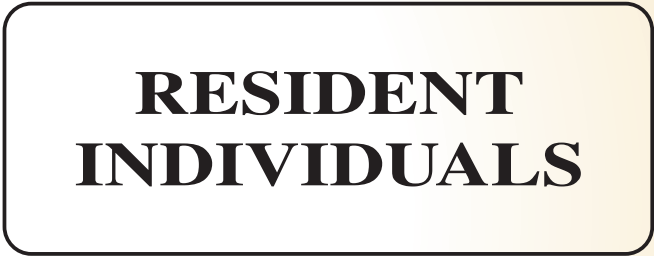




# Shriram Finance Limited

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 Parc, 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](http://www.shriramfinance.in)



## 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. 2<sup>nd</sup> July 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                  | 6.85               | 6.64           | 6.68             | 6.74               | 6.85          |
| 15 ( Digital Only ) | 7.10               | 6.88           | 6.92             | 6.98               | 7.10          |
| 18-23               | 7.05               | 6.83           | 6.87             | 6.93               | 7.05          |
| 24-35               | 7.10               | 6.88           | 6.92             | 6.98               | 7.10          |
| 36-60               | 7.50               | 7.25           | 7.30             | 7.36               | 7.50          |

\*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.

PARTICULARS REQUIRED TO BE SPECIFIED AS PER THE PROVISIONS OF RESERVE BANK OF INDIA (NON-BANKING FINANCIAL COMPANIES-ACCEPTANCE OF PUBLIC DEPOSITS) DIRECTIONS, 2025 AND NON-BANKING FINANCIAL COMPANIES AND MISCELLANEOUS NON-BANKING COMPANIES (ADVERTISEMENT) RULES, 1977:

A. Name of the Company : SHRIRAM FINANCE LIMITED

B. Date of Incorporation of the Company : 30th June 1979

C. Business carried on by the Company and its subsidiary with details of branches : NBFC - INVESTMENT AND CREDIT COMPANY. (NBFC-ICC)

(The Company is primarily engaged in the business of financing commercial vehicles, passenger vehicles, construction equipment, farm equipment, micro, small and medium enterprises, two-wheelers, gold loans, personal loans and allied activities).

The company has branches in below mentioned states and union territories:

| State          |                  |                |            |               | Union Territory                          |
|----------------|------------------|----------------|------------|---------------|------------------------------------------|
| Andhra Pradesh | Gujarat          | Kerala         | Odisha     | Telangana     | Andaman and Nicobar Islands              |
| Assam          | Haryana          | Madhya Pradesh | Punjab     | Tripura       | Chandigarh                               |
| Bihar          | Himachal Pradesh | Maharashtra    | Rajasthan  | Uttar Pradesh | Dadra and Nagar Haveli and Daman and Diu |
| Chhattisgarh   | Jharkhand        | Manipur        | Sikkim     | Uttarakhand   | Delhi                                    |
| Goa            | Karnataka        | Meghalaya      | Tamil Nadu | West Bengal   | Jammu and Kashmir                        |
|                |                  |                |            |               | Puducherry                               |

for more details of our branches, please visit Company's website (Link: <https://www.shriramfinance.in/branch-locator/>)

| Subsidiary                                                                                   | Business carried on by the subsidiary                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Shriram Overseas Investments Limited (formerly Shriram Overseas Investments Private Limited) | The Company is a NBFC engaged in the business of investment in, acquire and hold, underwrite, subscribe for and/or sell or dispose shares, bonds, stocks, securities, debenture stocks issued by any company constituted and carrying on business in India or elsewhere. |

The subsidiary company does not have any branch.

D. Brief Particulars of the Management of the Company : The Company is managed by its Executive Vice Chairman / Managing Director & CEO / Managing Director & CFO under the supervision of the Board

E. Names, Addresses & Occupation of the Directors:

| Sr. No. | Full Name & Designation                                                             | Address                                                                                                 | Occupation                                                     |
|---------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 1.      | Mr. Jugal Kishore Mohapatra, Chairman, Independent Director (DIN 03190289)          | Flat No. 101, Lova Villa, Plot No. 408, Saheed Nagar, Bhubaneswar - 751007                              | Retired Civil Servant (IAS)                                    |
| 2.      | Mr. Umesh Revankar, Executive Vice Chairman (DIN 00141189)                          | 1001, Simran CHS Ltd., Plot no. 9, 15th Road, Khar (West), Near Gabana HDFC Bank, Mumbai – 400052.      | Service                                                        |
| 3.      | Mr. Parag Sharma, Managing Director & CEO (DIN 02916744)                            | B-1401, Ellora, Plot No.27, Sector – 11 Building, CBD Belapur, Navi Mumbai – 400 614.                   | Service                                                        |
| 4.      | Mr. S.Sunder, Joint Managing Director and CFO (DIN 08189901)                        | B, 101, Lakhani's Galaxy, Sec 15, CBD Belapur, Navi Mumbai, Thane – 400 614.                            | Service                                                        |
| 5.      | Mr. Pradeep Kumar Panja, Independent Director (DIN 03614568)                        | Bhaskara, 21, I Main Road, 4th Cross, Gaurav Nagar, JP Nagar, 7 th Phase Bangalore – 560 078.           | Retired SBI Managing Director                                  |
| 6.      | Mr. S.Ravindran Independent Director (DIN 09778966)                                 | C 1601, Lakshchandi Heights, Gen AVK Marg, Gokuldhm, Goregaon East, Maharashtra, Mumbai – 400063.       | Professional                                                   |
| 7.      | Mr. Gokul Dixit Independent Director (DIN 00357170)                                 | Opp Luz Church Road, No: 4, Krishanswamy Avenue, Mylapore Chennai – 600 004.                            | Professional                                                   |
| 8.      | Mrs. M.V. Bhanumathi Independent Director (DIN 10172983)                            | 29A, Laxmi Estate, Verma Nagar, Azad Road, Near Chinai College, Andheri, Mumbai – 400069.               | Management and Legal Consultancy                               |
| 9.      | Mr. D.V. Ravi, Non-Executive Non-Independent Director (DIN 00171603)                | B3E, Regal Palm Gardens, CEE DEE YES Apartments, Velachery Tambaram Road, Velachery, Chennai – 600 042. | Service                                                        |
| 10.     | Mr. Ignatius Michael Viljoen, Non-Executive Non-Independent Director (DIN 08452443) | No. 20, Timbavati Complex, St. Christopher Road, St. Andrews, Germiston – 2007 South Africa             | Head of Credit at Sanlam Emerging Markets Portfolio Management |
| 11.     | Mr. Morihiro Fuji, Non-Executive and Non-Independent Director (DIN 11544762)        | 2-58-9 Ootakanomori Kita, Nagareyama City, Chiba, Japan                                                 | Service                                                        |
| 12.     | Mr. Shinichi Fujinami, Non-Executive and Non-Independent Director (DIN 11545464)    | 4213 Via Marina 307, Marina Del Rey, California, United States of America 90292                         | Service                                                        |

