

COMMON APPLICATION FORM FOR FIXED & RECURRING DEPOSIT

Highest Safety



Rated by Brickwork Ratings



Rated by CARE

Instruments with these ratings are considered to have the highest degree of safety regarding timely servicing of financial obligations.

Deposit Features & Benefits

- Additional Interest of 0.40% for Privilege Customers^{##}
- Option of Auto renewal / Auto repayment
- Trust Deposit placed with DHFL qualifies as specified investment, as defined under the section 11(5)(ix) of the Income Tax Act, 1961
- Additional interest of 0.15% on renewal, provided deposit is renewed on or before the maturity date

Interest Rates: DHFL Fixed Deposits

Interest rates effective from 08th June, 2018

Tenure in Months	Minimum Deposit (₹)	Cumulative	Non Cumulative				For Privilege Customers ^{##}	Renewals
			Monthly	Quarterly	Half Yearly	Annual		
12	₹ 5000	7.70%	7.35%	7.40%	7.50%	7.70%	Additional interest of 0.40% where, deposit is renewed on or before the maturity date	
14	₹ 5000	7.90%	7.55%	7.60%	7.70%	7.90%		
24	₹ 5000	8.00%	7.65%	7.70%	7.80%	8.00%		
36	₹ 5000	8.45%	8.10%	8.15%	8.25%	8.45%		
40	₹ 5000	8.50%	8.15%	8.20%	8.30%	8.50%		
48	₹ 5000	8.50%	8.15%	8.20%	8.30%	8.50%		
60	₹ 5000	8.50%	8.15%	8.20%	8.30%	8.50%		
72-120	₹ 5000	8.25%	7.90%	7.95%	8.05%	8.25%		

Special Deposits

Tenure in Months	Minimum Deposit (₹)	Cumulative	Non Cumulative				For Privilege ^{##} Customers
			Monthly	Quarterly	Half Yearly	Annual	
18(Only for Female Depositors)	₹ 5000	7.90%	7.55%	7.60%	7.70%	7.90%	Additional interest of 0.40%
13(Only for Trust)	₹ 5000	7.75%	7.40%	7.45%	7.55%	7.75%	N.A

Recurring Deposit Scheme

Monthly Minimum Deposit (₹)	Tenure in Months	Rate of Interest % (p.a.)
1,000	From 12 months to 120 months	7.75%

Requirements for Opening RD Scheme

- First 2 installments to be paid by Cheque • Debit NACH / ECS Mandate to be given for subsequent installments. • Deposit Application Form alongwith KYC Documents.
- Account payee cheque in favour of "Dewan Housing Finance Corporation Ltd."

^{##} Privilege Category: Senior Citizens, Armed forces personnel, Widows, DHFL Loan borrowers.

"Interest rates are subject to change and the rate applicable would be the rate prevalent on the date of deposit. The rate of interest table is available on the DHFL website"

Indicative Yield at various Tenure Options (Cumulative option - Indicative Maturity Value of ₹ 1 lakh[§])

Tenure	General Category			Privilege Category		
	ROI	Indicative Yield [§]	Indicative Maturity [§]	ROI	Indicative Yield [§]	Indicative Maturity [§]
12	7.70%	7.70%	1,07,700	8.10%	8.10%	1,08,100
13	7.75%	7.80%	1,08,446	NA	NA	NA
14	7.90%	7.99%	1,09,321	8.30%	8.40%	1,09,798
18	7.90%	8.11%	1,12,162	8.30%	8.53%	1,12,794
24	8.00%	8.32%	1,16,640	8.40%	8.75%	1,17,506
36	8.45%	9.18%	1,27,552	8.85%	9.66%	1,28,969
40	8.50%	9.40%	1,31,348	8.90%	9.89%	1,32,978
48	8.50%	9.65%	1,38,586	8.90%	10.16%	1,40,641
120	8.25%	12.09%	2,20,942	8.65%	12.92%	2,29,244

Recurring Deposit Maturity Chart

Tenure in Months	Amount Invested per Month (In ₹)			
	1000	2000	5000	10000
	Maturity Amount (In ₹) [§]			
12	12,498	24,997	62,491	1,24,981
24	25,965	51,930	1,29,824	2,59,647
36	40,475	80,950	2,02,375	4,04,749
48	56,110	1,12,220	2,80,549	5,61,097
60	72,957	1,45,913	3,64,781	7,29,562
120	1,78,918	3,57,836	8,94,589	17,89,178

[§]Maturity Value and Yield displayed above are indicative only, for cumulative interest option. The maturity value and the indicative yield shown do not include any tax deduction. The maturity amount and indicative yield will change depending upon the rate of tax deduction, if applicable.

Mandate form for NACH/ECS (Recurring Deposit)

UMRN

O F F I C E U S E O N L Y

DATE

Tick (✓)

Sponsor Bank Code

ICIC0TREA00

Utility Code

ICIC00261000001992

Create (✓)

Modify(x)

Cancel(x)

I / We hereby authorize

Dewan Housing Finance Corporation Ltd.

to debit (Tick ✓)

SB/CA/CC/SBNRE/SB-NRO/OTHER

Bank A/c number

with Bank

IFSC

or MICR

an amount of Rupees

₹

FREQUENCY Monthly Quarterly H-Yrly As & when presented

DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Ref No: DHFL/

Phone No.

Reference 2

E-mail Id

I agree to the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From

To

Or Until Cancelled

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

1. Name as in Bank record

2. Name as in Bank record

3. Name as in Bank record

• This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ Corporate to debit my account.
 • I have understood that I am authorized to cancel/ amend this mandate by appropriately communicating the cancellation/ amendment request to the User entity/ corporate or the bank where I have authorized the debit.

Know your Customer (KYC) : Documents Required

For Individual - Proof of Identity

- Passport
- Pan Card
- Driving License
- Voters Identity Card
- Photo Debit/Credit Card issued by bank
- Photo Ration Card
- Aadhar Card

For Individual - Proof of Address

- Latest Telephone Bill of Landline / Post Paid Mobile
- Latest Electricity / Gas Bill
- Ration Card
- Latest Bank Account Statement
- Registered Rent Agreement
- Latest Demat Account Statement
- Aadhar Card

For Trusts / Associations / Societies / Clubs

- Copy of Resolution to invest in DHFL FD
- Names and Addresses of Trustees
- PAN card copy of Trust / Entity and of Authorized signatories
- Operation mandate
- Specimen signatures
- Trust Deed / Bye-law

For Proprietary Concern

- Name & Signature of the Proprietor
- PAN card copy of Proprietor

For Public Company / Private Ltd. Company / Co-operative Banks / Scheduled Bank

- Copy of Memorandum & Articles of Association
- Copy of Resolution to invest in DHFL FD
- List of Directors and Office Bearers
- Operational Mandate and Specimen Signatures of the Authorized Persons
- PAN card copy of Company and of Authorized signatories
- Copy of Certificate of Incorporation

For Partnership Firm

- Declaration of Partnership by Partners
- Name and address of Partners
- Operation Mandate and Specimen Signatures
- PAN card copy of firm and Authorised signatories

PROVISIONAL RECEIPT (Recurring Deposit)



Application No.: _____

Received from _____

*Cheque No. _____ for ₹ _____

Bank _____ Branch _____

towards Recurring Deposit Scheme for a period of _____ months / days @ _____ % per annum

* Subject to Realisation

Authorised Signatory _____

PROVISIONAL RECEIPT (Fixed Deposit)



Application No.: _____

Received from _____

*Cheque / FD Receipt No. _____ for ₹ _____

Bank _____ Branch _____

towards Cumulative Non-Cumulative (Yearly Half Yearly Quarterly Monthly) for a period of _____ months / days

@ _____ % per annum

* Subject to Realisation

Authorised Signatory _____

GENERAL TERMS AND CONDITIONS GOVERNING THE PUBLIC DEPOSIT SCHEMES

1. Acceptance of Fixed Deposits

Deposits can be accepted from Resident individuals, NRIs/PIOs, Minors under natural/ lawful guardian, Partnership Firms, HUFs, Charitable and Religious Trusts, Association of Persons, Club. PAN number is mandatory where the deposit amount, including aggregate of all existing deposits, is equal to or more than ₹ 50,000 failing which the application will be rejected

2. Non-Resident Indians (NRIs)/Persons of Indian Origin (PIOs)

Deposit from NRIs and Person of Indian Origin (PIOs) would be accepted on non-repatriation basis only, in accordance with RBI regulations governing the acceptance of deposits from NRIs, and for a maximum period of 3 years. The interest/maturity payment shall be made only by credit to NRO account with banks, after deduction of tax at source as applicable to NRO deposit of NRIs / PIOs.

