

ACCOUNT OPENING FORM  
FOR NON-RESIDENT INDIAN (NRI): INDIVIDUAL

## CONSUMER BANKING

\*Fields are mandatory. Please use tick (✓) sign to indicate selection.

Application Date        Branch Code    ☐ Tatkal ☐ Non-Tatkal

Application No.:

Reference Code        P2 Code        I/ We wish to open my/ our Non-Resident Account(s) at your  branch.

## TYPE OF ACCOUNT\*

|                  |                                  |                                  |   |   |  |
|------------------|----------------------------------|----------------------------------|---|---|--|
| Savings Account: | Account Type (Select any one)    | <input type="checkbox"/> NRE     | <input type="checkbox"/> NRO              | <input type="checkbox"/> Both (NRE & NRO) |  |
|                  | Product Variant (Select any one) | <input type="checkbox"/> Regular | <input type="checkbox"/> Indus Maxima     | <input type="checkbox"/> Indus Select     | <input type="checkbox"/> Indus Exclusive |
| Current Account: | <input type="checkbox"/> NRE     | <input type="checkbox"/> NRO     | <input type="checkbox"/> Both (NRE & NRO) |   |  |

## MODE OF OPERATION\*

☐ Single ☐ Either or Survivor ☐ Anyone or Survivor ☐ Jointly ☐ Others (please specify) \_\_\_\_\_

☐ Former or Survivor **Note:** For NRE/ FCNR(B) accounts where 2<sup>nd</sup> applicant is a Resident Close Relative (As defined in Section 2(77) of the Companies Act 2013)/ For NRO accounts where 2<sup>nd</sup> applicant is a Resident Indian, mode of operation will be Former or Survivor.

## CHOICE ACCOUNT NUMBER

Choose your Account Number: (Subject to availability)

NRE Preferred Account Number:        NRO Preferred Account Number:        
NRE         OR Sum of Digits    
(Select 1-10 digits of the 12 digit Account Number) (Mention sum of digits you want as Account Number)

NRO         OR Sum of Digits    
(Select 1-10 digits of the 12 digit Account Number) (Mention sum of digits you want as Account Number)


## INITIAL DEPOSIT DETAILS

☐ Cheque No./ DD No. / Wire Transfer Ref. No.         Dated \_\_\_\_\_ Drawn on \_\_\_\_\_

Bank for \_\_\_\_\_ (currency) \_\_\_\_\_ (amount)

☐ Debit my/ our existing IndusInd Bank Ltd NRE/ NRO A/c No.         for ₹ \_\_\_\_\_

## APPLICANT/S DETAILS

| Description                     | 1 <sup>st</sup> Applicant   | 2 <sup>nd</sup> Applicant   |
|---------------------------------|---|---|
| Cust. ID (Existing Customers)*: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |
| CKYC ID:                        | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Salutation*                     | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Others <u>Please Specify</u>  | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Others <u>Please Specify</u>  |
| First Name*:                    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Middle Name:                    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Last Name*:                     | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Gender*:                        | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender   | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender   |
| Date of Birth*:                 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |
| Differently Abled:              | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| PAN <sup>1</sup> :              | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |

<sup>1</sup>For NR accounts, PAN is mandatory, in the absence of which Form 60 is to be provided.

|   |  |   |
|---|--|---|
| Marital Status*:  | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Others   | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Others  |
| Mother's Maiden Name*:  |  |   |
| Country of Residence*:  |  |   |
| No. of Years Abroad*:   |  |   |
| Nationality*:   |  |   |
| Residential Status*:  | <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Person of Indian Origin(PIO)<br><input type="checkbox"/> Overseas Citizen of India (OCI)<br><input type="checkbox"/> Others _____ (Please specify) | <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Person of Indian Origin(PIO)<br><input type="checkbox"/> Overseas Citizen of India (OCI) <input type="checkbox"/> Resident Indian<br><input type="checkbox"/> Others _____ (Please specify) |
| Relation with 1 <sup>st</sup> Applicant:  |  |   |
| Passport No*:   |  |   |
| Date of Issue*:   |  |   |
| Date of Expiry*:  |  |   |
| Place of Issue*:  |  |   |
| Type of Visa/ Labour Card/ Work Permit*:<br><i>(Visitor &amp; Business Visas are not allowed)</i>           |  |   |
| Visa No.*:  |  |   |
| Visa Issuance Date*:  |  |   |
| Visa Expiry Date*:  |  |   |
| Preferred Address for Communication*:   | <input type="checkbox"/> Overseas <input type="checkbox"/> India   | <input type="checkbox"/> Overseas <input type="checkbox"/> India  |
| Overseas Address*:  |  |   |
|   |  |   |
|   |  |   |
| Landmark:   |  |   |
| City/ Town/ Province:   |  |   |
| State*:   |  |   |
| Country*:   |  |   |
| PIN/ ZIP*:  |  |   |
| Mobile No.*:  | <div> <div></div> <div>Country Code</div> </div> - <div> <div></div> <div>Number</div> </div>  | <div> <div></div> <div>Country Code</div> </div> - <div> <div></div> <div>Number</div> </div>   |
| Tel. No.:   | <div> <div></div> <div>Country Code</div> </div> - <div> <div></div> <div>Area Code</div> </div> - <div> <div></div> <div>Number</div> </div>  | <div> <div></div> <div>Country Code</div> </div> - <div> <div></div> <div>Area Code</div> </div> - <div> <div></div> <div>Number</div> </div>   |
| Fax:  | <div> <div></div> <div>Country Code</div> </div> - <div> <div></div> <div>Area Code</div> </div> - <div> <div></div> <div>Number</div> </div>  | <div> <div></div> <div>Country Code</div> </div> - <div> <div></div> <div>Area Code</div> </div> - <div> <div></div> <div>Number</div> </div>   |
| E-mail ID*:   |  |   |
|   |  |   |
|   |  |   |
| India Address*:<br><i>(If your preferred address for communication is India, please fill India address)</i> |  |   |
|   |  |   |
|   |  |   |
| Landmark:   |  |   |
|   |  |   |
| City/ Town/ Province:   |  |   |
| State*:   |  |   |
| PIN/ ZIP*:  |  |   |
| Mobile No.*:  | <div> <div></div> <div>Country Code</div> </div> - <div> <div></div> <div>Number</div> </div>  | <div> <div></div> <div>Country Code</div> </div> - <div> <div></div> <div>Number</div> </div>   |
| Tel. No.:   | <div> <div></div> <div>Country Code</div> </div> - <div> <div></div> <div>Area Code</div> </div> - <div> <div></div> <div>Number</div> </div>  | <div> <div></div> <div>Country Code</div> </div> - <div> <div></div> <div>Area Code</div> </div> - <div> <div></div> <div>Number</div> </div>   |
| Fax:  | <div> <div></div> <div>Country Code</div> </div> - <div> <div></div> <div>Area Code</div> </div> - <div> <div></div> <div>Number</div> </div>  | <div> <div></div> <div>Country Code</div> </div> - <div> <div></div> <div>Area Code</div> </div> - <div> <div></div> <div>Number</div> </div>   |

