	Ha	Irea	dy s	subr	mitte	ed fo	or th	ne c	in e	ent I	Fin	and	cial	Ye	ear	con	tinu	es	to t	be 1	valid	to to	COV	er t	his	
			11-01		-		2		70					A	ΓUF	RE(	S)'(	DF,	APF	PLI	CA	NT	(S)	1	- 1	1	-	d.	and a		1		4	35		S.		87°	5-7-90- 	
SIGNATURE(S) OF APPLICANT(S													Place												)															
																							Date																	
Sole/First Applicant (Guardian in case of Minor) Second Applicant													Third Applicant																											
					-				-	-	L			FC	DR	OF	-ICI	ΕU	ISE	0	NLY	'				-	The second					-				57.7				
	D	eposi	tor C	ode					Dep	osit F	Rece	eipt N	0.						Da	ate o	of Re	cei	pt			-			-				Dat	te o	f De	pos	it			
																		/	1		/	1										/		L	/	1				
Note: Fo	or No	min	atio	n s	ee c	ove	rlea	f																																
			*****										•	~v	NIC	10/0	ED	GE	EME	NIT	- 01	ID	/*																	
													A	Sh	NYC.	TVVL	EŲ.	GE	IVIE	.11	- 31								•											

## L.G. BALAKRISHNAN & BROS LIMITED

CIN: L29191TZ1956PLC000257 Regd. Office: 6/16/13, Krishnarayapuram Road, Ganapathy, Coimbatore – 641 006, India. Phone: 0422-2532325, Fax: 0422-2532333. E-Mail: <u>Info@lgb.co.in</u> Web site: <u>www.lgb.co.in</u>

as Fixed Deposit for a period of 1 year / 2 years / 3 years with Interest 5.50% p.a. / 6.00% p.a. / 6.50% p.a.

dated

for ₹

- For L.G. Balakrishnan & Bros Limited

Valid subject to realization of Cheque/DD)

Received with thanks from Mr./Ms.

drawn on (Bank/Branch)

Cheque/DD/Fixed Deposit Receipt No.



## L.G. BALAKRISHNAN & BROS LIMITED



CIN : L29191TZ1956PLC000257

Regd. Office: 6/16/13, Krishnarayapuram Road, Ganapathy, Coimbatore – 641 006, India. Phone: 0422-2532325, Fax: 0422-2532333. E-Mail: info@lgb.co.in Web site: www.lgb.co.in

## NOMINATION (OPTIONAL) FORM for Deposit in NOT MORE THAN TWO NAMES

(Where the Deposit is made in the name of a minor, the Nomination should be signed by a person lawfully entitled to act on behalf of the minor) I / We nominate the following person to whom in the event of my / our death, the amount of this Deposit may be returned by the Company: Address Line 1 Address Line 2 Address Line 3 Pin Relationship with Sole/First Depositor City Tel. Mobile Email Date of Birth (if Minor\*) Age \*As the nominee is a minor (age below 18 years) on this date, I/we appoint (Name, Address & age): Name: Address Line 1 Address Line 2 Address Line 3 Pin City Age Tel. Mobile Email as a guardian to receive the amount of the deposit and Interest thereon on behalf or the minor moninee, in the event of the death of the depositor(s) during the minority of the nominee. Signatures of Applicant(s) for Nomination Place Date SeconJ Applicant Sole/First Applicant (Guardian in case of Minor) Names and Addresses of two Witnesses is compulsory, whether nominee is major or minor Signature of two Witnesses Name1. Address Name2. Address