

**Application Form****Fixed Deposit under the Special Interest Scheme for Senior Citizens – 2025**

*(To be used for manual submission and/or digital upload by the respective bank for system validation and interest/subsidy processing)*

FD Amount:  
Approved Date:

FD No. 1. to be filled by Bank  
2. to be filled by DFD/MOF:

**Section 1: PFI Details**

1.1 Name of the PFI:

1.2 Branch of the PFI:

1.3 Branch Contact No.:

**Section 2: Applicant Information**

- 2.1 Full Name of the Applicant: \_\_\_\_\_
- 2.2 National Identity Card (NIC) Number: \_\_\_\_\_
- 2.2.1 Upload Copy of NIC (PDF/JPEG): ☐ Attached / ☐ Uploaded
- 2.3 Date of Birth: \_\_\_\_\_ (DD/MM/YYYY)
- 2.4 Age (as at FD Opening Date): \_\_\_\_\_ Years
- 2.5 Permanent Address: \_\_\_\_\_
- 2.6 Contact Number: \_\_\_\_\_
- 2.7 Email Address (if any): \_\_\_\_\_
- 2.8 Monthly Income: Rs. \_\_\_\_\_ (should be equal or less than Rs. 150,000.00)
- 2.9 If a Tax payer, TIN: \_\_\_\_\_
- 2.10 Upload the Self-Declaration: ☐ Attached / ☐ Uploaded

**Section 3: Joint Account Holder Information (if applicable)**

- 3.1 Full Name of Joint Account Holder: \_\_\_\_\_
- 3.2 NIC Number of Joint Holder: \_\_\_\_\_
- 3.3 Date of Birth: \_\_\_\_\_ (DD/MM/YYYY) Age: \_\_\_\_\_ Years
- 3.4 Contact Number of Joint Holder: \_\_\_\_\_
- 3.5 Upload Copy of Joint Holder's NIC: ☐ Attached / ☐ Uploaded

**Section 4: Fixed Deposit Details**

- 4.1 Date of FD Opening: \_\_\_\_\_ (DD/MM/YYYY)
- 4.2 Deposit Amount (LKR): \_\_\_\_\_
- 4.3 Interest Rate
- 4.3.1 Effective rate to the depositor:
- 4.3.2 If used the AWFDR, applied rate:
- 4.3.3 If used the bank published rate, applied bank rate:
- 4.4 Source of Funds: \_\_\_\_\_
- 4.5 Term of Deposit: [ ] 12 Months (Fixed) (as per guideline)
- 4.6 Monthly Interest Withdrawal: [ ] Yes (mandatory)
- 4.7 Method of Interest Credit: Linked Savings Account [ ] Yes (mandatory)
- 4.8 Upload System-generated Deposit Slip / Confirmation: ☐ Attached / ☐ Uploaded

### Section 5: Declaration and Consent (To be manually signed)

I/We hereby apply to open a fixed deposit under the *Special Interest Scheme for Senior Citizens – 2025*. I/We confirm that:

- The funds deposited are my/our own and not held on behalf of any third party.
- The **total value of deposits under this scheme across all four participating banks does not exceed Rs. 1,000,000.00.**
- My/our **monthly income is less than Rs. 150,000.00.**
- The **interest income** will be used to support day-to-day expenses, including **healthcare, food, and other essentials.**
- I/We understand and agree that:
  - Any **misrepresentation or breach** of the scheme's criteria may result in disqualification.
  - Any **excess interest** received may be recovered from future interest or principal.
- I/We grant permission for my/our data to be uploaded to the central system for the purpose of **validating eligibility and calculating both customer interest and bank interest subsidy** as per the scheme's terms.

☐ I/We agree to the terms above.

☐ I/We consent to the digital processing and verification of my/our information by the bank and the Department of Development Finance (DFD).

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Joint Applicant (if any): \_\_\_\_\_ Date: \_\_\_\_\_

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### Section 6: For Bank Use Only

(To be completed by the Bank Officer prior to system upload)

- Verified Age Eligibility: ☐ Yes ☐ No
- Verified NIC Match: ☐ Yes ☐ No
- Deposit Date Verified: ☐ Yes
- Total Value of Deposits under Scheme Verified: ☐ Yes
- Upload Completed to Central System: ☐ Yes (Date: \_\_\_\_\_)
- Remarks (if any): \_\_\_\_\_

### Recommendation/Approval

This is to certify that we have reviewed the application submitted by ..... (Customer's name) of ..... (Customer's address) for a Fixed Deposit of Rs..... (amount). We have verified the details provided in Section 6, and confirm that they are accurate and compliant with the terms and conditions outlined in Operating Guideline No. MFPED/DFD/SC/2025/OG/01. We understand that any false misrepresentation may result in the rejection of this application.

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Prepared by:  
Officer  
Date: DD/MM/YY

.....  
Recommended by:  
Branch Manager  
Date: DD/MM/YY

.....  
Authorized by:  
Authorized Officer/Head Office  
Date: DD/MM/YY