

(FORM A)
[See Para 9]

APPLICATION FORM FOR 8% Savings (Taxable) Bond, 2003

(Please read the instructions carefully before filling up the form)

(Please write in block letters and tick () the appropriate box)

I/WE TENDER THE
SUM _____
BEING THE SUBSCRIPTION TO 8 %
SAVINGS (TAXABLE) BOND , 2003 AMOUNT
OF SUBSCRIPTION Rs. _____
(Rupees _____)
PAID BY [] CASH [] CHEQUE [] D.D.
No. _____ DATED _____
DRAWN ON _____
(BANK/BRANCH)

I/WE APPLY AS [] INDIVIDUAL []
ON BEHALF OF MINOR []
* KARTA OF HUF []
* CHARITABLE INSTITUTION []
* UNIVERSITY []

RELATIONSHIP WITH MINOR [] FATHER
[] MOTHER [] LEGAL GUARDIAN

MODE OF HOLDING :-

[] SINGLE
[] JOINT
[] ANYONE OR SURVIVOR

STATUS [] RESIDENT
[] MINOR

* Declaration form to be filled in and submitted,
if applicable.

BROKERS NAME : BAJAJ CAPITAL LIMITED	
CODE NO. : DLI-RB-159	
ADDRESS : United India Life Building, F-Block, Connaught Place, New Delhi - 1100	
FOR OFFICE USE ONLY	
BROKERAGE PAID Rs.	
APPLICATION NO.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DATED	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DATE OF DEBIT OF DRAWEE BANK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DATE OF TRANSFER TO LINK CELL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DATE OF CREDIT TO SPL. CURRENT A/C	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DATE OF CREDIT TO GOVT. ACCOUNT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
BOND LEDGER. A/C. No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
.	
BRANCH MANAGER	
RUBBER STAMP OF RECEIVING OFFICE	
WITH FULL ADDRESS	

THIRD APPLICANT

.....
SIGNATURE / THUMB IMPRESSION OF 1ST APPLICANT

+ SIGNATURE
NAME AND ADDRESS OF WITNESS

1).....

.....
SIGNATURE / THUMB IMPRESSION OF 2ND APPLICANT

2)

.....
SIGNATURE / THUMB IMPRESSION OF 3RD APPLICANT

NOTE : @ Interest on Bonds in the form of Bond Ledger Account by credit to
the bank account to the holder or by cheque/warrant.

+ In case of thumb impression.