F & G. -Profits of the Company before and after making provisions for tax and dividends declared by the Company for the three financial years immediately preceding the date of advertisement

| (₹ in crores) |                                 |                                |                          |          |
|---------------|---------------------------------|--------------------------------|--------------------------|----------|
| Year Ended    | Profit before provision for Tax | Profit after provision for tax | Equity Dividend Declared |          |
|               |                                 |                                | Rate %                   | Amount   |
| 31.03.2024    | 9,683.64                        | 7,190.48                       | 450                      | 1,690.45 |
| 31.03.2025    | 12,606.02                       | 9,761.00                       | 495                      | 1,861.52 |
| 31.03.2026    | 13,292.26                       | 9,998.15                       | 540                      | 2,314.68 |

H. Summarised Financial Position of the Company as appearing in the latest Audited Balance Sheet: (₹ in crores)

| Particulars                                                                                 | As at March 31, 2026 | As at March 31, 2025 |
|---------------------------------------------------------------------------------------------|----------------------|----------------------|
| <b>I ASSETS</b>                                                                             |                      |                      |
| <b>1 Financial assets</b>                                                                   |                      |                      |
| a) Cash and cash equivalents                                                                | 5,741.04             | 10,681.40            |
| b) Bank balance other than (a) above                                                        | 2,197.31             | 10,684.34            |
| c) Derivative financial instruments                                                         | 4,684.06             | 525.50               |
| d) Receivables                                                                              |                      |                      |
| (I) Trade receivables                                                                       | 51.78                | 50.82                |
| (II) Other receivables                                                                      | 0.21                 | -                    |
| e) Loans                                                                                    | 2,82,452.44          | 2,45,392.79          |
| f) Investments                                                                              | 14,782.76            | 15,598.71            |
| g) Other financial assets                                                                   | 3,335.38             | 3,510.83             |
| <b>Total financial assets</b>                                                               | <b>3,13,244.98</b>   | <b>2,86,444.39</b>   |
| <b>2 Non-financial assets</b>                                                               |                      |                      |
| a) Current tax assets (net)                                                                 | 604.33               | 432.07               |
| b) Deferred tax assets (net)                                                                | 4,263.32             | 3,694.86             |
| c) Investment property                                                                      | -                    | -                    |
| d) Property, plant and equipment                                                            | 1,108.77             | 1,025.68             |
| e) Goodwill                                                                                 | 1,189.45             | 1,189.45             |
| f) Other intangible assets                                                                  | 336.96               | 698.95               |
| g) Other non-financial assets                                                               | 406.38               | 321.95               |
| <b>Total non-financial assets</b>                                                           | <b>7,909.21</b>      | <b>7,362.96</b>      |
| <b>3 Non-current assets held for sale/ disposal</b>                                         | <b>0.97</b>          | <b>0.97</b>          |
| <b>Total assets</b>                                                                         | <b>3,21,155.16</b>   | <b>2,93,808.32</b>   |
| <b>II LIABILITIES AND EQUITY</b>                                                            |                      |                      |
| <b>LIABILITIES</b>                                                                          |                      |                      |
| <b>1 Financial liabilities</b>                                                              |                      |                      |
| a) Derivative financial instruments                                                         | 59.77                | 275.41               |
| a) Payables                                                                                 |                      |                      |
| (I) Trade payables                                                                          |                      |                      |
| (i) total outstanding dues of micro enterprises and small enterprises                       | 5.65                 | 1.02                 |
| (II) total outstanding dues of creditors other than micro enterprises and small enterprises | 326.69               | 297.83               |
| (II) Other payables                                                                         |                      |                      |
| (i) total outstanding dues of micro enterprises and small enterprises                       | -                    | 0.23                 |
| (ii) total outstanding dues of creditors other than micro enterprises and small enterprises | 2.51                 | 1.37                 |
| b) Debt securities                                                                          | 52,873.19            | 54,148.86            |
| c) Borrowings (other than debt securities)                                                  | 1,25,917.78          | 1,21,448.42          |
| d) Deposits                                                                                 | 69,480.34            | 56,085.99            |
| e) Subordinated liabilities                                                                 | 2,418.57             | 2,513.98             |
| f) Other financial liabilities                                                              | 3,368.89             | 2,136.61             |
| <b>Total financial liabilities</b>                                                          | <b>2,54,453.39</b>   | <b>2,36,909.72</b>   |
| <b>2 Non-financial liabilities</b>                                                          |                      |                      |
| a) Current tax liabilities (net)                                                            | 402.42               | 38.98                |
| b) Provisions                                                                               | 397.80               | 344.38               |
| c) Other non-financial liabilities                                                          | 196.62               | 234.67               |
| <b>Total non-financial liabilities</b>                                                      | <b>996.84</b>        | <b>618.03</b>        |
| <b>Total liabilities</b>                                                                    | <b>2,55,450.23</b>   | <b>2,37,527.75</b>   |
| <b>3 Equity</b>                                                                             |                      |                      |
| a) Equity share capital                                                                     | 376.31               | 376.08               |
| b) Other equity                                                                             | 65,328.62            | 55,904.49            |
| <b>Total equity</b>                                                                         | <b>65,704.93</b>     | <b>56,280.57</b>     |
| <b>Total liabilities and equity</b>                                                         | <b>3,21,155.16</b>   | <b>2,93,808.32</b>   |