3. Joint Deposits Holders

Deposit can be made in the joint names with maximum of 3 persons. The interest on such joint deposits will be paid /accrued to the first named depositor and discharge given by him /her will be binding on the joint holders. The repayment of deposit will be made as per mandate provided in the application form, and discharge by such person(s) will be binding on the joint holders.

4. Death Claim Settlement

In the event of death of the depositor without a nominee or without leaving a Will, the repayment of the deposit and interest due shall be made to the legal heirs and/or legal representative of the deceased on production of the following as applicable: On similar lines, in the event of death of the first depositor in a joint account, the deposit amount and interest earned shall be paid to the next in order of joint holding where as in case of death of all joint deposit holders without a nominee or a Will, deposit and interest due shall be made to the legal heirs and/or legal representative on submission of the following documents as applicable.

a) Death Claim Form b) Death certificate | Affidavit c) Indemnity bond

5. Application

The prescribed application form, duly accompanied by Cheque / Pay Order / Demand Draft in favour of Dewan Housing Finance Corporation Ltd. / cash (less than ₹ 20,000/- and within the Provision of the Income Tax Act) should be sent/submitted to DHFL branch. Alternatively remittance is accepted for deposit through NEFT / RTGS.

Interest rate applicable would be the rate prevalent on the date of deposit.

Application can be made in the prescribed form duly completed and accompanied by Cheque / Pay Order / Demand Draft / NEFT drawn in favour of 'Dewan Housing Finance Corporation Ltd'

Beneficiary Name : DEWAN HOUSING FINANCE CORPORATION LIMITED

Account No.: 914020054640010 IFSC Code : UTIB0001051

Bank Name and Branch : Axis Bank Ltd., Bandra Reclamation Branch

6. Payment & Interest

Interest on the fixed deposit will be payable from the date of realisation of cheque/DD or T+2 working days, whichever is earlier, where T is the date of submission of duly completed application form at any of DHFL offices. For RTGS/NEFT fund transfers to DHFL bank account, the interest will be payable from the date of RTGS/NEFT credit in DHFL account, subject to timely intimation to DHFL. The interest for the broken period during which the deposit has been made, shall be paid at the end of the tenure. Under monthly income scheme, interest for the broken period will be paid in next month. The interest payment/accrual will happen on fixed dates as per schedule given below:

Interest payment option	Date of interest payment
Non Cumulative – Monthly interest option	First day of every month
Non Cumulative – Quarterly interest option	1 st July, 1 st October, 1 st January, 31 st March
Non Cumulative – Half yearly interest option	1 st October, 31 st March
Non Cumulative – Yearly option	31 st March
Cumulative Deposits (Accrued)	31 st March

In case the above mentioned dates are Sunday / holiday, then the Interest shall be payable on immediate next working day. In Cumulative Schemes, for all the New Deposit / Renewal received from 1st July 2018, Interest will be compounded on yearly basis on 31st March of every year after deducting the tax, wherever applicable. For existing Deposit / Renewal received prior to 1st July 2018, Interest will be compounded on half yearly basis, on 30th September and 31st March of every year after deducting the tax, wherever applicable. The principal along with interest will be paid on maturity once the discharged deposit receipt is received by us. In the event of death of the first/sole depositor the repayment of deposit and payment of interest will be made to the joint depositor first in order of survivors /nominee on submission of death certificate without reference to the heirs and/or legal representation of the deceased. Repayments can be done to legal heir, only on submission of required documents

To facilitate interest payment in non-cumulative scheme by direct credit to the depositor's Bank account through RTGS/NEFT depositors are required to provide copy of cancelled cheque for details on Bank Account number /branch/MICR/IFSC Code.

7. Deduction of Tax at Source

Income Tax will be deducted at source under section 194A of the Income Tax Act, 1961 on interest payment of above ₹ 5000/- in a financial year subject to changes/alterations in the said provisions by the relevant authorities. Upto and inclusive of ₹ 5000/- TDS is not applicable. For exemption of TDS, Depositors should submit to the company Form 15G/ 15H/ Order U/s10/ Order U/s 197 (as the case may be)

8. Nomination

Depositor can nominate another person under this facility. In joint account, the first depositor or all jointly can nominate a person. The nominee shall be recognized as the Holder of the title of the Fixed Deposit on death of the depositor/s. Power of Attorney holder investing on behalf of a depositor or a guardian investing on behalf of a minor, cannot nominate.

9. Deposit Receipt / Statement

DHFL Fixed Deposit Receipt (FDR)

Basis option indicated by the depositor, the deposit receipt will be sent to branch for hand delivery or dispatched by speed post/courier at the address given in the application form and the Company shall not be held responsible for any loss or delay in transit. If the deposit receipt is not received by the depositor for any reason, the depositor should write to enquire with the Company. In the event of loss / destruction / mutilation of deposit receipt, the Company may at its sole discretion issue a duplicate receipt upon receiving an Indemnity Bond executed by the depositor in the form prescribed by the Company. The deposit receipt is not transferable. In case depositor requires DHFL to send / handover the FDR to concerned intermediary, an "Authority Letter" has to be submitted by the depositor.

Recurring Deposit Statement (RD)

After the RD account is created, the RD statement will either be couriered to depositor or would be available at the branch for pick up, as per option chosen by depositor. For subsequent RD statements, customer can either request for statements to be mailed to their registered Email ID or if physical copy is required, can collect it from the branch.

10. Renewal and Repayment of Deposit

DHFL Fixed Deposit

The interest on deposit will cease from the date of maturity. The depositor can choose option of 'Auto

Renewal of deposit in the application form in which case the deposit will be automatically renewed on the date of maturity for the same tenure / scheme (or nearest tenure / scheme - in case the original tenure / scheme is discontinued subsequently) as that of the matured deposit at the interest rate prevailing on the date of maturity. In case Auto Renewal option is not selected, and there are no subsequent instructions for renewal of deposit either, the matured proceeds will be credited directly into depositors account on the date of maturity. Provided that in the case of maturity for the second tenure (post first auto renewal), the amount will be automatically remitted to the designated bank account at maturity, in absence of any specific instruction from the depositor otherwise. In case one intends to modify renewal/repayment instructions (different from the one provided at the time of account opening), such revised instructions must reach DHFL at least 15 working days before the maturity date or else it would get processed as per original instructions. Additional Interest of 0.15% on all Renewals, where the deposit is renewed on or before the maturity date. When the date of maturity falls on any day on which the company's office / banks remains closed the repayment will be made on the next working day.

Recurring Deposit

In case of conversion, final amount on the closure of Recurring Deposit can be converted to Fixed Deposit. For this a fresh Application Form duly filled should accompany the discharged Recurring Deposit Statement.

In case of repayment via RTGS/NEFT/Cheque, duly discharged Recurring Deposit Statement should be surrendered at least 5 working days before the date of maturity. To facilitate maturity payment by direct credit to the depositor's Bank account through RTGS/NEFT depositors are required to provide copy of cancelled cheque for details on Bank Account number /branch/MICR/IFSC code, then the deposit proceeds will be credited to the bank account of the depositor via RTGS / NEFT on the maturity date. In case depositor opts for manual payment, the deposit will be repaid through cheque in depositor's favour with his a/c number and bank name. When the date of maturity falls on any day on which company's office / banks remains closed, the repayment will be made on the next working day.

11. Premature Withdrawal

Premature withdrawal of deposit can be permitted as per Directions issued by National Housing Bank (NHB) from time to time. In such cases, the interest rates applicable on the premature withdrawal of deposit shall be:

Sr. No.	Period completed from date of deposit	Particulars
A	Minimum Lock-in-period	Three Months
B	Above 3 months before 6 months	Interest payable shall be 4% p.a. for individual depositors. No interest is payable in case of other category of depositors
C	After 6 months but before the date of maturity	The interest payable shall be 1% lower than the interest rate applicable to a public deposit for the period for which the deposit has run or if no rate has been specified for that period, then 2% lower than the minimum rate at which the public deposits are accepted by DHFL.

a) Provided that, in the event of death of a depositor, the public deposit shall be paid prematurely to the surviving depositor/s in the case of joint holding with the survivor clause, or to the nominee or legal heir/s of the deceased depositor, on the request of the surviving depositor/s/nominee/legal heir/s of the deceased depositor, and only against submission of proof of death, to the satisfaction of DHFL, with interest at the contracted rate up to the date of repayment.

b) Provided further that in order to meet certain expenses of an emergent nature (includes medical emergency or expenses due to natural calamities/disaster or notified by concerned Government/authority), subject to the satisfaction of DHFL about such circumstances

1. Tiny deposits (aggregate amount of deposits not exceeding ₹ 10,000/-) may prematurely be paid to individual depositors, at the request of the depositor, before the expiry of three months from the date of acceptance of such deposits, in entirety, without interest;

2. In case of other public deposits, not more than fifty per cent of the amount of the principal sum of deposit or ₹ 5 lakh, whichever is lower, may be prematurely paid to individual depositors, at the request of the depositors, before the expiry of three months from the date of acceptance of such deposits, without interest. The remaining amount with interest at the contracted rate shall continue as per the existing terms & conditions

3. Provided further that in cases of Critical Illness (For the definition of 'Critical illness', the IRDAI (Health Insurance) Regulations, 2016 and the guidelines issued there under, will be taken into consideration), hundred percent of the amount of the principal sum of deposit, may be prematurely paid to individual depositors, at the request of the depositors, before the expiry of three months from the date of acceptance of such deposits, without interest.

