



## TERM DEPOSIT ADVICE

Issued in lieu of Deposit receipt  
(This is not a Negotiable Instrument)

Branch : VYPIN (MURIKKUMPADAM)  
Name : RAJAGIRI SEASHORE CMI EDUCATIONAL AND CH

Address : SOUTH MALIPURAM,  
AZHEEKAL P O,  
ERNAKULAM  
KERALA  
682508

Branch Code : 0609  
Print Date : 31-03-2023  
Customer ID : A53114657  
A/C No : 0609101000003328  
PAN : AACTR4398A

Jointly with : XXXXXXXXXX

Mode of Operation : SELF  
Interest Payment : On Maturity

Deposit Type : KND - GENERAL

Auto Renewal : No

We are pleased to confirm details of the following amount held in deposit with us. Please quote the account number in all the correspondence. Thank you for banking with us.

Amount (In words) : **Rupees Eighty Thousand Only**

Term	Rate of Interest(p.a)	Principal Amount	Value Date	Maturity Date	Maturity Value
60 Months	6%	INR 80000	31-03-2023	31-03-2028	INR 107748

Nomination : Not Registered

Nominee :

Premature closure penalty is applicable for term deposit.

TDS (applicable if any) shall be deducted on interest payable/ maturity value. Rates may vary from time to time. Unless form 15H/15G is submitted for every financial year in advance, tax will be deducted at source, if applicable

Print By/Date : 6137 31/03/2023 11:49:45

Signature of Officer(Sign Code)

VYPEEN (MURIKKUMPADAM) BRANCH

### APPLICATION FOR CLOSURE OF TERM DEPOSIT ACCOUNT

I/We request you to please close the above Term Deposit Account held in my/our name:

Date

The proceeds thereof shall be credited to the below-mentioned account:

Account Number

Account Name

\*Name of the Bank

\*IFSC Code

Date of Closure

\* To be filled in only for Non-SIB accounts.

I/We hereby declare that the Deposit requested to be closed has not been assigned/pledged/encumbered in favour of any third party and that I/We am/are the sole and absolute owner(s) of the same. I/We further undertake that, upon closure of the Deposit, I/We shall immediately destroy the Deposit Receipt along with any copies thereof, if any, available with me/us pertaining to the closed Deposit account, and I/We shall not deal with the same in any manner that would cause any claim to be raised against the Bank. I/We further undertake to indemnify the Bank and hold it harmless against any losses, damages, claims (including third party claims) or liabilities that may be incurred by the Bank arising out of the closure of the Deposit.

I/We hereby undertake to abide by all the Terms and Conditions and Schedule/List of charges available in the Bank website ([www.southindianbank.com](http://www.southindianbank.com)) and as updated from time to time.

Signature of 1st Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant

### OFFICE USE

Employee PPC

Date

Signature of Officer(Sign Code.....)

Signature of Branch Head (Sign Code.....)

[www.southindianbank.com](http://www.southindianbank.com)

CIN:L65191KL1929PLC001017

Toll Free 18001029408, 18004251809



**TO WHOMSOEVER IT MAY CONCERN**

Dear Sir/Madam,

At the request of M/s RAJAGIRI SEASHORE CMI EDUCATIONAL AND CHARITABLE TRUST dated 31/03/2023 the below-mentioned term deposit is held at the disposal of RESERVE FUND FOR RAJAGIRI SEASHORE CMI SCHOOL to whom it has been endorsed by the depositor with the permission of the bank. This deposit shall be closed and proceeds thereof shall be released to RAJAGIRI SEASHORE CMI SCHOOL or to the Depositors, only according to the instruction of RAJAGIRI SEASHORE CMI SCHOOL.

A/C No.	Term	Rate of Interest	Principal Amount	Value Date	Maturity Date	Maturity Value
0609101000003328	60 Months	6%	INR 80000	31-03-2023	31-03-2028	INR 107748

I/We agree

For South Indian Bank

Primary Account Holder

Joint Account Holder(s)

For THE SOUTH INDIAN BANK LTD.

  
BRANCH MANAGER  
VYPEEN (MURIKKUMPADAM) BRANCH