

## REQUEST LETTER FOR RENEWAL OF FIXED DEPOSIT (FD)

Dear Sir / Madam,

Date:

Company Name (Depositor):

We hereby request you to renew the below Fixed Deposit(s):

Please provide the appropriate information else mention NA (Not applicable).

Sr. No.	Existing FD Number	Existing FD Amount (USD)	FD Renewal Amount (USD)	FD Renewal Tenure (Days / Months)	FD Rate (% p.a.)	FD Premature Allowed ( <input type="checkbox"/> Yes / <input type="checkbox"/> No)
1.						<input type="checkbox"/> Yes <input type="checkbox"/> No
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No
5.						<input type="checkbox"/> Yes <input type="checkbox"/> No
6.						<input type="checkbox"/> Yes <input type="checkbox"/> No
7.						<input type="checkbox"/> Yes <input type="checkbox"/> No
8.						<input type="checkbox"/> Yes <input type="checkbox"/> No
9.						<input type="checkbox"/> Yes <input type="checkbox"/> No
10.						<input type="checkbox"/> Yes <input type="checkbox"/> No

### FD RENEWAL MATURITY INSTRUCTION (Select any one below )

☐ Auto-renewal Amount
 ☐ Principal + Interest (I)
 ☐ Only Principal and credit Interest to Current Account
 ☐ Exact amount with currency \_\_\_\_\_

☐ Auto-close Principal + Interest and credit in Current Account
 ☐ Yes ☐ No

☐ Auto-close FD and transfer to another bank account

Amount (P / P+I / I / exact amount with currency)	
Beneficiary Name	
Beneficiary Address	
Purpose of transfer	
Relationship of Depositor with Beneficiary	
Beneficiary's Bank Name	
Beneficiary's Bank Address	
Beneficiary's Account Number	
Beneficiary's Bank SWIFT Code	
Charges (SHA / BEN / OUR)	
Intermediary Bank (if necessary)	
Intermediary Bank SWIFT (if necessary)	

We confirm that the Terms and Conditions relating to Fixed Deposit in the General Terms and Conditions (GTC) governing Accounts and Facilities accepted by us shall apply to the Fixed Deposit placed under this letter. All other applicable terms in the GTC shall continue to be in force.

On behalf of (Company Name):

Name of Authorised Signatory	Signature

\*Please affix stamp / seal of Company / Establishment :