12. Loan against Deposit

Loan may be granted at the sole discretion of the Company, against Fixed Deposit upto 75% of the Principal amount carrying interest @2% per annum (at monthly rest) above the deposit interest rate and other charges as applicable on such deposit, provided the deposit has run for a minimum period of three months. The outstanding loan together with interest shall be settled before deposit maturity by the depositor or shall be adjusted on maturity from the deposit proceeds. In case of non cumulative deposit, the interest payment will be blocked till the time loan remains outstanding. Loan disbursement will be done by RTGS/NEFT to the depositor's account registered with DHFL or by cheque in favour of customer with his account number and bank name.

13. Know Your Customer (KYC) Compliance

In terms of the Prevention of Money Laundering Act, 2002, the rules notified there under and KYC guidelines issued by the National Housing Bank (NHB), every depositor is required to comply with the KYC requirements by submitting the required documents for various categories mentioned on the second page of this Application Form and providing any other additional information sought to comply with the reporting requirements under Section 285 BA of the Income-Tax Act, 1961. In case the documents are submitted in any of the previous deposits, within the last 5 years, please provide the customer ID number.

14. For Authorized Agents / Distributors / Brokers

Distributors/Brokers are not authorized to accept cash or issue any receipt on behalf of the company. For applications sourced by Distributors/Brokers, they must ensure that their agency name and code is clearly mentioned in the application form to enable payment of brokerage. Brokerage will be paid to registered distributors/brokers at rate decided by the management as per NHB guidelines. No brokerage will be paid to depositor.

The brokerage is paid to distributor/broker for the entire tenure of fixed deposit. In case of premature withdrawal the brokerage payable will be calculated on a pro-rate basis for the actual tenure completed, and the excess brokerage paid to distributor/broker will be recovered from either the depositor or the broker/distributor.

15. General

i. Deposit will be subject to the rules/guidelines framed from time to time by National Housing Bank (NHB) or any other statutory authority and or Central/ State Government in connection with acceptance of deposits by Housing Finance Companies, the terms and conditions of which form part of the prescribed FD application form.

ii. The Company reserves the right to alter or amend from time to time the terms and conditions without assigning any reasons, if so required by NHB regulations / guidelines.

iii. Brokerage will not be paid to the Depositors as per the NHB regulations.

iv. The total amount of exposures, other than investments in shares, including the non-fund based facilities, to companies in same group or other entities or business ventures in which directors and / or the Company are holding substantial interest as on March 31, 2018 was ₹ 62.91 crore.

v. The fixed deposit schemes of the Company has a rating of CARE AAA(FD): Stable from CARE ratings and BWR FAAA; Stable from Brickwork ratings which indicates the highest safety regarding timely servicing of financial obligations.

GENERAL TERMS AND CONDITIONS GOVERNING THE PUBLIC DEPOSIT SCHEMES

- vi. In case of non-repayment of the deposit or part thereof in accordance with the terms and conditions of the deposit, the depositor may make an application to an authorized officer of the National Housing Bank.
- vii. Company has a customer grievance redressal mechanism in place to look into customer grievances in the services provided by the company.
- viii. In case the depositor is not satisfied with the services provided or the grievance redressal of the Company, the depositor may approach the National Consumers Disputes Redressal Forum or the State Level Consumers Disputes Redressal Forum or the District Level Consumers Disputes Redressal Forum for relief.
- ix. The Board of Directors certify that all the relevant information regarding the Scheme as well as the financial position of the Company are correctly declared.
 - x. The deposit acceptance activities of the Company are regulated by the National Housing Bank. It must, however, be distinctly understood that the Fixed Deposit Application Form should not in any way be deemed or construed to have been cleared or approved by NHB, who does not undertake any responsibility either for the financial soundness of any scheme or for the statements made in the Fixed Deposit Application Form or of any of the statements or representations made or opinions expressed by the Company, and for repayment of deposit/discharge of liabilities of the Company.

- xi. DHFL will not be responsible for non-receipt/ loss/delay in transit of the FDR / Cheque / Warrant sent to the depositor/ first depositor by Registered post/Courier. However, in case of loss/misplacement of FDR/Cheque by the depositor, duplicate FDR/ Cheque will be issued to the depositor upon complying with the required procedure.
- xii. Periodical payment of interest on Deposit will be made through RTGS/NEFT, by directly crediting depositor's account or through warrants/cheques
- xiii. Change of address of the depositor/first depositor should be intimated to DHFL.
- xiv. All disputes relating to acceptance of deposit shall be subject to Mumbai jurisdiction only.
- xv. Depositor must mention PAN while placing deposit in excess of ₹ 50,000/- including the past deposits already placed.
- xvi. Please note if at the time of creation of subsequent deposits a change is requested in demographic details i.e. address, mobile, email ID, name change, then the new details will be updated in all the existing live deposits in the customer ID.

PARTICULARS AS PER NON-BANKING FINANCIAL COMPANIES AND MISCELLANEOUS NON-BANKING COMPANIES (ADVERTISEMENT RULES) 1977 AS AMENDED

- (a) **Name of the Company:** Dewan Housing Finance Corporation Limited (DHFL)
- (b) **Date of Incorporation:** April 11, 1984.
- (c) **Business carried on by the Company and its subsidiary with details of branches:** DHFL is a Public Limited Company and is primarily engaged in the business of providing housing finance for the purposes of purchase / construction of residential houses. As on date, the Company has three(3) wholly owned subsidiaries namely DHFL Advisory & Investments Private Limited, engaged in the business of providing advisory/consultancy services and to undertake investments, DHFL Investments Limited, which carries on the business of an Investment Company and acquires, holds, sells, buys or otherwise deals in the securities of other Companies (including Group Companies) and DHFL Changing Lives Foundation, incorporated on December 1, 2017, as a Non-Profit Company, limited by guarantee, registered under Section 8 of the Companies Act, 2013 in order to take forward the Company's CSR Vision and implement social programmes in a far more collaborative and participative way.
- (d) **Brief particulars of the Management of the Company:** The day to day affairs of the Company are managed by Mr. Kapil Wadhawan, Chairman & Managing Director of the Company subject to the superintendence, control and direction of the Board of Directors. Mr. Harshil Mehta, Joint Managing Director & Chief Executive Officer of the Company assists the Chairman & Managing Director in carrying out the business operations and expansion / diversification plans of the Company.