Note: Brief particulars of Contingent Liabilities

| (₹ in crores)                     |                                                                                                                |                             |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>(A) Contingent liabilities</b> | <b>Particulars</b>                                                                                             | <b>As at March 31, 2026</b> |
| a.                                | In respect of Income tax demands where the Company has filed appeal before various authorities                 | 174.50                      |
| b.                                | VAT demand where the Company has filed appeal before various appellates                                        | 2.67                        |
| c.                                | Service tax demands where the Company has filed appeal before various authorities                              | 2,944.15                    |
| d.                                | GST demand where company has filed appeals                                                                     | 86.32                       |
| e.                                | Stamp duty demand raised by District Registrar office against which company has filed appeal                   | 6.69                        |
| f.                                | Stamp duty demand raised by District Sub-Registrar office Radhapuram against which the Company has filed reply | 33.48                       |
|                                   | <b>Total</b>                                                                                                   | <b>3,247.81</b>             |

|                                         |                                                                                            |                             |
|-----------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------|
| <b>(B) Commitments not provided for</b> | <b>Particulars</b>                                                                         | <b>As at March 31, 2026</b> |
| a.                                      | Estimated amount of contracts remaining to be executed on capital account, net of advances | 19.65                       |
| b.                                      | Commitments related to loans sanctioned but undrawn                                        | 226.59                      |
| c.                                      | Capital infusion plan in Shriram Overseas Investments Limited                              | 200.00                      |

I. (A) The amount which the Company can raise by way of deposits 1.5 times of Net Owned Funds (NOF) ₹ 82,805.25 crores

(B) The aggregate of public deposits held on 31.03.2026 ₹ 64,169.34 crores

J. The Company has no overdue deposits other than unclaimed deposits.

K. The Company hereby declares that:

1) The Company has complied with the applicable provisions of the RBI Directions as amended from time to time;

2) The compliance with the Directions does not imply that the repayment of deposits is guaranteed by the Reserve Bank of India;

3) The deposits accepted by the Company are unsecured and rank pari passu with other unsecured liabilities.

4) The Company is not in default in the repayment of deposits or interest thereon.

By Order of the Board  
For Shriram Finance Limited

Jugal Kishore Mohapatra  
CHAIRMAN  
(DIN 03190289)

Place: Bhubaneswar  
Date: July 10, 2026

The above text of advertisement has been issued on the authority and in the name of the Board of Directors of the Company and has been approved by the Board of Directors at its meeting held on July 10, 2026 through video conferencing and a copy of same has been delivered to the Regional Office of the Department of Non-Banking Companies of the Reserve Bank of India, Chennai.

PROVISIONAL RECEIPT

Received with thanks from Mr/Ms./Minor .....cheque/DD/FD (in case of renewal) No ..... For ₹ .....

Dated.....drawn on..... bank..... branch as fixed deposit under Cumulative / Non-Cumulative Scheme for a

Period of ..... month (s).

1. ☐ We acknowledge receipt of nomination made by you in favour of:

Name of Nominee.....Age:.....years with respect to your application

no..... Nominee name has to be printed on the certificate Yes ☐No ☐

2. ☐ Nomination facility not availed

According to RBI's nomination guidelines, it is necessary to register a nominee on deposit opened under a single name. Appointing a nominee is beneficial for hassle-free death claim

Date : (Valid subject to realisation of cheque / receipt of funds in Company's account) (For Shriram Finance Limited)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                            |  |  |  |  |  |
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| <div><div><div></div><div>SHRIRAM</div><div>Finance</div></div><div>Shriram Finance Limited</div><div>Regd. Office: Sri Towers, Plot No. 14A, South Phase, Industrial Estate, Guindy, Chennai - 600 032. Ph: 044 485 24 666 <a href="http://www.shriramfinance.in">www.shriramfinance.in</a></div><div>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.</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Application No: _____                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                            |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 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 <input type="checkbox"/> Renewal <input type="checkbox"/> Both <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                            |  |  |  |  |  |
| <div>*Type of Receipt</div> <div>Physical Receipt <input type="checkbox"/></div> <div># E-Receipt <input type="checkbox"/></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <div>*Maturity Instruction</div> <div>Auto Refund <input type="checkbox"/></div> <div>Renew only Principal <input type="checkbox"/></div> <div>Amount</div> <div>Renew, Principal <input type="checkbox"/></div> <div>with Interest Amount</div> <div>(If not opted will be treated as auto refund)</div> |  | <div>*Mode of Operation:</div> <div>Sole/First Applicant <input type="checkbox"/></div> <div>Anyone or Survivor/s <input type="checkbox"/></div> <div>Former or Survivor/s <input type="checkbox"/></div> |  | <div>*Scheme</div> <div><input type="checkbox"/> Cumulative</div> <div><input type="checkbox"/> Monthly interest</div> <div><input type="checkbox"/> Quarterly interest</div> <div><input type="checkbox"/> Half-Yearly interest</div> <div><input type="checkbox"/> Yearly interest</div> |  |  |  |  |  |                                                                            |  |  |  |  |  |
| <div>*Senior Citizen</div> <div>Yes <input type="checkbox"/> No <input type="checkbox"/></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <div>*Minor</div> <div>Yes <input type="checkbox"/> No <input type="checkbox"/></div>                                                                                                                                                                                                                     |  |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                            |  |  |  |  |  |
| 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 <input type="checkbox"/>                                                                                                                                                                         |  | Customer ID: _____                                                                                                                                                                                                                                                                         |  |  |  |  |  |                                                                            |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | ( ^If investment amount is less than or equal to ₹50,000/- or aggregating to less than ₹5,00,000/- during financial year )                                                                                                                                                                                |  | *Mobile No. : _____                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                            |  |  |  |  |  |
| #Email ID: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                            |  |  |  |  |  |
| *Form 121 furnished: Yes <input type="checkbox"/> No <input type="checkbox"/> (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 <input type="checkbox"/>                                                                                                                                                                         |  | Customer ID: _____                                                                                                                                                                                                                                                                         |  |  |  |  |  |                                                                            |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | ( ^If investment amount is less than or equal to ₹50,000/- or aggregating to less than ₹5,00,000/- during financial year )                                                                                                                                                                                |  | *Mobile No. _____                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                            |  |  |  |  |  |
| #Email ID: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                            |  |  |  |  |  |
| Natural Guardian Details as per KYC Document : *CKYC No (if any) _____ (For new / Non-CKYC investor, KYC form mandatory)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                            |  |  |  |  |  |
| Mr. / Ms. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                           |  | *Guardian of : <input type="checkbox"/> First Applicant <input type="checkbox"/> 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 <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  | *Branch _____                                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                            |  |  |  |  |  |
| *IFSC Code <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  | *Account: Saving <input type="checkbox"/> Current <input type="checkbox"/> |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                            |  |  |  |  |  |
| <div>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.</div> <div>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 &amp; 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.</div> <div>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.</div> |  |                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                            |  |  |  |  |  |
| Signature of the Depositors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                            |  |  |  |  |  |
| *First Applicant / Guardian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                           |  | 1. In case of deposits in joint names, all the depositors must sign on the provided space.<br>2. Thumb impression(s) to be attested by two witnesses.                                                     |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                            |  |  |  |  |  |
| Second Applicant / Guardian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                            |  |  |  |  |  |
| <div>*Details are mandatory</div> <div>#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</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                            |  |  |  |  |  |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                            |  |  |  |  |  |
| <input type="checkbox"/> I/We the above mentioned depositor(s) do not wish to Nominate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                            |  |  |  |  |  |
| <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                            |  |  |  |  |  |
| Name of the Nominee: Mr./Mrs. _____ DOB of Nominee: ____/____/____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                            |  |  |  |  |  |
| Address of Nominee: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                            |  |  |  |  |  |
| _____ City: _____ Pincode: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                            |  |  |  |  |  |
| Nominee Relationship with First Applicant: Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Spouse <input type="checkbox"/> 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 _____                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                            |  |  |  |  |  |