## CUSTOMER PROFILE FORM KYC CHECK LIST

| 1 <sup>ST</sup> APPLICANT   |  |   | 2 <sup>ND</sup> APPLICANT  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|---|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
| OCCUPATION*   | <input type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Self-Employed Professionals <input type="checkbox"/> Retired<br><input type="checkbox"/> House-wife <input type="checkbox"/> Student <input type="checkbox"/> Others: <u>Please Specify</u>  |   | <input type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Self-Employed Professionals <input type="checkbox"/> Retired<br><input type="checkbox"/> House-wife <input type="checkbox"/> Student <input type="checkbox"/> Others: <u>Please Specify</u>  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| SOURCE OF FUNDS*  | <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Investment <input type="checkbox"/> Gift<br><input type="checkbox"/> Professional Fee <input type="checkbox"/> Others: <u>Please Specify</u>  |   | <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Investment <input type="checkbox"/> Gift<br><input type="checkbox"/> Professional Fee <input type="checkbox"/> Others: <u>Please Specify</u>  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| MONTHLY INCOME*   | <input type="checkbox"/> Up to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1 lac <input type="checkbox"/> ₹ 1 lac to ₹ 3 lacs<br><input type="checkbox"/> ₹ 3 lacs to ₹ 5 lacs <input type="checkbox"/> Above ₹ 5 lacs   |   | <input type="checkbox"/> Up to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1 lac <input type="checkbox"/> ₹ 1 lac to ₹ 3 lacs<br><input type="checkbox"/> ₹ 3 lacs to ₹ 5 lacs <input type="checkbox"/> Above ₹ 5 lacs   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| LINE OF BUSINESS*<br>(In case of salaried persons that of the employer) | <input type="checkbox"/> Manufacturer <input type="checkbox"/> Services <input type="checkbox"/> Wholesale Trader<br><input type="checkbox"/> Retail Trader <input type="checkbox"/> Import/ Export <input type="checkbox"/> Others: <u>Please Specify</u>   |   | <input type="checkbox"/> Manufacturer <input type="checkbox"/> Services <input type="checkbox"/> Wholesale Trader<br><input type="checkbox"/> Retail Trader <input type="checkbox"/> Import/ Export <input type="checkbox"/> Others: <u>Please Specify</u>   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| NATURE OF INDUSTRY*   | <input type="checkbox"/> Agriculture <input type="checkbox"/> Airlines <input type="checkbox"/> Antique/ Art Dealer<br><input type="checkbox"/> Arms Dealer <input type="checkbox"/> Automobiles <input type="checkbox"/> Banking Services<br><input type="checkbox"/> BPO <input type="checkbox"/> Business Correspondent<br><input type="checkbox"/> Call Centre <input type="checkbox"/> Cement <input type="checkbox"/> Chemicals<br><input type="checkbox"/> Chit Funds <input type="checkbox"/> Construction/ Real Estate<br><input type="checkbox"/> Consumer Durables <input type="checkbox"/> Education <input type="checkbox"/> Electronics<br><input type="checkbox"/> Embassies/ Consulates <input type="checkbox"/> Engineering<br><input type="checkbox"/> FMCG <input type="checkbox"/> Fertilisers/ Seeds/ Pesticides<br><input type="checkbox"/> Gems & Jewellery <input type="checkbox"/> Healthcare <input type="checkbox"/> Hotel/ Restaurant<br><input type="checkbox"/> Infrastructure <input type="checkbox"/> IT/ ITES <input type="checkbox"/> Leather<br><input type="checkbox"/> Logistics <input type="checkbox"/> Metals & Mining <input type="checkbox"/> Media & Entertainment<br><input type="checkbox"/> Money Changer/ Forex Dealer <input type="checkbox"/> NBFC<br><input type="checkbox"/> Petrol Pump/ Gas Station <input type="checkbox"/> Oil & Gas<br><input type="checkbox"/> Pharmaceuticals <input type="checkbox"/> Political Party <input type="checkbox"/> Power<br><input type="checkbox"/> Religious Institution <input type="checkbox"/> Retail <input type="checkbox"/> Shipping<br><input type="checkbox"/> Telecom <input type="checkbox"/> Textiles <input type="checkbox"/> Tobacco<br><input type="checkbox"/> Travel & Tourism <input type="checkbox"/> Stock/ Commodity Broker<br><input type="checkbox"/> Others: <u>Please Specify</u> |   | <input type="checkbox"/> Agriculture <input type="checkbox"/> Airlines <input type="checkbox"/> Antique/ Art Dealer<br><input type="checkbox"/> Arms Dealer <input type="checkbox"/> Automobiles <input type="checkbox"/> Banking Services<br><input type="checkbox"/> BPO <input type="checkbox"/> Business Correspondent<br><input type="checkbox"/> Call Centre <input type="checkbox"/> Cement <input type="checkbox"/> Chemicals<br><input type="checkbox"/> Chit Funds <input type="checkbox"/> Construction/ Real Estate<br><input type="checkbox"/> Consumer Durables <input type="checkbox"/> Education <input type="checkbox"/> Electronics<br><input type="checkbox"/> Embassies/ Consulates <input type="checkbox"/> Engineering<br><input type="checkbox"/> FMCG <input type="checkbox"/> Fertilisers/ Seeds/ Pesticides<br><input type="checkbox"/> Gems & Jewellery <input type="checkbox"/> Healthcare <input type="checkbox"/> Hotel/ Restaurant<br><input type="checkbox"/> Infrastructure <input type="checkbox"/> IT/ ITES <input type="checkbox"/> Leather<br><input type="checkbox"/> Logistics <input type="checkbox"/> Metals & Mining <input type="checkbox"/> Media & Entertainment<br><input type="checkbox"/> Money Changer/ Forex Dealer <input type="checkbox"/> NBFC<br><input type="checkbox"/> Petrol Pump/ Gas Station <input type="checkbox"/> Oil & Gas<br><input type="checkbox"/> Pharmaceuticals <input type="checkbox"/> Political Party <input type="checkbox"/> Power<br><input type="checkbox"/> Religious Institution <input type="checkbox"/> Retail <input type="checkbox"/> Shipping<br><input type="checkbox"/> Telecom <input type="checkbox"/> Textiles <input type="checkbox"/> Tobacco<br><input type="checkbox"/> Travel & Tourism <input type="checkbox"/> Stock/ Commodity Broker<br><input type="checkbox"/> Others: <u>Please Specify</u> |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| ARE YOU A POLITICALLY EXPOSED PERSON (PEP)?*                            | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Politically Exposed Persons are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g. Heads of States of Governments, senior politicians, senior government/ judicial/ military officers, senior executives of state-owned corporations, important political party officials, etc. In addition, a 'Politically Exposed Person' includes the immediate family members of a Politically Exposed Person such as spouse, children, parents and other relatives. Politically Exposed Person includes even close associates like advisors, secretaries and other associates of a Politically Exposed Person who conduct transactions on behalf of a Politically Exposed Person.  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Politically Exposed Persons are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g. Heads of States of Governments, senior politicians, senior government/ judicial/ military officers, senior executives of state-owned corporations, important political party officials, etc. In addition, a 'Politically Exposed Person' includes the immediate family members of a Politically Exposed Person such as spouse, children, parents and other relatives. Politically Exposed Person includes even close associates like advisors, secretaries and other associates of a Politically Exposed Person who conduct transactions on behalf of a Politically Exposed Person.  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| DECLARATION AS PER FATCA-CRS*   | Are you a Tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, please provide the following information. Please indicate all the countries in which you are a resident for tax purposes and the associated Tax Identification Number below<br><table border="1"><thead><tr><th>Country</th><th>Tax identification No. (In case Tax identification No. is not available, kindly provide functional equivalent)</th><th>Identification Type (TIN or Others, please specify)</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table><br>If NO, I am a resident at _____ Country from _____ years.<br>Currently I am not paying any tax at _____ Country, hence TIN is not issued/applied to me. Any change in tax residency or issuance of TIN, the same will be updated with the Bank within 30 days of issuance or status change.   |   | Country  | Tax identification No. (In case Tax identification No. is not available, kindly provide functional equivalent) | Identification Type (TIN or Others, please specify) |  |  |  |  |  |  |  |  |  |  |  |  | Are you a Tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, please provide the following information. Please indicate all the countries in which you are a resident for tax purposes and the associated Tax Identification Number below<br><table border="1"><thead><tr><th>Country</th><th>Tax identification No. (In case Tax identification No. is not available, kindly provide functional equivalent)</th><th>Identification Type (TIN or Others, please specify)</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table><br>If NO, I am a resident at _____ Country from _____ years.<br>Currently I am not paying any tax at _____ Country, hence TIN is not issued/applied to me. Any change in tax residency or issuance of TIN, the same will be updated with the Bank within 30 days of issuance or status change. |  | Country | Tax identification No. (In case Tax identification No. is not available, kindly provide functional equivalent) | Identification Type (TIN or Others, please specify) |  |  |  |  |  |  |  |  |  |  |  |  |
| Country   | Tax identification No. (In case Tax identification No. is not available, kindly provide functional equivalent)   | Identification Type (TIN or Others, please specify) |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
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| Country   | Tax identification No. (In case Tax identification No. is not available, kindly provide functional equivalent)   | Identification Type (TIN or Others, please specify) |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
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## FIXED DEPOSIT (FD)/ RECURRING DEPOSIT (RD) INSTRUCTION