(e) Name, addresses and occupations of Directors

Name	Address	Occupation
Mr. Kapil Wadhawan Chairman & Managing Director (DIN-00028528)	22-23, Sea View Palace, Pali Hill, Bandra (West), Mumbai - 400050	Business
Mr. Dheeraj Wadhawan Non Executive Director (DIN-00096026)	22-23, Sea View Palace, Pali Hill, Bandra (West), Mumbai - 400050	Business
Mr. G. P. Kohli Independent Director (DIN-00230388)	1403/04, Dheeraj Enclave, (A1 Tower), Off Western Express Highway, Borivali (East), Opp- Bhor Industries, Mumbai - 400 066	Management Consultant
Mr. V. K. Chopra Independent Director (DIN-02103940)	Flat No. 4 A, 4th Floor, Harmony Tower, Dr. E Moses Road, Worli Naka, Worli, Mumbai - 400 018	Professional
Mr. Mannil Venugopalan Independent Director (DIN-00255575)	Mannil House, House No. 17/229, Thalakkoly Desom, Ernakulum Aluva Kerala - 683 102	Professional
Ms. Vijaya Sampath Independent Director (DIN-00641110)	14/403, Heritage City, Gurgaon, Haryana - 122 002	Professional
Mr. Harshil Mehta Joint Managing Director & Chief Executive Officer (DIN-03038428)	2101, Clover Regency, Ramiji Ashar Lane, Off M.G. Road, Ghatkopar (East), Mumbai- 400077	Service

(f) & (g) Profit and Dividend

Financial Year ended	Profit Before Tax (₹ lakh)	Profit After Tax (₹ lakh)	Dividend (₹ Per share)
31 st March, 2018	1,75,662	1,17,213	5.5
31 st March, 2017	3,37,182*	289,645*	4
31 st March, 2016	1,10,217	72,920	8

* Includes profit on exceptional item ₹ 1,96,943

(h) Summarised Financial Position of the Company as appearing in the last two audited Balance Sheets

Particular	As at March 31, 2018 (₹ lakh)	As at March 31, 2017 (₹ lakh)
Liabilities		
Share Capital	31,366	31,315
Reserves & Surplus	848,198	768,265
Money Received Against Share Warrants	-	-
Secured Loans	7,383,345	6,934,513
Unsecured Loans	1,441,989	888,067
Current Liabilities & provisions	1,052,349	607,638
Total	10,757,247	9,229,798
Assets		
Fixed Assets	97,884	84,267
Investments	807,651	1,353,490
Current Assets	514,019	459,770
Loans & Advances	9,337,693	7,332,271
Misc. Expenditure	-	-
Profit & Loss account	-	-
Total	10,757,247	9,229,798

CONTINGENT LIABILITY	As at March 31, 2018 (₹ lakh)	As at March 31, 2017 (₹ lakh)
Guarantees provided by the Company	10,730	24,130
Claims against the Company not acknowledged as debts	1,891	919
Income Tax Demand (Net of amount deposited under protest ₹ 50 lakh)	-	-

- i) The amount of Public Deposits which the Company can raise under the Housing Finance Companies (NHB) Directions, 2010 is equivalent to 5 times of the net owned funds i.e. ₹40111.90 crore as on March 31, 2018, whereas the total Public Deposits as on March 31, 2018, was ₹757.31 crore with 241204 number of deposits.
- j) There are no overdue deposits other than unclaimed deposits.
- k) We declare that:
 - i) The Company has complied with the provisions of the NHB directions as applicable to it and the above mentioned rules.
 - ii) The compliance with the said Directions does not imply that the repayments of deposits are guaranteed by Reserve Bank of India and National Housing Bank.
 - iii) The deposits accepted by the company are unsecured and rank pari passu with other unsecured liabilities, save & except the floating charge created on the statutory liquid assets maintained in terms of sub section (1) and (2) of Section 29B of the National Housing Bank Act, 1987.
- l) The Deposits solicited by the company are not insured.

This full text of advertisement has been approved by the Board of Directors at its meeting held on June 27, 2018 and is being issued on the authority and in the name of the Board of Directors of the Company. A copy of this advertisement duly signed by all the Directors of the Company has been filed with the National Housing Bank, New Delhi.

By Order of the Board
For Dewan Housing Finance Corporation Ltd.

Kapil Wadhawan
Chairman & Managing Director

Place : Mumbai
Date : June 27, 2018

Disclaimer: The Company is having a valid Certificate of Registration dated 31/07/2001 issued by the National Housing Bank under Section 29A of the National Housing Bank Act, 1987. However, the National Housing Bank 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 opinions expressed by the Company and for repayment of deposits/discharge of the liabilities by the Company.

For further enquiries, contact your Advisor or Email: response@dhfl.com Sales Enquiry Toll Free : 1800 22 34 35 Customer Care Toll Free : 1800 3000 1919 Fax : 02271583344 Website : www.dhfl.com	Dewan Housing Finance Corporation Ltd. Corporate Identity Number (CIN) - L65910MH1984PLC032639 Regd. Office: Warden House, 2nd Floor, Sir P.M Road, Fort, Mumbai - 400 001
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DEWAN HOUSING FINANCE CORPORATION LTD. Branch Network:

National Office - (022) 61558100 / 101 / 150 / 2647033 / 339 | Dabhasar West - (022) 61993333 / 44 | Borivali East - (022) 28875118 / 28851171 / 28867751 / 762 | Borivali West - (022) 28933761 / 28941944 | Andheri East - (022) 63567011 - 18 | Fort - (022) 61066800 / 22047092 | Thane West - (022) 67283658 - 922 | Thane - (022) 61533400 / 41085400 - 403 | Pune Circle - (020) 25314000 | Pune Circle - (020) 68819555 | Indore Circle Cluster - 0731 - 42357011-15 | Indore Branch - 073202 4278010-30 | Nashik Branch - (0253) 2316711 / 772 | Pune - (020) 93026076 - 671 | Ahmedabad Circle Cluster - (079) 2545821 / 4802222 | Jaipur Circle - (0141) 2365366 / 535 | Jaipur Branch - (0141) 2351997/87 | Kolkata Circle Cluster - (033) 402080011, 40220826 | Kolkata Syndicate - (033) 22315658 - 660 | Bhubaneswar - (0674) 234142 / 3265973 | Bonga Pura Circle Cluster - (080) 23282966 / 100 - 150 | Bonga Pura Branch - (080) 43424100 | Bonga Pura Majestic - (080) 22953100 - 109 | Hyderabad Circle Cluster - (040) 23742003 / 004 / 040 / 050 / 060 | Hyderabad Branch - (040) 23266994 / 1002 | Hyderabad Branch - (040) 2320182 / 153 / 194 / 2334244 | Chennai Circle Cluster - (044) 2322322 / 24807401 | Chennai Main - (044) 25474646 / 747 / 5448 | Chennai OMR - (044) 25577343 | Chennai - Sales Vertical - (044) 24764225 / 24764205 | Chennai - Metro - (044) 28117749 | Chandigarh Circle Cluster - (0172) 4970000, 5007899 / 7787 | Lucknow Circle Cluster - (0522) 2206113 / 114, 4087000 - 011 | Chandigarh Syndicate - (0172) 5076417 | Lucknow - (0522) 4087000 - 011, 2206113 / 114 | Varanasi - (0542) 222757 | Kanpur - (0512) 2353865 | Gurgaon Circle Cluster - (0124) 4724100 | Gurgaon - (0124) 4367832 / 33 / 35 / 37 / 38 | Noida Circle Cluster - (0120) 4862700 / 099 | Shriharad - (0120) 41102160 | Raigarh/Prasa/Rohru - (0562) 6888201/22 |

For Complete list of branches and service centers, please visit www.dhfl.com
As regards deposit taking activity of the company, the viewers may refer to the advertisement in the newspaper/ information furnished in the application form for soliciting public deposits. The Company is having a valid Certificate of Registration dated 31/07/2001 issued by the National Housing Bank under Section 29A of the National Housing Bank Act, 1987. However, the National Housing Bank 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 opinions expressed by The Company and for repayment of deposits/discharge of the liabilities by The Company.

FIXED DEPOSIT APPLICATION FORM

Broker Name: Broker Code:
 Sub-Broker Name: Sub Broker Code:

Sales Executive Name: Sales Executive ID:

DEPOSIT DETAILS

Fresh Deposit Renewal Old FDR No. for months (for Renewal) @ prevailing interest rates
 Cheque/UTR No./Cash Amount in ₹
 Date: Bank A/C No:
 Bank Branch: Bank Name:

Period in Months		Scheme	Category	Privilege Category	Status
<input type="checkbox"/> Aashray Deposit <input type="checkbox"/> 12 <input type="checkbox"/> 14 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 40 <input type="checkbox"/> 48	<input type="checkbox"/> Special Deposit <input type="checkbox"/> 13 (Only for Trust) <input type="checkbox"/> 18 (Only for Female Depositors)	<input type="checkbox"/> Cumulative <input type="checkbox"/> Non Cumulative <input type="checkbox"/> Yearly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	<input type="checkbox"/> DHFL Promoter <input type="checkbox"/> DHFL Director <input type="checkbox"/> Relative of Director <input type="checkbox"/> DHFL Shareholder <input type="checkbox"/> Member of Public	<input type="checkbox"/> Senior Citizen <input type="checkbox"/> DHFL Loan Borrower <input type="checkbox"/> Armed Force Personnel <input type="checkbox"/> Widow <input type="checkbox"/> DHFL Employee Proof attached _____	<input type="checkbox"/> Resident Individual <input type="checkbox"/> HUF <input type="checkbox"/> NRI <input type="checkbox"/> Trust/Society/ Association Club (Non-profit organization) <input type="checkbox"/> Co-op Society <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Others