# TERMS AND CONDITIONS GOVERNING ACCEPTANCE OF DEPOSITS

1) **MINIMUM DEPOSIT:**

Deposits will be accepted in multiples of Rs. 1,000/- subject to a minimum amount of Rs. 5,000/-.

2) **SCHEME AND TENURE:**

Company accepts cumulative and non-cumulative deposits for different tenures as mentioned on the first page of the application form.

3) **INTEREST:**

Interest rate is fixed for the entire period of deposit. Interest will be payable on the deposit from (i) the date of receipt of funds by the company in case of payment made by online remittance such as National Electronic Fund Transfer (NEFT) / Real Time Gross Settlement (RTGS) / IMPS / Net banking / Payment gateway / Payment aggregator / any other online mode, (ii) the date of realisation of the amount by the company in case of payment made by cheque / demand draft / any other mode.

Interest will be compounded on Cumulative deposit from the effective date of deposit until the end of the calendar quarter. Interest for the subsequent calendar quarter/s would be computed on the accumulated balance [principal and interest (net of TDS, if any)] until the next calendar quarter or maturity date whichever is earlier. Interest is compounded at monthly rest for Cumulative deposit and Non-Cumulative deposit where interest pay-out is Monthly/Quarterly/Half-Yearly/Yearly. Interest [net of TDS, if any] will be credited to the deposit ledger on the last day of the calendar quarter.

If the Deposit is made / processed within a period of one month prior to the interest payout date, the interest for the part period will be paid on the next interest payout date without any deferral interest for the broken period.

Interest payment for Non-Cumulative Deposit will be made only through National Electronic Fund Transfer (NEFT) as per the below given schedule.

|                              |                                           |
|------------------------------|-------------------------------------------|
| Non-Cumulative - Monthly     | Last day of every month                   |
| Non-Cumulative - Quarterly   | Last day of March/June/September/December |
| Non-Cumulative - Half Yearly | Last day of March and September           |
| Non-Cumulative -Yearly       | Last day of March                         |

4) **IDENTIFICATION OF DEPOSITORS:**

To comply with "Know Your Customer" guidelines for NBFCs issued by the Reserve Bank of India as amended from time to time, depositor(s) should provide a self-attested copy of ID proof and Address proof. Any one of the following KYC documents (which contains the photograph of the concerned depositor(s)) can be submitted for identification and proof of residential address.

**KYC Documents for Individual, Karta, Trustee, Partner, Proprietor, Authorised Signatory/ies, Beneficial Owners, Power of Attorney Holders**

- a) Latest Photograph
- b) Permanent Account Number(PAN) mandatory or Form No. 97 (if transaction amount is less than or equal to Rs. 50,000/- or aggregating to less than Rs. 5,00,000/- during a financial year)
- c) ID & Address Proof (if CKYC number is available, then same is not required provided name and address is matching between CKYC portal and as per application form)

**Officially Valid documents(OVD)**

- a) Passport
- b) Driving License
- c) Voter ID
- d) Job card issued by NREGA duly signed by an officer of the State Government
- e) Aadhaar Card
- f) Letter issued by the National Population Register containing details of name and address.

If above submitted OVD does not have current address mentioned on application form then any of the below listed documents to be treated as deemed OVD for limited purpose of proof of address. If depositor submits deemed OVD then within 3 months from the date of submitting below documents, depositor needs to submit above OVD with current address.

- a) Utility bill in the name of customer, which is not more than two months old of any service provider (electricity, Telephone, post – paid mobile phone, Piped gas, Water bill).
- b) Property or Municipal Tax receipt.
- c) Pension or Family Pension Payment Orders(PPOs) issued to retired employees by Government departments or Public Sector undertakings, if they contain the address
- d) Letter of allotment of accommodation from employer issued by State Government Departments, Statutory or Regulatory Bodies, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and Listed Companies, along with Leave & License agreements with such employers allotting official accommodation..

**Additional documents for INDIVIDUAL**

- a) Personalised cancelled cheque leaf. In case of minor, cheque leaf should be of minor.
- b) PAN card copy of depositor in case of Minor or Form No. 97 (if transaction amount is less than or equal to Rs. 50,000/- or aggregating to less than Rs. 5,00,000/- during a financial year)
- c) Date of Birth Proof, if minor.
- d) Form No. 121 (if tax not to be deducted)
- e) Email ID mandatory for E- Receipt.
- f) Application form duly filled and signed in case of other than deposits opened through digital mode. In case of minor, it should be signed by guardian.

**Additional KYC documents for an account of HINDU UNDIVIDED FAMILY(HUF)**

- a) PAN card copy of HUF
- b) Personalised cancelled cheque leaf in the name of HUF
- c) Declaration with Karta seal and signature along with signatures of all coparceners
- d) Application form duly filled and signed with HUF seal.
- e) Form No. 121 (if tax not to be deducted)
- f) Email ID mandatory for E- Receipt.

**Additional KYC documents for an account of SOLE PROPRIETORSHIP CONCERN**

- a) PAN card copy of Proprietor
- b) Personalised cancelled cheque leaf in the name of Sole proprietorship concern
- c) Application form duly filled and signed with Proprietor seal
- d) Any two documents in the name of Proprietorship concern as a proof of business/activity
  - Registration certificate/ Udyam registration certificate(URC) issued by the Government
  - Certificate/ License issued by the Municipal Authorities under Shop & Establishment Act
  - Income Tax return (Not just the acknowledgement) / GST returns.
  - CST/ VAT/ GST certificate – Complete set of documents to be submitted
  - Importer Exporter Code (IEC) issued 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.
  - Utility bill such as electricity, water and landline / Telephone bills in the name of proprietorship concern.