To open multiple accounts, please tick against respective account types.

[illegible]

|   |  |
|---|--|
| <b>Interest Payment Frequency<sup>s</sup></b> ( <i>Please fill only for deposits &gt; 180 days:</i> ) | <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout Quarterly <input type="checkbox"/> Payout Monthly  |
| <b>Maturity Instructions:</b>   | <input type="checkbox"/> Renew Principal and Interest <input type="checkbox"/> Renew Principal and Pay Back Interest <input type="checkbox"/> Do not Renew   |
| <b>Interest Payment and Maturity Payment Instructions:</b>  | <input type="checkbox"/> Credit to linked IndusInd Bank account <sup>r</sup><br><input type="checkbox"/> For NEFT    IFSC: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account 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"/> <input type="text"/> <input type="text"/> |
| <b>Sweep-in Facility<sup>u</sup>:</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No    (Linking of Fixed Deposits with Current/ Savings Account for fulfillment of any shortfall(s) in the Current/ Savings Account)  |

<sup>5</sup>Interest on Fixed Deposits with tenor less than or equal to 180 days will be only paid on the maturity date of such deposit.

\*Linked Current/Savings Account will be applicable for initial payment, interest/ maturity payment and sweep in facility, if selected. Nominee on the sweep FD will be same as updated in linked Current/Savings Account. Sweep in facility is not available on NRE Deposits.

