

MODE OF OPERATION

Single Either or Survivor** Anyone or Survivor** Former or Survivor** Jointly Others (please specify) _____

For Term Deposits: The above mandate will be applicable to premature withdrawal at any point of time, including death of any one but not all holders.

**In case of joint Term Deposits having operating instructions as 'Either or Survivor', 'Anyone or Survivor' or 'Former or Survivor', the Bank shall repay the deposit(s) before maturity of the deposit(s) in case such a request is received in accordance with the operating instructions of the respective deposit(s), along with relevant documents as may be specified by the Bank from time to time. The same would be applicable even in the event of death of the joint depositors prior to maturity of the deposit. Any such repayment before maturity shall constitute a valid discharge of the Bank's obligations against all concerned including, but not limited to, the nominee/ legal heirs of the depositors or anyone claiming under them. For bulk deposits, please refer to the deposit policy at our website for T&C on your Fixed Deposits.

NOMINATION FORM DA1* (Please choose one of the available options)

I/ We hereby confirm that I/ We do not require any nomination facility.

Nomination under Section 45ZA of the Banking Regulation Act 1949, and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank deposits.

I/ We require nomination facility.

I/ We _____ nominate the following person(s) to whom in the event of my/ our minor's death, the amount of deposit in the account may be returned by IndusInd Bank Ltd.

I/ We agree/ do not agree for the name of my/our nominee to be displayed on Fixed Deposit Advice/ Statement of Account and/ or other documents/ letters.

Details of Deposit		Nominee***				
Nature of Deposit & Distinguishing No.	Additional Details, if any	Name	Address	Relationship with Depositor, if any	Age	If Nominee is a minor, his/ her date of birth

As the nominee is a minor on this date, I/ We appoint _____ to receive the amount of the deposit in the account on behalf of the nominee in the event of my/ our minor's death during the minority of nominee.**

Details are mandatory.***

Signature/ Thumb impression
of the depositor **

Witness(es) - Required only if the depositor is giving thumb impression and not signature.

Name: _____	_____
Address: _____	_____
_____	Signature***
Name: _____	_____
Address: _____	_____
_____	Signature***

*Where deposit is made in the name of minor, the nomination must be signed by a person lawfully entitled to act on behalf of the minor. **Strike out if nominee is not a minor.

***Thumb impression(s) shall be attested by two witnesses. Right thumb impression required in case the depositor is female and left in case it is male.

DECLARATION

In the event of the death of the depositor(s), premature termination will be allowed without levy of penal charges as under:

1. With Nomination: In the event of the death of all depositors, the nominee will have the right to seek premature withdrawal of Term Deposit account;
2. Without Nomination: In the event of the death of all depositors, premature withdrawal will be permitted on joint request by all legal heirs (or any of them as mandated by all the legal heirs) and upon verification of the authority of the legal heirs;
3. Term Deposit with survivorship clause: Bank may permit Premature withdrawal of Fixed/ Term Deposits in accordance with the mandate of 'Either or Survivor', 'Former/ Latter or Survivor', 'Anyone of Survivors or Survivor', etc. as the case may be;
4. Term Deposit with Mandate Jointly: Premature withdrawal will be permitted on joint request by the Survivor and legal heirs of the deceased depositor (or any of them as mandated by all the legal heirs) and upon verification of the authority of the legal heirs.

1st Applicant
Signature/ Thumb impression of the depositor

2nd Applicant
Signature/ Thumb impression of the depositor

ACKNOWLEDGEMENT FOR NOMINATION

We acknowledge your nomination in form DA1 relating to Account Number _____ in the name of _____ held with us.

Ref. No. _____ Date of Registration _____ DBM _____

Branch Round Stamp/ Seal