**Additional KYC documents for an account of PARTNERSHIP FIRM**

- a) Registration certificate
- b) Partnership Deed
- c) PAN card copy of Firm – Self attested with Seal and Signature
- d) Proof of address of Firm - Principal place of business to be self attested with Seal and Signature, if it is different from Partnership deed.
- e) Personalised cancelled cheque leaf in the name of Partnership Firm
- f) Beneficial Ownership Declaration signed by authorised signatory/ies as per mode of operation
- g) Application form duly filled and signed with Firm seal

**Additional KYC Documents for an account of LIMITED LIABILITY PARTNERSHIP FIRM**

- a) Limited Liability Partnership (LLP) Agreement
- b) Certificate of Incorporation
- c) PAN card copy of LLP attested with Seal and Signature
- d) Personalised cancelled cheque leaf in the name of LLP
- e) List of all partners of LLP with designated Partner Identification number(DPIN) issued by Central government (on the letterhead of LLP)
- f) Latest resolution with authorised signatory with mode of operation permitting investment, opening a deposit and claiming maturity
- g) Proof of address in the name of LLP
- h) Beneficial Ownership Declaration signed by authorised signatory/ies as per mode of operation
- i) Application form duly filled and signed with LLP seal

**Additional KYC Documents for an account of CORPORATES**

- a) Certificate of Incorporation (COI)
- b) Memorandum and Articles of Association (MOA & AOA)
- c) Latest board resolution with authorised signatory with mode of operation and designation permitting investment, opening a deposit and claiming maturity
- d) List of Directors with Director Identification number
- e) PAN card copy of Company attested with Seal and Signature
- f) Proof of address in the name of Company
- g) Personalised cancelled cheque leaf in the name of Company and with seal
- h) Beneficial Ownership Declaration signed by any two Directors or Company Secretary or Authorised signatories as per mode of operation in case of unlisted public limited company and Private Limited Company. In case of Foreign entity all authorised signatories should sign.
- i) In case the beneficial owner is an individual, self attested copy of any one official valid document (Aadhar/Driving License, Passport and Voter ID card) alongwith PAN need to be obtained in support of beneficial owner declaration.
- j) In case the beneficial owner is a non-individual, then self attested copies of complete KYC documents of the non-individual entity need to be obtained. For example, in case the beneficial owner is a company, then self attested copies of Certificate of Incorporation, MOA, AOA, Board Resolution of the Company, Copy of PAN, Address proof in the company name, List of Directors, Beneficial owner declaration of the Company, KYC of Authorised Signatories to be submitted.

- k) The beneficial ownership declaration of the end individual beneficiary, must be provided for the entire 100% of the ownership, KYC of the individual beneficial owner to be provided.

- l) Application form duly filled and signed by Authorised signatories with Company seal.

**Additional KYC Documents for an account of TRUST**

- a) Trust deed
- b) Registration certificate
- c) Trust Declaration Form
- d) Document specifying the names of the beneficiaries, trustees, settler and authors of Trust
- e) PAN card copy of Trust attested with Seal and Signature.
- f) Address proof in the name of Trust
- g) Personalised cancelled cheque leaf in the name of Trust with Seal and Signature.
- h) Beneficial Ownership declaration signed by authorised signatories as per mode of operation
- i) Application form duly filled and signed by authorised signatories with Trust Seal
- j) Form No. 121 required (If tax not to be deducted)
- k) Latest resolution of Trust signed by authorised signatory as per mode of operation permitting investment, opening and claiming of maturity

**Additional KYC Documents for an account of UNINCORPORATED ASSOCIATION OR BODY OF INDIVIDUALS**

- a) Latest Resolution of Association with authorised signatories and mode of operation permitting Investment, opening a deposit and claiming maturity.
- b) List of current Members on the Company letterhead
- c) Power of Attorney granted to transact on its behalf
- d) PAN card copy of Association with Seal and Signature.
- e) Address proof in the name of association or Body of Individuals.
- f) Personalised cancelled cheque leaf in the name of Association with Seal and Signature.
- g) Registration Certificate, if registered
- h) Byelaws or Rules in case of Societies
- i) Beneficial Ownership Declaration signed by authorised signatories as per mode of operation
- j) Application form duly filled and signed by authorised signatories with seal.

**Additional KYC Documents for an account of Artificial Juridical Persons not covered above (societies, universities and local bodies like village panchayats)**

- a) Document showing name of the person authorised to act on behalf of the entity;
- b) Power of attorney granted to transact on its behalf.
- c) Copy of PAN
- d) Such information as may be required to collectively establish the legal existence of such an entity/juridical person.

**Documents for Deposits from NON RESIDENT INDIANS(NRI)/ PERSON OF INDIAN ORIGINS(PIO)/OVERSEAS CITIZEN OF INDIA(OCI)**

- a) Recent Photograph
- b) PAN card copy - Self Attested
- c) Signed personalised cancelled cheque leaf. In case of minor – cheque leaf should be of minor.
- d) Date of birth proof, if minor
- e) Application form duly filled and signed. In case of minor, it should be signed by guardian.
- f) Passport
- g) Valid Visa / Work / Residence permit / PIO/OCI Card
- h) Overseas / Indian Address proof
- i) Tax Residency Certificate (TRC) from the IT Dept. of the country of which the depositor is resident, Form No. 41, PE Certificate, Declaration to avail DTAA benefit if customer wants to avail tax benefit.
- j) For more detailed list of documents to be submitted, please refer NRI Document checklist on the website

**The depositor shall inform the company within 30 days for any update in the records and provide supporting documents for necessary change.**

5) **CENTRAL KYC REGISTRY:**

Reserve Bank of India has mandated financial institutions to share KYC information to a Central KYC registry (CKYCR) who shall allot a unique KYC number. Depositor(s) are requested to share with us such number upon receipt of the same.

6) **HINDU UNDIVIDED FAMILY (HUF) DEPOSITS :**

Deposits of HUF will be accepted subject to submission of necessary documents to the satisfaction of the Company.

