



ANCHA **CORPORATE DEPOSIT SCHEME**

CRISIL CREDIT RATING AAA / STABLE

ELIGIBILITY

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

MINIMUM DEPOSIT AMOUNT

Companies can deposit a minimum of ₹ 20,000/- and in multiples of ₹ 1,000/- thereafter with no maximum limit on amount of deposit(s).

MODE OF ACCEPTANCE

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

Beneficiary Name : LIC Housing Finance Limited Bank Name : Axis Bank

: Cuffe Parade Branch

IFSC Code MICR

Account Number: 919020003182009 : UTIB0000447 : 400211039

INTEREST

Branch Name

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

	Interest Rates P.A. on Cumulative and Non - Cumulative Deposits (Yearly Option)				
Term	Deposits upto Rs. 5 Crores	Deposits above Rs. 5 Crores upto Rs. 10 Crores	Deposits above Rs. 10 Crores upto Rs. 20 Crores		
1 YEAR	7.45%	7.50%	7.55%		
18 MONTHS	7.45%	7.50%	7.55%		
2 YEARS	7.45%	7.50%	7.55%		
3 YEARS	7.45%	7.50%	7.55%		
5 YEARS	7.45%	7.50%	7.55%		

Interest rates effective from 12 04 2023 on deposits unto ₹ 20 Crore*

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

Under Non-Cumulative Deposit Scheme, Interest will be payable on 31st March & under Cumulative Deposit Scheme, interest will be compounded annually.

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

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

SERVICE PROVIDER TO SANCHAY CORPORATE DEPOSIT SCHEME

DATAMATICS GLOBAL SERVICES LIMITED : Unit: LIC Housing Finance Ltd., Knowledge Centre, Plot No. 58, Street No. 17, MIDC, Andheri (East), Mumbai - 400 093, India.Contact No.: 022 - 6102 0001 (Ext. 5381/0201) · E-mail: lichfldeposits@datamatics.com All communications with regards to Sanchay Deposit should be addressed to the Service Provider to Deposit Scheme at the above address.

Registered Office : Bombay Life Building, 2nd Floor, 45/47, Veer Nariman Road, Fort, Mumbai - 400 001. Tel.: +91 22 2204 9799, Fax : +91 22 2204 9839 131 Maker Tower 'F' Premises, 13th Floor, Cuffe Parade, Mumbai - 400 005. Tel.: +91 22 2217 8600 • Fax : +91 22 2217 8715 Email: pd@lichousing.com • Website : www.lichousing.com • CIN : L65922MH1989PLC052257 Corporate Office :



Registered Office Corporate Office Email Bombay Life Building, 2nd Floor, 45/47, Veer Nariman Road, Fort, Mumbai - 400 001. 131 Maker Tower 'F' Premises, 13th Floor, Cuffe Parade, Mumbai - 400 005. pd@lichousing.com • Website : www.lichousing.com

TAX DEDUCTION

Income tax will be deducted at source in accordance with Section 194A of the Income Tax Act, 1961, from the interest payable when the aggregate amount of interest exceeds Rs.5,000/- in a financial year. In case of cumulative interest, tax will be deducted on the date of credit/payment whichever is earlier.

RENEWAL & REPAYMENT

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

PREMATURE WITHDRAWAL

a) Request for premature withdrawal may be permitted at the discretion of LIC HFL. In case of request for premature withdrawal, the rates given in the table below shall apply.

b) In the event of the deposit holder already having/received interest at a higher rate, the difference in the total interest paid and revised interest payable would be adjusted against the interest/principal amount.

c) The brokerage payable to authorised agents is for the period completed and excess brokerage paid as a result of pre-payment of the deposit will be recovered from deposit amount.

d) Outstanding post-dated interest warrants in the custody of the depositor, if any should be surrendered to LIC Housing Finance Limited.

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

KNOW YOUR CUSTOMER (KYC) COMPLIANCE

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

MISCELLANEOUS

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

Agent /Agency's Name : Assetmine Capital Pvt Ltd.