Interest on FCNR deposit is compounded half yearly. Monthly/ Quarterly pay-out option is not available on FCNR deposit.

In absence of specific request, existing Mode of Operations set up for your Non-Individual/ Individual Account stands applicable for all Term Deposit operations.

## DIRECT BANKING (Accounts with Joint mode of operations not eligible)

| Debit/ Chip<br>Debit Card type       | NRE/ NRO Regular                                    |                          | NRE/ NRO Maxima                                     |                          | NRE/ NRO Select                                     |                          | NRE/ NRO Exclusive                                  |                          |
|--------------------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
|                                      | NRO<br>(For Domestic<br>Use only) -<br>Tick any one | NRE<br>Tick any one      | NRO<br>(For Domestic<br>Use only) -<br>Tick any one | NRE<br>Tick any one      | NRO<br>(For Domestic<br>Use only) -<br>Tick any one | NRE<br>Tick any one      | NRO<br>(For Domestic<br>Use only) -<br>Tick any one | NRE<br>Tick any one      |
| Regular                              | <input type="checkbox"/>                            | NA                       | NA  | NA                       | NA  | NA                       | NA  | NA                       |
| Titanium/ Gold Chip                  | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/>                            | <input type="checkbox"/> | NA  | NA                       | NA  | NA                       |
| Platinum Chip                        | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/>                            | <input type="checkbox"/> | NA  | NA                       | NA  | NA                       |
| World/ Signature Chip                | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/>                            | <input type="checkbox"/> |
| Others<br>(Please mention Card Type) |   |                          |   |                          |   |                          |   |                          |

If you have applied for an IndusInd Bank Debit Card, please mention your name as you want it to be embossed on your card:

First Applicant: \_\_\_\_\_ Second Applicant: \_\_\_\_\_

Note:- As per RBI guidelines, all New Debit Card issued by default will be enabled on Domestic ATM and Domestic POS only. To enable Ecommerce, International and Contactless (Tap & Pay) transactions on Debit Card, please visit IndusMobile/IndusNet/ IndusInd Contact Center/ IndusInd Bank ATM.

|                                      |                                     |  |  |  |
|--------------------------------------|-------------------------------------|--|--|--|
| <input type="checkbox"/> E-Statement | <input type="checkbox"/> SMS Alerts | <input type="radio"/> Overseas Mobile Number | <input type="radio"/> Indian Mobile Number | <input type="checkbox"/> Banking on WhatsApp |
|--------------------------------------|-------------------------------------|--|--|--|

For charges & fees, please refer to our Schedule of Charges. Terms and Conditions apply. Debit Card will not be issued in case the appropriate checkbox is not ticked. SMS Alerts to International Mobile numbers available only in select countries. In case appropriate checkbox is not ticked under SMS Alerts, the alerts will be sent on the Mobile No. corresponding to the Preferred Address for Communication opted.

## DOCUMENTS TO BE SUBMITTED

| Sr. No. | Documents  | 1 <sup>st</sup> Applicant | 2 <sup>nd</sup> Applicant |
|---------|--|---------------------------|---------------------------|
| 1.      | Recent Photograph  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 2.      | PAN or in absence thereof, declarations in Form No. 60   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 3.      | Acceptable Identity Proof Document:<br>• For NRI Customers: Valid Indian Passport<br>(First 2 and last 2 pages stating the customer's name, date of birth, date of issue, date of expiry, photograph and address)<br>• For PIO/ OCI Customers: Valid Foreign Passport                | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 4.      | Copy of valid proof for NRI status, one of below as relevant<br>• Separate proof of NRI status (in case not included on Passport)<br>• Valid Work/ Resident Permit<br>• Employment Visa  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 5.      | Overseas address is mandatory to be mentioned on the application form. Address proof only required to support communication address (Indian/ Overseas) basis customer preference. Address proof is required separately only if same is not captured in passport provided by customer | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 6.      | In case of Mariners, copy of CDC and Employment contract is mandatory  | <input type="checkbox"/>  | <input type="checkbox"/>  |

### List of Acceptable Address Proof Documents

| Sr. No. | Overseas Address   |
|---------|--|
| 1.      | Valid Passport   |
| 2.      | Valid VISA Copy/ Resident Permit   |
| 3.      | Valid Driving License (Smart card Driving License)   |
| 4.      | Valid National ID card issued by the foreign govt. having the customer's name, photograph, and address |
| 5.      | Person of Indian Origin (PIO) card/ overseas Citizenship of India (OCI) card                           |
| 6.      | Utility Bill (issue date should not be more than 2 months old from the date of Account Opening)        |
| 7.      | Existing Bank Statement for last 3 months - Not older than 3 months. / Credit Card Bill                |
| 8.      | <b>Others (Please check with IndusInd Bank staff on list of acceptable documents)</b>                  |

| Sr. No. | India Address   |
|---------|---|
| 1.      | Valid Passport  |
| 2.      | Valid Driving License (Smart card Driving License)                                    |
| 3.      | Voter ID/ Election Card issued by Election Commission of India                        |
| 4.      | Person of Indian Origin (PIO) card/ overseas Citizenship of India (OCI) card          |
| 5.      | <b>Others (Please check with IndusInd Bank staff on list of acceptable documents)</b> |