7) **JOINT DEPOSITS :**

- a) Deposits may be made in the joint names of two/three persons under "First or Survivor/s (F or S/s)" or "Anyone or Survivor/s (A or S/s)". All communications will be addressed to the first depositor. All interest payment and repayment of deposits will be made in the name of first depositor.

- b) Joint Deposit can be made only by individuals. Deposits pertaining to Non-individuals including society, trust, body of individuals, corporate, partnership firm, Karta of Hindu Undivided Family cannot be held jointly.
- c) Deposits held jointly by a Resident Indian and a NRI/PIO/OCI or vice versa can be held only under First or Survivor basis.

- d) NRI/PIO/OCI status will only be provided only if the first holder is NRI/PIO/OCI.

- e) Only first deposit holder is eligible to avail preferred rate of interest applicable, if any.

8) **NON-RESIDENT INDIAN (NRI)/ PERSON OF INDIAN ORIGIN (PIO)/ OVERSEAS CITIZEN OF INDIA (OCI) DEPOSITS:**

Fixed Deposit from NRI/PIO/OCI are accepted by funds received from Non-Resident Ordinary (NRO) bank account on non-repatriation basis provided that the amount deposited with the company does not represent inward remittance or transfer from NRE/FCNR (B) accounts into the NRO account in accordance with the provisions of the Foreign Exchange Management (Deposit) Regulations, 2016 and Reserve Bank of India (Non-Banking Financial Companies -Acceptance of Public Deposits) Directions, 2025.

Fixed Deposit from Non-Resident Indians (NRI) will be accepted for a maximum period of 3 years only.

The Company does not accept deposit from foreign nationals except PIO/OCI.

The depositor has to submit all the documents and information as may be required by the company in relation to the deposit from Non-resident Indians/PIO/OCI in such form as may be prescribed by the company and Depositors are required to inform the company promptly whenever there is a change in the status / information already provided to the company.

NRI/PIO/OCI Depositors are required to mandatorily fill FATCA-CRS details. The company may be obliged to share information on the Depositor's account with the relevant authorities.

9) **NOMINATION :**

- a) The depositor and/or the depositors, where deposits are made by more than one person jointly may, at any time, nominate a person to whom his/their deposit in the Company shall vest in the event of death of the Sole depositor and joint holders, if any. Notwithstanding anything contained in any other law for the time being in force or in any disposition, whether testamentary or otherwise in respect of such other deposit in the Company where a nomination made in the prescribed manner purports to confer on any person the right to vest in the deposit, the nominee shall, on the death of the depositor(s) become entitled to all the rights in the deposit in the Company to the exclusion of all other persons unless the nomination is varied or cancelled in the prescribed manner.
- b) Nomination can be made only by individuals. A Power of attorney holder cannot nominate.
- c) The nominee shall not be a trust, society, body of individuals, corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder.
- d) A minor can be a nominee represented by guardian.

10) **INCOME-TAX PROVISIONS :**

a) **TDS Deduction:**

- (i) As required under the Income Tax Act, 2025, tax at applicable rate will be deducted at source from the amount of interest paid and/or credited to a depositor if the aggregate interest credited /paid for the Tax Year exceeds Rs.10,000/-. To claim non-deduction of tax at source, first depositor, must submit to the company Tax declaration form (Form No. 121/Order U/s 395 – as the case may be).
- (ii) TDS will be deducted at twice the rate in force if depositor's PAN becomes inoperative u/s. 397(2)(b) on failure to link PAN with Aadhaar as per rule 162 of the Income Tax Rules, 2025.
- (iii) When interest amount is insufficient to recover TDS, the same will be recovered from the principal of the deposit.
- (iv) It is the sole responsibility of the depositor to provide the Company with a fresh Form No. 121 for every tax year. Non-submission of relevant form or submission of incomplete/incorrect form may result in tax deduction and the Company will not be responsible for the same.

- b) **Furnishing PAN:** IPAN is mandatory where the deposit amount is more than Rs.50,000/-, or aggregating all deposits (Fixed deposit (FD), Recurring deposit (RD) and Fixed Investment Plan (FIP)) is more than Rs.50,000/- during the financial year and / or where the interest exceeds the prescribed limit.

c) **Form No.121:**

- a) If a resident depositor (any person, not being a company or a firm) requires any exemption from tax deduction at source on interest payments a valid declaration in Form No. 121 with quoting depositor's valid PAN, or as may be prescribed under the Income Tax Act, 2025 needs to be submitted. Tax at applicable rate will be deducted at source from the amount of interest paid and/or credited to a depositor who has submitted a self-declaration Form No. 121 if the aggregate interest credited/paid exceeds the prescribed limit of Rs. 4,00,000/- (Rupees Four lakhs only) for non-senior citizens, Rs.12,00,000/- (Rupees Twelve lakhs only) for senior citizens and super senior citizens, during the financial year under specific customer ID. For this purpose, new tax regime will be considered as a default regime. However, if aggregate amount of interest credited / paid during the year exceeds non-taxable limit as applicable from time to time, then any tax declaration form will not be valid and tax will be deductible.

Any person making a false statement in the declaration shall be liable to prosecution u/s 482 of the Income Tax Act, 2025. The Company will in no way be responsible for such false declaration made by the depositor. A new Form No. 121 has to be submitted again when any additional deposit is made or when an existing deposit is renewed, even though the Depositors may have already furnished the forms for the current financial year.

- c) Tax deducted at source (TDS) wherever applicable and remitted to the applicable tax authority by the Company, before the premature withdrawal of Deposit(s), shall not be refunded – under any circumstance whatsoever. The depositor may claim credit/refund, if eligible, in accordance with the provisions of the Income tax Act, 2025 and rules there under.

16) The Fixed deposit receipt- receipt will be issued, subject to cheque realisation/ receipt of funds in company's account. In case of cheque dishonour/non receipt of funds, the fixed deposit application stands cancelled automatically.

- 19) In the event of death of the first named depositor, all payments on account of principal and / or interest of the fixed deposit will be made to the person first in the order of the survivor(s).

In the event of death of sole depositor and / or all the joint depositor, all payment on account of principal and / or interest will be made to the Nominee appointed by the depositor(s) on submission of proof of identity and on execution of such other documents to the satisfaction of the company.

In any other case, the amount will be paid to the legal representative(s) of the deceased on submission of proper legal representation such as Legal heir certificate, succession Certificate/Letter of administration/ probate of the Will granted by a court of competent jurisdiction.