Code No.: 10100014

DEPOSIT APPLICATION FORM FOR CORPORATES

PLEASE USE B	LOCK LETTER	S AND TICK 🖌 II		E PLACES (PREF	ERABLY	IN BLACK INK)		Date :	
We apply	placement/	renewal of	a deposit of th	e value of Rs.		(In W	/ords)		
		at	Branch	for a period of		months/years	s earning	interest @	% p.a.
CATEGORY:	Public Ltd. Con	npany Corporation	Statutory Board	ds Local Authorit		nks &	Pvt. Ltd. Con	opany Other	S
PRODUCT OP		Cumulative	Ion Cumulative	FOLIO / KYC	NO]	
Name (in Bloc	k Letters) as	appearing in PA	N Card	CIN :					
				ADDRESS					
City :				State :				Pin Code :	
Telephone :		Mobile :		Fax :		Email :			
					1				
	rmanent Accour].	copy of Pan Card)		o be deducted	Yes No
Tax Status :	Non-exem	pt Exemp	t Order u/s	197 of I-tax Act, 19	961	Order u/s 10 of I-ta	ax act, 1961		
	-	o submit certified and Memorandum & Arti		ollowing docume	nts to co	mply with KYC ree	quirements:		
2. Resolution passed	by the Board of Dire	ectors authorizing its per		sactions/ agreements a	nd to open a	nd operate Fixed Depos	it with Housing	Finance Company or	its behalf, their
names and specim 3.PAN allotment lette	r/ PAN Card of the co								
5.An officially valid d	ocument (PAN, pass	account statement and a port, driving license, Vote	er's Identity Card, Aadha	aar Card) identifying the	e directors / e	employees / persons aut	horised for such	transactions and th	eir addresses.
PAYMENT DE		d Person with rubber stan	np of the Corporate.						
Cheque No.		RTGS/NEF	T-UTR No.:						
Dated : D			(NAME:			Deposit An	nount Rs.: _		
If Renewal :				Maturing On	DMM				
Old Deposit Re Renewal Amou				dditional Amount ₹			or₹		
BANK DETAIL									
IFSC Code				me of the Bank :			Bran	_	
	lentifier Number	For deposit of ₹ 5							
Legal Entity Identifier Number (For deposit of ₹ 50 Crore and above.) The above Bank account information must match with the cheque / RTGS / NEFT instructions issued for placing the deposit. Also please note that LICHFL will credit interest payment, repayment proceeds (including accumulated interest) to the above bank account through NEFT / RTGS upon the depositor submitting discharged receipt for the same.						ayment, repayment			
proceeas (incluaii	ng accumulated inte	erest) to the above bank a				ing discharged receipt t	for the same.		
We hereby declare that na	ame of company/institutio	n mentioned in our application	is the beneficial owner of this	DECLARATION deposit and as such the com		n should be treated as the paye	ee for the purpose o	f tax deduction as per the	provisions of the Income
		ns and conditions governing thi ments/particulars/representation		prporation and after carefui co	onsideration we	are making the deposit with th	ne Corporation at ou	r own risk and volition.	
contravention or evasion of	of the provisions of the Pre	this deposit and that the amou evention of Money Laundering.	Act, 2002 and any Rules, Rec	gulations, Notifications, Guide	elines or Direction	ons thereunder, as amended f	from time to time. W	e shall provide any furthe	information and fully co-
operate in any investigatio	on as and when required b	by the Corporation in accordance		urther affirm that the information to react the information of the second state of the		ded by us are true and correct		natures of Author	
i) Namo								natures of Author	ised Signatories
i) Name		┫╘┨┝╼╟╾╢┝╴	┥┝╼┤┝╼┤└╸	Tel.:		┥╘┥┝╼╎┝╼┤┝			
ii) Name									
iii) Name	┝─╢─╢─╢	╢╢╢╢	┥┝╾┥┝╾┥┍╼	Tel.:		┥┝╼┤┝╼┤┝	- =]
				Tel.:					
FOR OFFICE USE ONLY Deposit Receipt No. Date of Receipt Date of Deposit Checked by Authorised by									
Deposit	Receipt No.	Date of Ree	Seihr	Date of Deposit		Checked b	Jy	Autio	