Auto Renewal Yes No If Yes, Full maturity amount (default) Principal only

FIRST APPLICANT Aadhar No.: Customer ID:

Name (In Full):
 Date of Birth: Gender: Male Female Transgender
 Guardian's Name:
 Permanent Account No: 1st Applicant Guardian's PAN
 Address Line 1:
 Address Line 2:
 Landmark: City:
 State: Pincode:
 Mobile** (+91): Phone No.:
 E-mail ID **:
 Annual Income: Up to ₹ 2 lakh ₹ 2 lakh to ₹ 5 lakh ₹ 5 lakh to ₹ 10 lakh ₹ 10 lakh to ₹ 25 lakh ₹ 25 lakh & above
 Occupation: Private Sector Public Sector Business Professional Retired Housewife Student
 Others (Please specify) _____
 Politically Exposed Person [PEP]: Yes Related to PEP Not Applicable
 Deposit Repayable (On Maturity / Prematurity) to First Applicant First Applicant or Survivor/s (Default)
 FDR delivery to be done via Courier/Post Collect in person from the Branch
 ** Either the Mobile number or E-mail ID is mandatory

Affix a latest photograph of the First Applicant

SECOND APPLICANT Aadhar No.: Customer ID:

Name (In Full):
 Date of Birth: Gender: Male Female Transgender
 Address Line 1:
 Address Line 2:
 Landmark: City:
 State: Pincode:
 Mobile** (+91): Phone No.:
 E-mail ID **:
 Annual Income: Up to ₹ 2 lakh ₹ 2 lakh to ₹ 5 lakh ₹ 5 lakh to ₹ 10 lakh ₹ 10 lakh to ₹ 25 lakh ₹ 25 lakh & above
 Occupation: Private Sector Public Sector Business Professional Retired Housewife Student
 Others (Please specify) _____
 Politically Exposed Person [PEP]: Yes Related to PEP Not Applicable PAN No.:
 ** Either the Mobile number or E-mail ID is mandatory

Affix a latest photograph of the Second Applicant

THIRD APPLICANT		Aadhar No.: <input type="text"/>	Customer ID: <input type="text"/>
Name (In Full): <input type="text"/>			
Date of Birth: <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		
Address Line 1: <input type="text"/>			
Address Line 2: <input type="text"/>			
Landmark: <input type="text"/>	City: <input type="text"/>		
State: <input type="text"/>	Pincode: <input type="text"/>		
E-mail ID **: <input type="text"/>			
Mobile** (+91): <input type="text"/>	Phone No.: <input type="text"/> <small>(with STD Code)</small>		
Annual Income: <input type="checkbox"/> Up to ₹ 2 lakh <input type="checkbox"/> ₹ 2 lakh to ₹ 5 lakh <input type="checkbox"/> ₹ 5 lakh to ₹ 10 lakh <input type="checkbox"/> ₹ 10 lakh to ₹ 25 lakh <input type="checkbox"/> ₹ 25 lakh & above			
Occupation: <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Please specify) _____			
Politically Exposed Person [PEP]: <input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable			
PAN No.: <input type="text"/>			

Affix a latest photograph of the Third Applicant

** Either the Mobile number or E-mail ID is mandatory

NAME OF TRUST / SOCIETY / CLUB / ASSOCIATION / CORPORATE		Customer ID No.: <input type="text"/>
Name: <input type="text"/>		
Date of Incorporation: <input type="text"/>	Permanent Account No. (PAN): <input type="text"/>	
First Trustee / Authorised Signatory: <input type="text"/>		
Second Trustee / Authorised Signatory: <input type="text"/>		
Third Trustee / Authorised Signatory: <input type="text"/>		

TDS to be deducted <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, please provide any one <input type="checkbox"/> 15G <input type="checkbox"/> 15H <input type="checkbox"/> Order u/s 197 <input type="checkbox"/> Order u/s 10	<input type="checkbox"/> My / Our interest for the year will be less than ₹ 5000
<input type="checkbox"/> Above is already submitted for current financial year with FDR No. <input type="text"/>		

BANK A/C DETAILS: FIRST APPLICANT / TRUST / SOCIETY / CLUB / ASSOCIATION / CORPORATE		<small>*Please provide a cancelled cheque of below mentioned account. (Mandatory)</small>
Bank A/C No: <input type="text"/>	Account Type: <input type="checkbox"/> Savings A/C <input type="checkbox"/> Current A/C	
Bank Name: <input type="text"/>		
Bank Branch: <input type="text"/>		
		IFSC Code: <input type="text"/>

BANK A/C DETAILS: SECOND APPLICANT		<small>*Please provide a cancelled cheque of below mentioned account. (Mandatory)</small>
Bank A/C No: <input type="text"/>	Account Type: <input type="checkbox"/> Savings A/C <input type="checkbox"/> Current A/C	
Bank Name: <input type="text"/>		
Bank Branch: <input type="text"/>		
		IFSC Code: <input type="text"/>

BANK A/C DETAILS: THIRD APPLICANT		<small>*Please provide a cancelled cheque of below mentioned account. (Mandatory)</small>
Bank A/C No: <input type="text"/>	Account Type: <input type="checkbox"/> Savings A/C <input type="checkbox"/> Current A/C	
Bank Name: <input type="text"/>		
Bank Branch: <input type="text"/>		
		IFSC Code: <input type="text"/>

NOMINATION DETAILS	
Name of the Nominee: <input type="text"/>	Relationship: <input type="text"/>
Guardian's Name: <input type="text"/> <small>(In case of minor)</small>	Nominee DOB: <input type="text"/>
Address of the Nominee: <input type="text"/>	
Signature of Nominee (optional) _____	

<input type="checkbox"/> No Nominee Declaration: I/We confirm that, I/We have been explained about the benefits of Nomination facility to my/our FD Account. However I/We state that in spite of the explanation of the said benefits I/We do not wish to nominate any person to the above mentioned DHFL Account. I/We request you to kindly process my/our FD Account opening/renewal form without the nomination facility.	Signature of the First Applicant _____
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DECLARATION

Declaration: I/We hereby declare that above information is true and to the best of my knowledge and belief. I/We further declare that the deposit made under the deposit application is through legitimate source and does not include directly/indirectly any proceeds of schedule of offense and/or is not designed for the purpose of contravention or evasion under PML Act 2002 or any other law. I/We hereby declare that the first named 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 deduction under section 194A of the Income Tax Act 1961.

I/We have gone through the financial and other statements/particulars/representation 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 violation. I/We have also gone through the General Terms and Conditions governing Public Deposit Schemes and I/We accept the same

I/We understand brokerage will be payable to authorized broker, if any, and if the deposit is withdrawn prematurely, proportionate brokerage will be recovered from the deposit proceeds

I hereby give my explicit consent to the housing finance company to duly renew principal / renew principal and interest / pay, in entirety, the principal and interest to my designated Bank Account mentioned herein on maturity of the deposit.

APPLICANT'S SIGNATURE		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of First Applicant/Trustee/Authorised Signatory	Signature of Second Applicant/Trustee/Authorised Signatory	Signature of Third Applicant/Trustee/Authorised Signatory

FOR OFFICE USE ONLY		Customer ID: <input type="text"/>	FDR No.: <input type="text"/>	Rate of Interest: <input type="text"/> %
FD Amount ₹: <input type="text"/>	Maturity Amount ₹: <input type="text"/>	Maturity Date: <input type="text"/>		
Maker: <input type="text"/>	Checker: <input type="text"/>			
Signature: _____		Signature: _____		
<small>FDR to be sent to customer through:</small>				
<input type="checkbox"/> Hand Delivery <input type="checkbox"/> Courier (Default Option)				

THIRD APPLICANT		Aadhar No.: <input type="text"/>	Customer ID: <input type="text"/>
Name (In Full): <input type="text"/>			
Date of Birth: <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		
Address Line 1: <input type="text"/>			
Address Line 2: <input type="text"/>			
Landmark: <input type="text"/>	City: <input type="text"/>		
State: <input type="text"/>	Pincode: <input type="text"/>		
E-mail ID **: <input type="text"/>			
Mobile** (+91): <input type="text"/>	Phone No.: <input type="text"/> <small>(with STD Code)</small>		
Annual Income: <input type="checkbox"/> Up to ₹ 2 lakh <input type="checkbox"/> ₹ 2 lakh to ₹ 5 lakh <input type="checkbox"/> ₹ 5 lakh to ₹ 10 lakh <input type="checkbox"/> ₹ 10 lakh to ₹ 25 lakh <input type="checkbox"/> ₹ 25 lakh & above			
Occupation: <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Please specify) _____			
Politically Exposed Person [PEP]: <input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable			
PAN No.: <input type="text"/>			