- 22) Any communication intended for customer will be sent to the mail ID of the First depositor which will be the registered mail ID. Depositors are requested to intimate all their instructions/service request only from their registered email ID to the email ID given in point 32. SFL is hereby authorised to accept all instructions/ service request received or initiated through depositor's mail IDs registered with SFL. SFL will also not be liable for the consequences or any losses incurred by the depositor, in case where multiple emails for the same instruction has been sent by the depositor. SFL shall not be held liable for any action taken by SFL based on the e-mail. SFL shall not be bound to act upon e-mails, which are illegible or where the request is not clear. In such cases if SFL proceeds to carry out the instruction SFL understanding or action shall be treated as final. SFL is not liable to take note or act on any instruction received from any e-mail IDs other than the registered email IDs of first depositor. SFL shall not be liable for any losses or damages which depositor may suffer as a consequence of SFL acting in accordance with or in reliance upon any e-mail submission. SFL is not bound to go into the authenticity of such mails received from the said ID. Any mail received from email ID shall be deemed by the SFL as an authorised one. SFL shall stand protected at all times and no claim shall be made against SFL for carrying out such transactions based on e-mails issued or originated out of e-mail ID's. Depositor shall not accuse SFL at any point of having been negligent or violative to any loss, response and liability shall solely be that of the Depositor. SFL shall not be under any obligation at any time to maintain any facility for the receipt of any e-mail submission.

- 23) The Financial position of the Company as disclosed and the representations made in the application form are true and correct. The Company and its Board of Directors are responsible for the correctness and veracity thereof.

- 24) In case of any deficiency of the Company in servicing its deposit, the depositor can lodge a Complaint with the Company. If the Company has not responded within 30 days, the depositor can approach the RBI Banking Ombudsman for resolution of the complaint under the Reserve Bank- Integrated Ombudsman Scheme, 2026. Alternatively, the depositor may approach the District Level Consumer Dispute Redressal Forum or the State Level Consumer Dispute Redressal Forum or the National Consumer Dispute Redressal Forum for relief.

- 25) In case of non-repayment of the deposit or part thereof as per the terms and conditions of such deposit, the depositor may approach the Southern Region Bench of Company Law Tribunal, whose full address is, 3rd Floor, Corporate Bhavan (UTI Building), No.29, Rajaji Salai, Chennai 600 001, Tamil Nadu for redressal.

- (26) Any deposit which remains unclaimed and unpaid for a period of seven years from the date it becomes due for payment will be transferred to "The Investor Education and Protection Fund" established by the Central Government under section 125 of the Companies Act, 2013.

- 27) The Company having a valid Certificate of Registration No.07-00459 dated 31/01/2023 issued by the Reserve Bank of India in lieu of erstwhile certificate No. 07-00459 dated 17/04/2007 under Section 45-IA of the Reserve Bank of India Act, 1934. The financial activities of the Company are regulated by the Reserve Bank of India. However, the Reserve Bank of India does not accept any responsibility or guarantee about the present position as to the financial soundness of the Company or for the correctness of any of the statements or representations made or opinion expressed by the Company and for repayment of deposits/discharge of liabilities by the Company.

- (28) Total amount of exposure (aggregate dues) from facilities, both fund and non-fund based, extended to, and the aggregate dues from companies in the same group or other entities or business ventures in which the directors and/or the Company are holding substantial interest as on 31/03/2026 is Rs. 448.25 crores.

- 29) Credit Ratings: CARE Ratings Limited "CARE AAA; Stable", CRISIL Limited "Crissil AAA/Stable", ICRA Limited "[ICRA]AAA (Stable)" and India Ratings and Research Pvt Ltd "INDAAA/Stable".

- 30) The deposits solicited by the Company are not insured.

- 21) The acceptance, renewal and repayment of deposits and interest payment are subject to the terms and conditions of the Company and the directions of the Reserve Bank of India (RBI) under Reserve Bank of India (Non-Banking Financial Companies - Acceptance of Public Deposits) Directions, 2025 as amended from time to time and are subjected to jurisdiction of Chennai only. Subject to the said directions issued by RBI, the Company reserves the right to alter or amend without notice any or all of the terms and conditions stipulated above.

- 52) All correspondence with regard to deposits should be addressed to Company's following service centre: **Chennai:** Fourth Floor, 144/7, Rayala Techno Park, Old Mahabalipuram Road, Kottivakkam, Chennai, Tamil Nadu - 600044. Phone:+91 44 49371111, Email: customersupport@shriramfinance.in.; **Mumbai:** Office No.104 & 105 1st Floor, Level 1, Rupa Solitaire, Sector - 1, Millennium Business Park, Mahape, Navli Mumbai, Thane, Maharashtra - 400710. Phone:+91 22 41574545, Email: customersupport@shriramfinance.in.

- 33) The maturity value payable in case of cumulative deposits will vary where tax is deducted at source. The maturity value for Cumulative Deposits is rounded off to nearest rupee.

- (34) Payment of interest / repayment of deposit falling due on a Sunday or a bank holiday or any day when the Company's head office does not work due to holiday or otherwise will be made on the next working day.

- 365) The Company has created a floating charge on its statutory liquid assets in favour of Trustees representing public deposit holders of the Company as per Directions of Reserve Bank of India.
- 366) Email ID and Mobile number is mandatory for investment in Fixed Deposit, where certificate mode is opted as E-Receipt.

- 37) Deposits made by Trust/Societies/AOPs/BOIs in the nature of Charitable Institution registered under Section 332 and 347 to 349 of the Income Tax Act 2025, does not qualify as investments prescribed u/s 350 of the Income Tax Act 2025.

- 38) The company accepts deposits through agents. The agents can accept duly filled in deposit application form along with KYC documents and cheque in favour of "Shriram Finance Limited". However, agents are not authorised to accept cash from depositors or issue receipt on behalf of the company for deposits. All Correspondence with regard to deposits should be addressed to Company's service centers as mentioned in point no. 32.