## PERSON OF INDIAN ORIGIN (PIO) DECLARATION

I (1<sup>st</sup> account holder) hereby declare that I am a Person of Indian Origin (and I am not a citizen of Pakistan or Bangladesh) and I satisfy one of the below mentioned conditions:

|   |   |  |
|---|---|--|
| I was a holder of an Indian passport in the past.<br>Passport No. _____<br>Place of issue and Expiry Date _____   | <input type="checkbox"/> First Holder<br>_____  | <input type="checkbox"/> Second Holder<br>_____  |
| My father/ mother/ grandfather/ grandmother (name as given) is/ was a citizen of India by virtue of the Constitution of India or the Citizenship Act, 1955 (55 of 1955) | <input type="checkbox"/> First Holder<br><b>Tick any one:</b><br><input type="checkbox"/> Father's Name <input type="checkbox"/> Mother's Name<br><input type="checkbox"/> Grandfather's Name <input type="checkbox"/> Grandmother's Name<br>_____<br>Father's/ Mother's/ Grandfather's/ Grandmother's Name | <input type="checkbox"/> Second Holder<br><b>Tick any one:</b><br><input type="checkbox"/> Father's Name <input type="checkbox"/> Mother's Name<br><input type="checkbox"/> Grandfather's Name <input type="checkbox"/> Grandmother's Name<br>_____<br>Father's/ Mother's/ Grandfather's/ Grandmother's Name |
| I am the spouse of an Indian Citizen/ Person of Indian Origin   | <input type="checkbox"/> First Holder<br>Spouse Name: _____   | <input type="checkbox"/> Second Holder<br>Spouse Name: _____   |
| I belong to a territory that became part of India after 15th day of August 1947 and never availed citizenship of Pakistan and Bangladesh.                               | <input type="checkbox"/> First Holder<br>Name of Territory: _____   | <input type="checkbox"/> Second Holder<br>Name of Territory: _____   |

I/We understand that the NRI account/s is being opened by the bank basis the PIO declaration given by me/ us. I/We certify that the particulars given above are true.

## Minor Declaration (Leave blank if not applicable)

Name of the Guardian \_\_\_\_\_ Full Address \_\_\_\_\_  
City \_\_\_\_\_ Country \_\_\_\_\_

I hereby declare that the date of birth of the minor who is my \_\_\_\_\_ is \_\_\_\_\_ and I am his/ her natural and lawful guardian/ guardian appointed by court order dated \_\_\_\_\_ (copy enclosed). I shall represent the said minor in all future transactions of any descriptions in the above account until the said minor attains majority. I also confirm that funds held in minor account would be utilized for the benefit of the minor. I indemnify the bank against the claim of the above minor for any withdrawal/ transactions made by me in his/ her account.

\_\_\_\_\_  
Signature of Guardian

## Mariners International Declaration (Leave blank if not applicable)

☐ I hereby declare and confirm that I am a Non-Resident Indian and I am presently on contract with (mention name of the shipping company) \_\_\_\_\_ company registered in (mention country's name) \_\_\_\_\_ (address of the principal) I also confirm that I will inform the

Bank, in case I do not renew my contract OR choose to go on a new contract OR I am unable to proceed on a new contract OR in any case in the event that my status of Non-Resident Indian is altered.

☐ I hereby confirm that I have just returned after completion of my contract with \_\_\_\_\_ (company) registered in \_\_\_\_\_ (address of the principal). I am on a break for \_\_\_\_\_ days/ months and will be joining on a new contract on/ by \_\_\_\_\_.

## GENERAL DECLARATION FOR NRIs

I/We hereby declare that I/ we am/ are Non-Resident Indian/ Person of Indian Origin. I/We understand that the above account will be opened on the basis of the statements/ declarations made by me/us, and I/we also agree that if any of the statements/ declarations made herein is found to be incorrect in material particulars, you are not bound to pay any interest on the deposit made by me/ us. The account will be put into use for bonafide transactions not involving any violation of the provisions of any regulations/ laws of the country of my residence and of India including the provisions under the Foreign Exchange Management Act, 1999. I/ We undertake to intimate the Bank immediately on my/ our return back to India with the intention of staying there for an indefinite period or for permanently and till then furnish a declaration to the Bank that I/ we continue to stay outside India and have not become residents of India under the provisions of Sec. 6 of The Income Tax Act, 1961. I/ We agree that no claim will be made by me/ us for any interest on the deposit(s) for any period after date(s) of maturity of the deposit(s). I/ We agree to abide by the provision of the Foreign Currency (Non-Resident) Account, Non-resident (External) Account Scheme. I/ We hereby undertake to intimate you about my/ our return to India for permanent residence immediately on arrival. I/We confirm that the amounts deposited/ invested in the account/s shall be legally belonging to me and will be through legitimate sources and will not be for the purpose of the contravention of any law including Anti Money Laundering Laws. I/ We authorize the Bank to automatically renew the deposit on due date for an identical period (unless otherwise specifically instructed before due date). The earlier receipt given to me will be treated as discharged receipt on due date. I/ We understand that the interest applicable or renewals will be at the applicable ruling rates on the date of maturity and that the renewed receipt will be made available on my/ our presenting the duly discharged original receipt on the maturity date or later for payment. I/ We further understand that the renewal will be in accordance with the provisions of the Reserve Bank of India Scheme in force at the time of renewal. I/We agree that if the premature withdrawal is permitted at my/ our request, the payment of interest on the deposit may be allowed in accordance with the prevailing stipulations laid down by Reserve Bank of India in this regard. I/We shall not make available to any person resident in India, foreign currency against reimbursement in Rupees or in any other manner in India. I/ We would confirm that all debits to my/ our accounts for the purpose of investment in India and credits representing sale proceeds of Investments in India are covered either by general or special permission of Reserve Bank of India. I/We have read, understood that any changes in terms and conditions applicable to this relationship would be made available to me/ us on request at any IndusInd Bank Branch. I/ We do hereby declare that information furnished in this form is true to the best of my/ our knowledge and belief. I/ We hereby authorize issuance of Debit card and provision of Internet Banking, Mobile Banking and Phone Banking Services as above. I/ we undertake to ratify and confirm all the user(s) do(es) or cause(s) to do through ATM, POS, Net Banking, Mobile Banking and Phone Banking Channels. This authority shall continue to be in force until anyone of us revokes by a notice in writing delivered to you. I/ We have received the deposit rules annexed to this account opening form and agree to abide by the same. In case of joint accounts, instructions received from one of the account holders to stop operations will be deemed to be sufficient notice to the Bank to act upon such instructions. Further operations would be allowed only upon receipt of fresh instructions from all the account holders. I/ We hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. I/We acknowledge that, as per Prevention of Money Laundering Rules, 2005, in case of any update in the documents submitted by me/us after CIF / Account opening, I/We shall submit the updated documents to the Bank within 30 days to be updated in the Bank records. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I/We have read and understood the IndusInd Bank Terms & Conditions and Privacy Policy hosted on the banks website (Terms & Conditions: <https://www.indusind.com/in/en/personal/terms-and-conditions.html>), (Privacy Policy: <https://www.indusind.com/in/en/personal/privacy-policy.html>) and consent myself and/or as the legal guardian of minor to the processing of Personal Data as described in the terms & conditions and privacy policy.