Affix a latest photograph of the Third Applicant

NAME OF TRUST / SOCIETY / CLUB / ASSOCIATION / CORPORATE		Customer ID No.: <input type="text"/>
Name: <input type="text"/>		
Date of Incorporation: <input type="text"/>	Permanent Account No. (PAN): <input type="text"/>	
First Trustee / Authorised Signatory: <input type="text"/>		
Second Trustee / Authorised Signatory: <input type="text"/>		
Third Trustee / Authorised Signatory: <input type="text"/>		

TDS to be deducted <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, please provide any one <input type="checkbox"/> 15G <input type="checkbox"/> 15H <input type="checkbox"/> Order u/s 197 <input type="checkbox"/> Order u/s 10	<input type="checkbox"/> My / Our interest for the year will be less than ₹ 5000
<input type="checkbox"/> Above is already submitted for current financial year with FDR No. <input type="text"/>		

BANK A/C DETAILS: FIRST APPLICANT / TRUST / SOCIETY / CLUB / ASSOCIATION / CORPORATE		<small>*Please provide a cancelled cheque of below mentioned account. (Mandatory)</small>
Bank A/C No: <input type="text"/>	Account Type: <input type="checkbox"/> Savings A/C <input type="checkbox"/> Current A/C	
Bank Name: <input type="text"/>		
Bank Branch: <input type="text"/>		
		IFSC Code: <input type="text"/>

BANK A/C DETAILS: SECOND APPLICANT		<small>*Please provide a cancelled cheque of below mentioned account. (Mandatory)</small>
Bank A/C No: <input type="text"/>	Account Type: <input type="checkbox"/> Savings A/C <input type="checkbox"/> Current A/C	
Bank Name: <input type="text"/>		
Bank Branch: <input type="text"/>		
		IFSC Code: <input type="text"/>

BANK A/C DETAILS: THIRD APPLICANT		<small>*Please provide a cancelled cheque of below mentioned account. (Mandatory)</small>
Bank A/C No: <input type="text"/>	Account Type: <input type="checkbox"/> Savings A/C <input type="checkbox"/> Current A/C	
Bank Name: <input type="text"/>		
Bank Branch: <input type="text"/>		
		IFSC Code: <input type="text"/>

NOMINATION DETAILS	
Name of the Nominee: <input type="text"/>	Relationship: <input type="text"/>
Guardian's Name: <input type="text"/> <small>(In case of minor)</small>	Nominee DOB: <input type="text"/>
Address of the Nominee: <input type="text"/>	
Signature of Nominee (optional) _____	

No Nominee Declaration: I/We confirm that, I/We have been explained about the benefits of Nomination facility to my/our RD Account. However I/We state that in spite of the explanation of the said benefits I/We do not wish to nominate any person to the above mentioned DHFL Account. I/We request you to kindly process my/our RD Account opening/renewal form without the nomination facility.	Signature of the First Applicant _____
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DECLARATION
<small>Declaration: I/We hereby declare that above information is true and to the best of my knowledge and belief. I/We further declare that the deposit made under the deposit application is through legitimate source and does not include directly/indirectly any proceeds of schedule of offense and/or is not designed for the purpose of contravention or evasion under PML Act 2002 or any other law. I/We hereby declare that the first named 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 deduction under section 194A of the Income Tax Act 1961.</small>
<small>I/We have gone through the financial and other statements/particulars/representation 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 violation. I/We have also gone through the General Terms and Conditions governing Public Deposit Schemes and I/We accept the same</small>
<small>I/We understand brokerage will be payable to authorized broker, if any, and if the deposit is withdrawn prematurely, proportionate brokerage will be recovered from the deposit proceeds</small>

APPLICANT'S SIGNATURE		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Signature of First Applicant/Trustee/Authorised Signatory</small>	<small>Signature of Second Applicant/Trustee/Authorised Signatory</small>	<small>Signature of Third Applicant/Trustee/Authorised Signatory</small>

FOR OFFICE USE ONLY	Customer ID: <input type="text"/>	RD No: <input type="text"/>	Rate of Interest: <input type="text"/> %
RD Amount ₹: <input type="text"/>	Maturity Amount ₹: <input type="text"/>	Maturity Date: <input type="text"/>	
Maker: <input type="text"/>	Checker: <input type="text"/>		
Signature: _____	Signature: _____	RD Statement to be sent to customer through: <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Courier (Default Option)	

INCOME - TAX RULES, 1962

FORM NO. 15H

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

Declaration under section 197A(1C) to be made by an individual who is of the age of sixty years or more claiming certain incomes without deduction of tax.

PART I

1. Name of Assessee (Declarant)		2. PAN of the Assessee ¹		3. Date of Birth ² (DD/MM/YYYY)	
4. Previous year(P.Y.) ³ (for which declaration is being made)			5. Flat/Door/Block No.		6. Name of Premises
7. Road/Street/Lane		8. Area/Locality		9. Town/City/District	
10. State		11. PIN		12. Email	
13. Telephone No. (with STD Code) and Mobile No.		14 (a) Whether assessed to tax ⁴ : Yes <input type="checkbox"/> No <input type="checkbox"/>		(b) If yes, latest assessment year for which assessed	
15. Estimated income for which this declaration is made			16. Estimated total income of the P.Y. in which income mentioned in column 15 to be included ⁵		

17. Details of Form No.15H other than this form filed for the previous year, if any⁶

Total No. of Form No.15H filed	Aggregate amount of income for which Form No.15H filed
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18. Details of income for which the declaration is filed

Sl. No.	Identification number of relevant investment/account, etc. ⁷	Nature of income	Section under which tax is deductible	Amount of income
1				
2				
3				
4				

Declaration/Verification⁸

.....
Signature of the Declarant

I,.....do hereby declare that I am resident in India within the meaning of section 6 of the Income Tax Act, 1961. I also hereby declare that to the best of my knowledge and belief what is stated above is correct, complete and is truly stated and that the incomes referred to in this form are not includible in the total income of any other person under sections 60 to 64 of the Income-tax Act, 1961. I further declare that the tax on my estimated total income including *income/incomes referred to in column 15 *and aggregate amount of *income/incomes referred to in column 1 computed in accordance with the provisions of the Income-tax Act, 1961, for the previous year ending on relevant to the assessment year will be nil.

Place :

.....
Signature of the Declarant

Date :

1. Substituted by IT (Fourteenth Amdt.) Rules 2015, w.e.f. 1-10-2015. Earlier Form no.15G was inserted by IT (Fifth Amdt) Rules,1982,w.e.f. 21-06-1982 and later on amended by the IT (fifth Amdt) Rules,1989,w.r.e.f. 1-4-1988, IT (Fourteenth Amdt) Rules,1990,w.e.f. 20-11-1990 and IT (Twelfth Amdt.) Rules,2002,w.e.f. 21-06-2002 and substituted by The IT (Eighth Amdt.) Rules,2003,w.e.f. 9-6-2003 and IT (Second Amdt.) Rules,2013,w.e.f.19-02-2013.

PART II

[To be filled by the person responsible for paying the income referred to in column 15 of Part I]

1. Name of the person responsible for paying		2. Unique Identification No. ⁹	
3. PAN of the person responsible for paying		4. Complete Address	
5. TAN of the person responsible for paying		6. Email	
7. Telephone No. (with STD Code) and Mobile No.		8. Amount of income paid ¹⁰	
9. Date on which Declaration is received (DD/MM/YYYY)		10. Date on which the income has been paid/credited	

Place :

.....
Signature of the person responsible for paying
the income referred to in column 15 of Part I

Date :

*Delete whichever is not applicable.

¹As per provisions of section 206AA(2), the declaration under section 197A(1C) shall be invalid if the declarant fails to furnish his valid Permanent Account Number (PAN)

²Declaration can be furnished by a resident individual who is of the age of 60 years or more at any time during the previous year.

³The financial year to which the income pertains.

⁴Please mention "Yes" if assessed to tax under the provisions of Income-tax Act, 1961 for any of the assessment year out of six assessment years preceding the year in which the declaration is filed.

⁵Please mention the amount of estimated total income of the previous year for which the declaration is filed, including the amount of income for which this declaration is made.

⁶In case any declaration(s) in Form No. 15H is filed before filing this declaration during the previous year, mention the total number of such Form No. 15H filed along with the aggregate amount of income for which said declaration(s) have been filed.