- 39) Upon receipt of money for fixed deposit, if the company finds any discrepancy in the application/documents received, the company shall be notifying the depositor via Message/Email/Whatsapp. If the same is not resolved within 30 days, the company shall refund the application money without any interest to the originating account by 30th day, with due intimation to the depositor.

| Sr. No. | Language         | Declaration                                                                                                                                                  | Sr. No. | Language           | Declaration                                                                                                                                                 |
|---------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1       | English          | I confirm that the Company has explained and provided me the above information in the vernacular language and the same has been understood by me.            | 8       | Malayalam / മലയാളം | മേൽപ്പറഞ്ഞ വിവരങ്ങൾ കമ്പനി എന്റെ പ്രാദേശിക ഭാഷയിൽ എനിക്ക് വിശദീകരിച്ചു തന്നിരുന്നു, എനിക്ക് അത് ബോധ്യപ്പെട്ടിട്ടുള്ളതാണെന്നും ഞാൻ ഇതിനാൽ സ്ഥിരീകരിക്കുന്നു. |
| 2       | Tamil / தமிழ்    | மேலே குறிப்பிட்டுள்ள தகவல்களை நிறுவனம் பிராந்திய மொழியில் எனக்கு தெளிவாக விளக்கி, வழங்கியுள்ளது என்றும், அதை நான் புரிந்துகொண்டேன் என்றும் உறுதியளிக்கிறேன். | 9       | Kannada / ಕನ್ನಡ    | ಮೇಲಿನ ಮಾಹಿತಿಯನ್ನು ಕಂಪನಿಯ ನನಗೆ ಸ್ಪಷ್ಟವು ಭಾಷೆಯಲ್ಲಿ ವಿವರಿಸಿದ ಮತ್ತು ಒದಗಿಸಿದ ಮತ್ತು ಅದು ನನಗೆ ಅರ್ಥವಾಗಿದೆ ಎಂದು ನಾನು ದೃಢೀಕರಿಸುತ್ತೇನೆ.                                |
| 3       | Marathi / मराठी  | मी पुढी करतो की कंपनीने मला वरील माहिती स्थानिक भाषेत स्पष्ट केली आहे आणि प्रदान केली आहे आणि ती मला समजली आहे.                                              | 10      | Gujarati / ગુજરાતી | હું પુષ્ટિ કરું છું કે કંપનીએ મને ઉપરોક્ત માહિતી સ્થાનિક ભાષામાં સમજાવી અને પૂદાન કરી છે અને હું તે સમજી ગયો છું.                                           |
| 4       | Hindi / हिंदी    | मैं इस बात की पुष्टि करता हूँ कि कंपनी ने मुझे उपरोक्त जानकारी मेरी स्थानीय भाषा में समझाई और प्रदान की है तथा इसे मैंने समझ लिया है।                        | 11      | Bengali / বাংলা    | আমি নিশ্চিত করছি যে আপনার কোম্পানি আমাকে স্থানীয় ভাষায় উপরিউক্ত তথ্য ব্যাখ্যা করেছে এবং প্রদান করেছে এবং আমি তা ভালোভাবে বুঝতে পেরেছি।                    |
| 5       | Telugu / తెలుగు  | ఔన పేర్కొన్న సమాచారాన్ని ఉపయోగించి నాకు బాండ్ వివరాలను అర్థమయిందని నేను ధృవీకరిస్తున్నాను.                                                                   | 12      | Assamese / অসমীয়া | মই ইয়াৰদ্বাৰা কোম্পানীয়ে মোক ওপৰৰ তথ্যসমূহ স্থানীয় ভাষাত বুজাই দিয়াৰ লগতে প্রদান কৰিছে আৰু একেধিনি কথা ময়ো বুজি গৈছে। বুলি নিশ্চিত কৰিছোঁ।             |
| 6       | Punjabi / ਪੰਜਾਬੀ | ਮੈਂ ਪੁਸ਼ਟੀ ਕਰਦਾ/ਕਰਦੀ ਹਾਂ ਕਿ ਕੰਪਨੀ ਨੇ ਮੈਨੂੰ ਉਪਰ ਦਿੱਤੀ ਜਾਣਕਾਰੀ ਸਭਨਾ ਭਾਸ਼ਾ ਵਿੱਚ ਸਮਝਾਈ ਅਤੇ ਦੱਸੀ ਗਈ ਹੈ ਅਤੇ ਮੈਨੂੰ ਪਤਾ ਲੱਗ ਗਿਆ ਹੈ।                                  | 13      | Urdu / اُردو       | میں اس کی تصدیق کرتا ہوں کہ کمپنی نے مجھے مذکورہ بالا معلومات مقامی زبان میں بیان اور فراہم کی ہیں اور یہ بات مجھے سمجھ میں آئی ہے۔                         |
| 7       | Odiya / ଓଡ଼ିଆ    | ମୁଁ ନିଶ୍ଚିତ କରୁଛି ଯେ କମ୍ପାନୀ ମୋତେ ଖାଲି ଗୋଟିଏ ଭାଷାରେ ଉପରୋକ୍ତ ତଥ୍ୟ ବୁଝାଇ ଦେଇଛି ଏବଂ ଏହା ମୁଁ ବୁଝିପାରୁଛି।                                                         |         |                    |                                                                                                                                                             |



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

\*Name \_\_\_\_\_

D

D

M

M

Y

Y

Y

Y

\*Father Name \_\_\_\_\_

\*Mother Name \_\_\_\_\_

Spouse Name (If Married) \_\_\_\_\_

Country of Birth \_\_\_\_\_

City of Birth \_\_\_\_\_

\*Communication Address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

\*Pin \_\_\_\_\_

Country \_\_\_\_\_

Birth Place \_\_\_\_\_

\*Nationality \_\_\_\_\_

\*Citizenship \_\_\_\_\_

\*Permanent Address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

\*Pin \_\_\_\_\_

Country \_\_\_\_\_

\*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

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

IGNORE if already submitted earlier

\* Marital Status:

☐ Married ☐ Unmarried ☐ Others

\*Occupation Type: ☐ Salaried ☐ Professional ☐ Self Employed

☐ Student ☐ Housewife ☐ Retired ☐ Other (Please specify \_\_\_\_\_)

\*If Self Employed ☐ Manufacturing ☐ Professionals ☐ Service Provider ☐ Agriculture ☐ Trader

Nature of Business: ☐ 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 Aabled ☐ 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)

☐ Aadhaar issued by UIDAI ☐ Passport ☐ Driving Licence ☐ Voter ID Card ☐ Others :

ID No. \_\_\_\_\_

Expiry Date \_\_\_\_\_

\*Proof of Address (Self Attested)

☐ Aadhaar issued by UIDAI ☐ Passport ☐ Driving Licence ☐ Voter ID Card ☐ Others :

Expiry Date \_\_\_\_\_

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 <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered office<br>Address for Tax Purpose <input type="checkbox"/> Communication <input type="checkbox"/> Permanent <input type="checkbox"/> 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 : \_\_\_\_\_