### \*Consent to Use, Share and Disclose Registered Communication Contact Details

I/We hereby **ACCEPT, AUTHORISE, CONFIRM AND PERMIT** IndusInd Bank Limited ("Bank") to **USE, SHARE AND DISCLOSE** any/all of my/our registered communication contact addresses/details (postal, e-mail, mobile number, social media platforms/channels etc.), that I/we have willingly registered/shared with the Bank for the purpose of (A) receiving information, either from the Bank, Central KYC Registry and/or through any of the Bank's authorised Service Providers/Agency(ies)/Professional Advisors related to the operations of my/our account(s)/services availed by me /us from the Bank; and/or (B) API based authentication where my/our details are being auto fetched/ populated to process my banking requests/applications on/through the Bank's Web Applications/Systems; and/or (C) any kind of promotional/ research/feedback based exercise about the Bank's products/services that I/we must/may be made aware for general consumption or to provide feedback as an existing customer of the Bank; until such time I request/notify the Bank to stop sending communication to any/all of my/our registered communication addresses/details as per the Bank's defined process and knowing that the Bank will ensure security and confidentiality to all my communication contact details provided by me/us. If I am /we are or become a Non Resident Indian (NRI) / foreign national, I confirm that the following consent is well within my capacity as a Non-Resident Indian and by doing so I do not violate or breach in any manner the regulations or statutes of the country of my residence as are applicable to me.

Notwithstanding anything contained herein above, in case I/we opt out from the above and tick 'NO' below, the Bank shall be entitled to use/share/discard my communication contact addresses/details to send me/us all communication either through select/mandated communication channels, those that are deemed necessary for the (A) smooth processing of my/our account operations/service request(s) (B) for general awareness and/or (C) any statutory action required to be undertaken by me/us as per the applicable laws and guidelines/ regulations/ directions/notifications prescribed by the Reserve Bank of India, Ministry of Finance India, government/quasi-government authorities and any other authorities governing the financial and banking operations whether in India or outside India.

☐ Yes ☐ No

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|  |             |  |             |
|--|-------------|--|-------------|
| 1 <sup>st</sup> Applicant<br>Recent Passport Size<br>Photograph<br>(Sign Across) | Name: _____ | 2 <sup>nd</sup> Applicant<br>Recent Passport Size<br>Photograph<br>(Sign Across) | Name: _____ |
|  | _____       |  | _____       |
|  | _____       |  | _____       |
|  | _____       |  | _____       |
| Signature of 1 <sup>st</sup> Applicant   |             | Signature of 2 <sup>nd</sup> Applicant   |             |



# ANNEXURE I

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

- ☐ I/We hereby confirm that I/We do not require any nomination facility on my/our bank deposit<sup>^</sup>.
- ☐ I/We require nomination under Section 45ZA of the Banking Regulation Act 1949, and rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of the bank deposits.

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 agree ☐ / Do not agree ☐ for the name of my 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.

\_\_\_\_\_  
\*Signature/s/ Thumb impression of the depositor/s

### Witness(es)

|                         |                         |
|-------------------------|-------------------------|
| Name: _____<br>_____    | Name: _____<br>_____    |
| Address: _____<br>_____ | Address: _____<br>_____ |
| _____<br>Signature***   | _____<br>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. <sup>^</sup>I have understood the benefits of Nomination and still do not wish to Nominate.



## ACKNOWLEDGEMENT

We acknowledge your nomination in form DA1 relating to Account No. \_\_\_\_\_ in the name of \_\_\_\_\_

Ref. No.: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

Manager: \_\_\_\_\_

Stamp/ Seal

## ANNEXURE II

**FORM NO. 60** (In absence of PAN Card)

|   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|---------------------------------------|--|--|--|--|--|--|--|--|--|
| 1. Name   |  |  |  |  |  |  |  |  |  | 2. Date of Birth                      |  |  |  |  |  |  |  |  |  |
| 3. Father's Name (in case of individual)  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| 4. Flat/ Room No.   |  |  |  |  |  |  |  |  |  | 5. Floor No.                          |  |  |  |  |  |  |  |  |  |
| 6. Name of premises   |  |  |  |  |  |  |  |  |  | 7. Block Name/No.                     |  |  |  |  |  |  |  |  |  |
| 8. Road/ Street/ Lane   |  |  |  |  |  |  |  |  |  | 9. Area/ Locality                     |  |  |  |  |  |  |  |  |  |
| 10. Town/ City  |  |  |  |  |  |  |  |  |  | 11. District                          |  |  |  |  |  |  |  |  |  |
| 12. State   |  |  |  |  |  |  |  |  |  | 12A. Country                          |  |  |  |  |  |  |  |  |  |
| 13. Pin code  |  |  |  |  |  |  |  |  |  | 14. Tel. No. (with STD code)          |  |  |  |  |  |  |  |  |  |
| 14A. Overseas Tel. No. (with ISD code)  |  |  |  |  |  |  |  |  |  | 15. Mobile No.                        |  |  |  |  |  |  |  |  |  |
| 16. Amount of transaction (₹)   |  |  |  |  |  |  |  |  |  | 17. Date of transaction               |  |  |  |  |  |  |  |  |  |
| 18. In case of transaction in joint names, number of persons involved in the transaction  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| 19. Mode of transaction: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Card <input type="checkbox"/> Draft/Banker's Cheque <input type="checkbox"/> Online transfer <input type="checkbox"/> Other   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| 20. Aadhaar No. issued by UIDAI (if available)  |  |  |  |  |  |  |  |  |  | 20A. OCI/ PIO Card No.                |  |  |  |  |  |  |  |  |  |
| 21. If applied for PAN and it is not yet generated, enter date of application and acknowledgement number  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| 22. If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) for the financial year in which the above transaction is held. Please mention income including income earned abroad during financial year.   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| a. Agricultural income (₹)  |  |  |  |  |  |  |  |  |  | b. Other than agricultural income (₹) |  |  |  |  |  |  |  |  |  |
| 23. Details of document being produced in support of identify in Column 1   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| Document code   |  |  |  |  |  |  |  |  |  | Passport number                       |  |  |  |  |  |  |  |  |  |
| Name and address of the authority issuing the document  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| 24. Details of document being produced in support of address in Columns 4 to 13   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| Document code   |  |  |  |  |  |  |  |  |  | Document Identification number        |  |  |  |  |  |  |  |  |  |
| Name and address of the authority issuing the document  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| <b>Verification</b>   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/ our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax. |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| Verified today, the _____ day of _____ 20____   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| Place: _____  |  |  |  |  |  |  |  |  |  | (Signature of declarant)              |  |  |  |  |  |  |  |  |  |