⁷Mention the distinctive number of shares, account number of term deposit, recurring deposit, National Savings Schemes, life insurance policy number, employee code, etc.

⁸Before signing the declaration/verification, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable-

(i) in a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;

(ii) in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.

⁹The person responsible for paying the income referred to in column 15 of Part I shall allot a unique identification number to all the Form No. 15H received by him during a quarter of the financial year and report this reference number along with the particulars prescribed in rule 31A(4)(vii) of the Income-tax Rules, 1962 in the TDS statement furnished for the same quarter. In case the person has also received Form No.15G during the same quarter, please allot separate series of serial number for Form No.15H and Form No.15G.

¹⁰The person responsible for paying the income referred to in column 15 of Part I shall not accept the declaration where the amount of income of the nature referred to in section 197A(1C) or the aggregate of the amounts of such income credited or paid or likely to be credited or paid during the previous year in which such income is to be included exceeds the maximum amount which is not chargeable to tax after allowing for deduction(s) under Chapter VI-A, if any, or set off of loss, if any, under the head "income from house property" for which the declarant is eligible. For deciding the eligibility, he is required to verify income or the aggregate amount of incomes, as the case may be, reported by the declarant in columns 15 and 17.

INCOME - TAX RULES, 1962

FORM NO. 15G

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

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

PART I

1. Name of Assessee (Declarant)		2. PAN of the Assessee ¹	
3. Status ²		4. Previous year(P.Y.) ³ (for which declaration is being made)	5. Residential Status ⁴
6. Flat/Door/Block No.	7. Name of Premises	8. Road/Street/Lane	9. Area/Locality
10. Town/City/District	11. State	12. PIN	13. Email
14. Telephone No. (with STD Code) and Mobile No.	15 (a) Whether assessed to tax under the Income-tax Act, 1961 ⁵ : <input type="checkbox"/> Yes <input type="checkbox"/> No (b) If yes, latest assessment year for which assessed		
16. Estimated income for which this declaration is made		17. Estimated total income of the P.Y. in which income mentioned in column 16 to be included ⁶	
18. Details of Form No. 15G other than this form filed during the previous year, if any ⁷			
Total No. of Form No. 15G filed		Aggregate amount of income for which Form No.15G filed	
19. Details of income for which the declaration is filed			
Sl. No.	Identification number of relevant investment/account, etc. ⁸	Nature of income	Section under which tax is deductible
1			
2			
3			
4			

.....
Signature of the Declarant⁹

Declaration/Verification¹⁰

*I/We.....do hereby declare that to the best of *my/our knowledge and belief what is stated above is correct, complete and is truly stated. *I/We declare that the incomes referred to in this form are not includible in the total income of any other person under sections 60 to 64 of the Income-tax Act, 1961. *I/We further declare that the tax *on my/our estimated total income including *income/incomes referred to in column 16 *and aggregate amount of *income/incomes referred to in column 18 computed in accordance with the provisions of the Income-tax Act, 1961, for the previous year ending on relevant to the assessment year..... will be nil. *I/We also declare that *my/our *income/incomes referred to in column 16 *and the aggregate amount of *income/incomes referred to in column 18 for the previous year ending on.....relevant to the assessment year.....will not exceed the maximum amount which is not chargeable to income-tax.

Place

Date

.....
Signature of the Declarant⁹

1.Substituted by IT (Fourteenth Amdt.) Rules 2015 ,w.e.f. 1-10-2015. Earlier Form no.15G was inserted by IT(Fifth Amdt) Rules,1982,w.e.f. 21-06-1982 and later on amended by the IT(fifth Amdt) Rules,1989,w.r.e.f. 1-4-1988, IT(Fourteenth Amdt)Rules,1990,w.e.f. 20-11-1990 and IT (Twelfth Amdt.) Rules,2002,w.e.f. 21-06-2002 and substituted by The IT (Eighth Amdt.)Rules,2003,w.e.f. 9-6-2003 and IT (Second Amdt.)Rules,2013,w.e.f.19-02-2013.

PART II

[To be filled by the person responsible for paying the income referred to in column 16 of Part I]

1. Name of the person responsible for paying		2. Unique Identification No. ¹¹	
3. PAN of the person responsible for paying		4. Complete Address	5. TAN of the person responsible for paying
6. Email	7. Telephone No. (with STD Code) and Mobile No.	8. Amount of income paid ¹²	
9. Date on which Declaration is received (DD/MM/YYYY)		10. Date on which the income has been paid/credited	

Place

Date

.....
Signature of the person responsible for paying
the income referred to in column 16 of Part I

*Delete whichever is not applicable.

¹As per provisions of section 206AA(2), the declaration under section 197A(1) or 197A(1A) shall be invalid if the declarant fails to furnish his valid Permanent Account Number (PAN).

²Declaration can be furnished by an individual under section 197A(1) and a person (other than a company or a firm) under section 197A(1A).

³The financial year to which the income pertains.

⁴Please mention the residential status as per the provisions of section 6 of the Income-tax Act, 1961.

⁵Please mention "Yes" if assessed to tax under the provisions of Income-tax Act, 1961 for any of the assessment year out of six assessment years preceding the year in which the declaration is filed.

⁶Please mention the amount of estimated total income of the previous year for which the declaration is filed including the amount of income for which this declaration is made.

⁷In case any declaration(s) in Form No. 15G is filed before filing this declaration during the previous year, mention the total number of such Form No. 15G filed along with the aggregate amount of income for which said declaration (s) have been filed.

⁸Mention the distinctive number of shares, account number of term deposit, recurring deposit, National Savings Schemes, life insurance policy number, employee code, etc.

⁹Indicate the capacity in which the declaration is furnished on behalf of a HUF, AOP, etc.

¹⁰Before signing the declaration/verification, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable-

(i) in a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;

(ii) in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.

¹¹The person responsible for paying the income referred to in column 16 of Part I shall allot a unique identification number to all the Form No. 15G received by him during a quarter of the financial year and report this reference number along with the particulars prescribed in rule 31A(4)(vii) of the Income-tax Rules, 1962 in the TDS statement furnished for the same quarter. In case the person has also received Form No.15H during the same quarter, please allot separate series of serial number for Form No.15G and Form No.15H.

¹²The person responsible for paying the income referred to in column 16 of Part I shall not accept the declaration where the amount of income of the nature referred to in sub-section (1) or sub-section (1A) of section 197A or the aggregate of the amounts of such income credited or paid or likely to be credited or paid during the previous year in which such income is to be included exceeds the maximum amount which is not chargeable to tax. For deciding the eligibility, he is required to verify income or the aggregate amount of incomes, as the case may be, reported by the declarant in columns 16 and 18.;

FATCA/CRS DECLARATION FORM



Note – The information in this section is being collected in order to fully comply with Foreign Account Tax Compliance Act (FATCA) requirements and the Common Reporting Standards (CRS) requirements.

For more information refer:

FATCA: <http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA>

CRS: <http://www.oecd.org/ctp/exchange-of-tax-information/automatic-exchange-financial-account-information-common-reporting-standard.pdf>

Term and Condition FATCA – CRS

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian Financial Institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Towards compliance with tax information sharing laws, such as FATCA and CRS, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days from the date of change in such information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

For Details of Abbreviations used in this forms please refer to the "Fatca – Abbreviations", from our website

FATCA/CRS Declaration Form – Individuals

Appendix D: Draft Self Certification for Individuals for Foreign Account Tax Compliance Act (FATCA) & Common Reporting Standards(CRS)

(Please consult your professional tax advisor for further guidance on your tax residency, FATCA / CRS Guidance)

To: Dewan Housing Finance Limited

Customer ID: _____

MOBILE NO: _____

Name: _____

Part I- Please fill in the country for each of the following (Applicable for all customers):

1. Country of:

- a) Birth _____
- b) Citizenship _____
- c) Residence for Tax Purposes _____
- d) Current Residence (Overseas Country for NRI) _____

2. US Person (Yes / No)

Refer definition on page 2

Part II- Please note:

A. If in all fields above, the country mentioned by you is India (except in case of seafarers) and if you do not have US person status, please proceed to Part III for signature.