KNOW YOUR CUSTOMER (KYC) APPLICATION FORM FOR LEGAL ENTITY



Name :				
Entity Constitution Type :				
Public Limited Company Private Limited Company Corporation	n Statutory Board Local Authorities Banks Financial Institutions			
Section 8 Company Other such Institution as may be decide	d by the Management. Please Specify			
Date of Incorporation/Formation	Date of Commencement of Business D D M M Y Y Y			
Place of Incorporation/Formation Cour	ntry of Incorporation/Formation IIN or Equivalent Issuing Country			
PAN: (Attach a copy of Pan Card)	IN/GST Registration Number :			
CIN : F	Registration Certificate Number :			
PROOF OF IDENTITY				
Officially Valid Document(s) Certificate of Incorporation/Format	ion Registration Certificate Memorandum and Articles of Association			
Resolution of Board Power of Attorney granted by its Ma	anager, officers or employees to transact on its behalf			
ADDRESS				
Registered Office Address/Place of Business -				
Proof of Address : Certificate of Incorporation/Formation Regis	stration Certificate Other Documents			
Line 1 -				
Line 2				
City / Town / Village -	District - Pin/Post Code -			
State/UT Code :	Country:			
LOCAL ADDRESS IN INDIA (If different from above)				
Line 1 -				
Line 2 -				
City / Town / Village -	District - Pin/Post Code - Pin/Post Code -			
State/UT Code :	Country: Country:			
CONTACT DETAILS (All Communications will be sent on provided	Mobile Number/Email-Id)			
Tel.(0) STD Code	Fax			
Mobile Email Id				
Mobile Email Id				
REMARKS (If any)				
REMARKS (If any)				
REMARKS (If any)				
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APPLICANT DECLARATION				
APPLICANT DECLARATION I hereby declare that the details furnished above are true and correct to the best of my knowle changes therein, immediately. Incase any of the above information is found to be false or untr				
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KNOW YOUR CUSTOMER (KYC) APPLICATION FORM FOR RELATED PERSON.



DETAILS OF RELATED PERSON Addition of Related Person Deletion of Related Person Update Related Person Deta	ls				
KYC Number of Related Person (if available) :	ry				
Related Person Type : Director Promoter Court Appointment Official Beneficiary					
Authorised Signatory Beneficial Owner Power of Attorney Holder Other (Please Specify)					
DIN (Director Identification Number) : (Mandatory if Related Person Type is Director Identification Number)	or)				
PERSONAL DETAILS					
Name Instrume Last Name (Same as ID Proof) Image Name Image Name	٦				
Maiden Name:					
Father/Spouse Name:					
Mother Name:					
Date of Birth : D M Y Y Y Gender : M - Male F - Female T - Transgender					
Nationality : IN - Indian Others (ISO 3166 Country Code) PAN (Attach a copy of Pan Card)					
PROOF OF IDENTITY & PERMANENT ADDRESS (Please attach self attested copy of any one of the following Officially Valid Documents(OVD) & carry original document for verification Proof of Proof of	n)				
Identity Address					
Proof of possession of Aadhaar number XXXXXXXXXX Expression (Please redact / blackout first 8 digits of aadhaar number)					
Passport No. D D M Y Y Y					
Driving Licence No. D D M Y Y Y					
Voter ID Card No.					
Permanent / Registered Address -					
Line 1					
Line 2 - Line 3 - Lin	_				
	\exists				
State / UT Code - Country					
Same as above mentioned address (In such cases address details as below need not be provided)					
Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (Anyone of the following OVD's)					
A - Passport Number					
C - Driving License					
Correspondence Address : Please submit self attested copy of any utility bills (Electricity, Gas, Telephone, Post Paid Mobile, etc.) which is not more that two months old or any other document acceptable to LIC HFL.	1				
Any other Address Proof (Subject to satisfaction of the Company					
Address :	_				
Line 1 - Line 2 - Lin	_				
Line 2	-				
City / Town / Village - District - Pin/Post Code - Pin/Post Code -					
State / UT Code - Country-					
CONTACT DETAILS (All Communications will be sent on provided Mobile Number/Email-Id)					
Tel.(O) Tel.(Resi) Mobile Email Id					
APPLICANT DECLARATION					
I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I under take to inform you of any					
changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.					
I/We hereby consent to receiving information from central KYC Registry through sms/email on the above registered number / email address Date : D D - M M - Y Y Place :					
ATTESTATION / FOR OFFICE USE ONLY					
Documents Received Certified Copies Application type New Update KYC VERIFICATION CARRIED OUT BY INCOMENTATION CARRIED OUT BY INCOMENTATION CARRIED OUT BY					
Date : D M M Y Y Y					
Emp. Name :					
Emp. Code : Name Name					
Emp. Desig. :					
Emp. Branch :					