**Note:**

- Before signing the declaration, 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,
  - 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;
  - 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.
- The person accepting the declaration shall not accept the declaration where the amount of income of the nature referred to in item 22b exceeds the maximum amount which is not chargeable to tax, unless PAN is applied for and column 21 is duly filled.

**Instruction:**

(1) Documents which can be produced in support of identity and address (not required if applied for PAN and item 20 is filled):

| Document Code | Nature of Document   | Proof of Identity | Proof of Address |
|---------------|--|-------------------|------------------|
|               | <b>A. For Individuals and HUF</b>  |                   |                  |
| 01            | AADHAAR Card   | Yes               | Yes              |
| 02            | Bank/Post office passbook bearing photograph of the person   | Yes               | Yes              |
| 03            | Elector's photo Identity Card  | Yes               | Yes              |
| 04            | Ration/Public Distribution System card bearing photograph of the person  | Yes               | Yes              |
| 05            | Driving License  | Yes               | Yes              |
| 06            | Passport   | Yes               | Yes              |
| 07            | Pensioner Photo card   | Yes               | Yes              |
| 08            | National Rural Employment Guarantee Scheme (NREGS) Job card  | Yes               | Yes              |
| 09            | Caste or Domicile certificate bearing photo of the person  | Yes               | Yes              |
| 10            | Certificate of identity/address signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer as per annexure A prescribed in Form 49A  | Yes               | Yes              |
| 11            | Certificate from employer as per annexure B prescribed in Form 49A   | Yes               | Yes              |
| 12            | Kisan passbook bearing photo   | Yes               | No               |
| 13            | Arm's license  | Yes               | No               |
| 14            | Central Govt. Health Scheme /Ex-servicemen Contributory Health Scheme card   | Yes               | No               |
| 15            | Photo identity card issued by the government./ Public Sector Undertaking   | Yes               | No               |
| 16            | Electricity bill (Not more than 3 months old)  | No                | Yes              |
| 17            | Landline Telephone bill (Not more than 3 months old)   | No                | Yes              |
| 18            | Water bill (Not more than 3 months old)  | No                | Yes              |
| 19            | Consumer gas card/book or piped gas bill (Not more than 3 months old)  | No                | Yes              |
| 20            | Bank Account Statement (Not more than 3 months old)  | No                | Yes              |
| 21            | Credit Card statement (Not more than 3 months old)   | No                | Yes              |
| 22            | Depository Account Statement (Not more than 3 months old)  | No                | Yes              |
| 23            | Property registration document   | No                | Yes              |
| 24            | Allotment letter of accommodation from Government  | No                | Yes              |
| 25            | Passport of spouse bearing name of the person  | No                | Yes              |
| 26            | Property tax payment receipt (Not more than one year old)  | No                | Yes              |
| 27            | Letter issued by National Population Register containing details of name and address as an address   | No                | Yes              |
|               | <b>B. For Association of persons (Trusts)</b>  | Yes               | Yes              |
|               | Copy of trust deed or copy of certificate of registration issued by Charity Commissioner   |                   |                  |
|               | <b>C. For Association of persons (other than Trusts) or Body of Individuals or Local authority or Artificial Juridical Person)</b>   | Yes               | Yes              |
|               | Copy of Agreement or copy of certificate of registration issued by Charity commissioner or Registrar of Cooperative society or any other competent authority or any other document originating from any Central or State Government Department establishing identity and address of such person. |                   |                  |

(2) In case of a transaction in the name of a Minor, any of the above mentioned documents as proof of Identity and Address of any of parents/ guardians of such minor shall be deemed to be the proof of identity and address for the minor declarant, and the declaration should be signed by the parent/ guardian.

(3) For HUF any document in the name of Karta of HUF is required.

(4) In case the transaction is in the name of more than one person, the total number of persons should be mentioned in Sl. No. 18 and the total amount of transaction is to be filled in Sl. No. 16.

In case the estimated total income in column 22b exceeds the maximum amount not chargeable to tax, the person should apply for PAN, fill out item 21 and furnish proof of submission of application.



## ANNEXURE III

### INDEMNITY LETTER RELATING TO INSTRUCTIONS GIVEN BY EMAIL

To

IndusInd Bank Limited,

Notwithstanding anything to the contrary contained in any other document/ agreement, I/ We, the undersigned, hereby request and authorize you to act and rely on any instructions or communications for any purpose (including but not limited to the instructions/ communications pertaining to the operation of all my / our accounts or to any other facilities or services that may be provided by you from time to time) which may from time-to-time be or purport to be given by facsimile, untested telexes and faxes, telegraph, cable or email by me/ us including such instructions/ communications as may be purported to be given by those authorized to operate my/ our account(s) with you. I/ We understand and acknowledge that there are inherent risks involved in sending the instructions to you via facsimile, untested telexes and faxes, telegraph, cable or e-mails and hereby agree and confirm that all risks shall be fully borne by me/ us and I/ we assume full responsibility for the same, and I/ we will not hold the Bank liable for any losses or damages including legal fees arising upon your acting, or your failure to act, wholly or in part in accordance with the instructions so received.