B. If for any of the above field, the country mentioned by you is not India and/or if your US person status is Yes, please provide the Tax Payer Identification Number (TIN) or Functional equivalent as issued in the specific country in the table below:

- a) TIN _____ or Functional equivalent _____
(please specify name and number) Country of Issue
- b) TIN _____ or Functional equivalent _____
(please specify name and number) Country of Issue
- c) TIN _____ or Functional equivalent _____
(please specify name and number) Country of Issue

C. If you satisfy the criteria mentioned in II (B) above but do not have Taxpayer Identification Number/functional equivalent, please tick the reason for the same as given below:

I am a person resident out of India with (choose only if applicable):

- Country not issuing TIN/Functional equivalent _____ (mention Visa / Residence / Work permit number)
- Dependent visa _____ (mention dependent visa number)
- Student visa _____ (mention student visa number)
- Seafarer status _____ (mention CDC/visa number)
- Going to the country of residence for first time _____ (mention visa number. TIN/functional equivalent to be communicated to the DHFL within 90 days, else account will get closed).

OR

• I am a person resident in India as well as resident for tax purposes in India (Please also fill Part IV self-certification)

D. In case you are declaring US person status as 'No' but your Country of Birth is US, please provide document evidencing Relinquishment of Citizenship. If not available provide reason/s for not having relinquishment certificate _____

Please also fill Part IV Self-Certification.

Part III- Customer Declaration (Applicable for all customers)

I. Under penalty of perjury, I certify that:

any a) The applicant is (i) 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

other states of the U.S., (ii) 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 account holder is identified as a US person) or b) The applicant is taxable as a tax resident under the laws of country outside India. (This clause is applicable only if the account holder is a tax resident outside of India)

II. I understand that the DHFL is relying on this information for the purpose of determining my status in compliance with FATCA/CRS. The DHFL is not able to offer any tax advice on FATCA/CRS or its impact. I shall seek advice from professional tax advisor for any tax questions.

III. I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.

IV. I agree that as may be required by domestic regulators/tax authorities the DHFL may also be required to inform reportable details to CBDT or close or suspend my account.

V. I certify that I provide the information on this form and to the best of my knowledge and belief the certification is true, correct, and complete including the taxpayer identification number /functional equivalent number of the applicant.

Signature: _____

Name: _____

Date (DD/MM/YYYY): _____

Part IV- Self-Certification (Not Applicable for NRI customers except for point (b) below):

To be filled only if –

- a) Any of the indicia parameters is outside India and TIN or functional equivalent is not available since not a resident for tax purpose outside India, or
- b) Country of Birth is US and US person is mentioned as "No" in Part I

I confirm that I am not a US person or a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and / or residency.

Signature: _____

Document Proof submitted (Pls tick document being submitted) Passport, Election Id Card, PAN Card, Driving License, UIDAI Letter, NREGA Job Card, Govt. Issued ID Card

Note-

1) The term United States person means:

- a) An individual, being a citizen or resident of the United States of America;
- b) Partnership or corporation organized in the United States of America or under the laws of the United States of America or any State thereof;
- c) A trust if: i. a court within the United States of America would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust; and ii. one or more U.S. persons have the authority to control all substantial decisions of the trust;
- d) An estate of a decedent who was a citizen or resident of the United States of America.

2) **Functional Equivalent of TIN includes the following:** A social security/insurance number, citizen/personal identification/services code/national identification number, a resident / population registration number, Alien card number, etc.

FATCA/CRS Declaration Form – Non Individual



Appendix E: Draft Self Certification for Entities (Non-Individual) for Foreign Account Tax Compliance Act (FATCA) & Common Reporting Standards(CRS)
 (Please consult your professional tax advisor for further guidance on your tax residency, FATCA / CRS Guidance)

To: Dewan Housing Finance Limited

Customer ID: _____

MOBILE NO: _____

Name: _____

Part I

- A. Is the account holder a Government Body/ International Organization/listed on any recognized stock exchange. (YES/NO)
 - i. If yes and you are listed please specify the name of the stock exchange, _____, ii. If no proceed to point (B),
- B. Is the account holder (Entity/Financial Institution) tax resident of any country, other than India (YES/NO)
 - i. If yes pls fill FATCA/CRS self-certification _____ ii. If no proceed to point (C)
- C. Is the account holder an Indian Financial Institution (YES/NO)
 - i. If yes please provide your GIIN _____,if any ii. If no proceed to point (D)
- D. Are Substantial owners or controlling persons in the entity or chain of ownership resident for tax purpose in any country outside India or not an Indian Citizen. (YES/NO)
 - i. If yes than please fill of FATCA/ CRS self-certification _____ ii. If no please sign the declaration

Customer Declaration () Under penalty of perjury, I/We certify that:

1. The applicant is
 - i. 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 any other states of the U.S.
 - ii. An estate, the income of which is subject to U.S. Federal Income tax regardless of the source thereof, or (This clause is applicable only if the account holder is identified as a U.S. person)
2. The applicant is taxable as a tax resident under the laws of the country outside India (This clause is applicable only if the account holder is a tax resident outside of India)
 - i. I/We understand that the DHFL is relying on this information for the purpose of determining the status of the applicant in compliance with FATCA/CRS. The DHFL is not able to offer any tax advice on FATCA or CRS or its impact on the applicant. I/We should seek advice from professional tax advisor for any tax questions
 - ii. I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect
 - iii. I/We agree that as may be required by regulatory authorities, the DHFL may also be required to report reportable details to CBDT or close or suspend my account
 - iv. I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Name of the Entity _____

(As per MOP) _____ Signature1 _____ Signature 2 _____ Signature _____ 3
 Date (DD/MM/YYYY): _____

PART II

Section 1: Entity Information

- a) Name of Entity _____ b) Customer ID(if existing) _____ c) Entity Constitution Type _____ d) Entity Identification Type T G C E O
- e) Entity Identification No _____ f) Entity Identification issuing Country _____ g) Country of Residence for tax purpose _____

Section 2: Classification of Non Financial Entitie

I /We (on behalf of entity) certify that the entity is:

- a) An entity incorporated and taxable in US(Specified US Person) YES/ NO If “Yes” then please provide your US Taxpayer Identification Number (TIN) _____
- b) An entity incorporated and taxable outside of India (other than US) YES/NO If “Yes” then please provide your TIN or its functional equivalent _____ Provide your TIN issuing country _____
- c) Please provide the following additional details of you are not a specified US person

FATCA/CRS classification for Non-Financial Entities

- a) Active NFFE b) Passive NFFE without any controlling person c) Passive NFFE with controlling person(s): US Others _____
- d) Direct Reporting NFFE (Choose this if any entity has registered itself for direct reporting for FATCA and thus DHFL is not required to do the reporting)Please provide GIIN number: _____

Section 3: Classification of Financial Institution

I /We (on behalf of entity) certify that the entity is:

- a) An entity is a US financial institution YES/NO If “YES”
 - i. Please provide your Taxpayer Identification Number(TIN) _____ ii. Please provide GIIN, if any _____ If “NO” please tick one of the following boxes below

FATCA Classification – Please Provide the Global Intermediary Identification Number (GIIN) or other information wherever applicable

- Reporting Foreign Financial Institution in a Model 1 Inter Government Agreement(IGA) Jurisdiction
- Reporting Foreign Financial Institution in a Model 2 Inter Government Agreement(IGA) Jurisdiction
- Non Reporting FI
- Owner Documented FI with specified US owners

Section 4: Controlling Person Declaration

If you are classified as “Passive NFFE with Controlling Person(s)” or “Owner Documented FFI” or “Specified US Person”, please provide the following details

Name of Controlling Person	Correspondence Address	Country of Residence for TAX purpose	TIN	TIN issuing Country	Controlling Person Type

Details	Controlling Person 1	Controlling Person 2	Controlling Person 3	Controlling Person 4	Controlling Person 5
Identification Type					
Identification Number					
Occupation Type					
Occupation					
Birth Date					
Nationality					
Country of Birth					

Section 5: Declaration

- I. Under penalty of perjury, I/We certify that:
 - a) The number shown on this form is the correct taxpayer identification number of the applicant and
 - b) The applicant is (i) 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 any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof. or
 - c) The applicant is taxable as a tax resident under the laws of country outside India.
- II. I understand that the DHFL is relying on this information for the purpose of determining my status in compliance with FATCA/CRS. The DHFL is not able to offer any tax advice on FATCA/CRS or its impact. I shall seek advice from professional tax advisor for any tax questions.
- III. I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- IV. I agree that as may be required by domestic regulators/tax authorities the DHFL may also be required to inform reportable details to CBDT or close or suspend my account.
- V. I certify that I provide the information on this form and to the best of my knowledge and belief the certification is true, correct, and complete including the taxpayer identification number /functional equivalent number of the applicant.

We hereby confirm that details provided are accurate, correct and complete

Authorized Signatories and Company Seal (If applicable)
 Name: _____ Date (DD/MM/YYYY) _____