In view of you agreeing, subject to the terms and conditions hereunder, to act upon the instructions as aforesaid, I/ We hereby irrevocably agree and undertake:

- That the Bank shall be entitled to act as you see fit, without incurring any liability whatsoever to me/ us or to any other person, upon any instructions for any purpose which may from time to time be or purport to be given by facsimile, untested telexes and faxes, telegraph, cable or e-mail by me/ us (including such instructions as may be or purported to be given by those authorized to operate my/ our account(s) with you), even if such instructions or communications are not followed up by written confirmation to the Bank.
- That the instructions shall be conclusively presumed for your benefit to be duly authorized by and legally binding on me/ us, and I/ We shall be fully responsible for the same.
- You shall not be responsible to ensure the authenticity, validity or source of any instructions and shall not be liable if any instructions turned out to be unauthorized, erroneous or fraudulent.
- That you shall be entitled (but not obliged) to keep records of our instructions given or made by facsimile, untested telexes and faxes, telegraph, cable or any other form of electronic communication in such form, physical or electronic, as you may in your sole discretion deem fit, and your records shall be conclusive and binding on me/ us. You shall be entitled to dispose of or destroy any such records at any time and determined by your sole discretion.
- That you shall be authorized to disclose all instructions as you may deem fit, to your affiliated, counter parties, service providers, regulators and other authorities or where you are required by law to do so or to protect the interest of your bank.
- That you shall be entitled to require any instruction in any form to be authenticated by use of any password, identification code or test as may be specified by you from time to time and I/ We shall ensure the secrecy and security of such password, code or test and I/ We shall be solely responsible for any improper use of the same and I/ We shall not make any claim on you.
- That, notwithstanding the above you may, under circumstances determined by you in your absolute discretion, require from me/ us confirmation of any instructions in such form as may specify before acting on the same; and I/ We shall submit such confirmation to you immediately upon receipt of your request. Pursuant to receipt of instructions, you shall have the right but not the obligation to act upon such instructions.
- That you shall not be liable to me/ us or any third party for, and that I/ We (jointly and severally) shall indemnify you and keep you indemnified from and against all claims either by me/ us or any other, actions, demands, liabilities, costs, charges, damages, losses, expenses and consequences of whatever nature (including legal fees on a full indemnity basis) and howsoever arising which may be brought or preferred against you or that you may suffer, incur or sustain by reason or on account of you having so acted whether wrongly or mistakenly or not, or of your failing to act wholly or in part in accordance with the instructions and the terms of this letter.
- That I/ We confirm that I/ We have the capacity and authority to accept this document and that this document constitutes our valid, legal, effective and enforceable obligation.
- That this undertaking cum indemnity letter shall be governed and construed in accordance with the laws of India and I/ We hereby submit to the exclusive jurisdiction of the courts in Mumbai.
- This undertaking is an irrevocable letter and binding on my/our heirs and assigns.

Yours faithfully,

E-mail ID\*: \_\_\_\_\_

*\*In case E-mail ID is not filled up here and you have opted for Instruction by Fax & E-mail, E- mail ID mentioned by you in the First Applicant details will be considered.*

Name: \_\_\_\_\_

Signature of First Applicant

Name: \_\_\_\_\_

Signature of Second Applicant

### FOR BANK USE ONLY

Account Office: ☐ Indian Branch ☐ Dubai ☐ Abu Dhabi ☐ London ☐ Others

Mode of Account Opening: ☐ Face to Face ☐ Non Face to Face

CUST ID: \_\_\_\_\_ Account No.: \_\_\_\_\_

Sourcing Executive Name: \_\_\_\_\_

Sourcing Executive Employee No.: \_\_\_\_\_

RM Name: \_\_\_\_\_

RM Employee No.: \_\_\_\_\_

Account opened in the CPU by: \_\_\_\_\_

Office Stamp:

Sourcing Executive Signature,  
Employee No.

Deputy Branch Manager and Branch Manager Signature,  
SS No. or Employee No. & Branch Round Stamp

## ANNEXURE IV

## REQUEST TO ADD A MANDATE HOLDER (FOR NRE & NRO ACCOUNT)

*\*Fields are mandatory*

Note: Mandate Holder must be a Resident Indian

Date:

D

D

M

M

Y

Y

Y

Y

To  
The Branch Manager  
**IndusInd Bank Limited**

Branch

Dear Manager

Sub: Request to add a Mandate Holder

I/ We wish to add a mandate in the account(s). Mentioned below are the details:

Name of Account Holder(s)\*: (1) |

and (2) 

[illegible]

**Given below are the details of the Mandate Holder**

Name of Mandate Holder\*: |

Customer ID of Mandate Holder\* (For Existing Customer only) CKYC ID:

Date of Birth\*: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 PAN: 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

 Gender\*: ☐ Male ☐ Female ☐ Third Gender

Communication address\*: |

[illegible]

E-mail address\*:

|   |  |
|---|--|
| Relationship with the first named account holder* |  |
|---|--|

(mention relationship)

**I wish to make available to the Mandate Holder**

☐ Debit Card *(For Domestic Use only)*

Notes:

- 1) Documentary proof includes Identity Proof, Address Proof and 1 Photograph.
- 2) Signature of all account holders is mandatory for mandate addition.

**Declaration by the Account Holder(s):**

I/We, the Account Holder(s) and the Mandatee (Holder of the Mandate Facility) have read and understood the IndusInd Bank Account Terms and Conditions in the Account Application Form as well as the Mandate Form. I/ We, the Account Holder(s) and the Mandatee, agree to be bound by the said Terms and Conditions excluding/ limiting your liability. I/ We, the Account Holder(s) also confirm that the Mandatee can avail of all facilities as provided/ will be provided to me/ us by IndusInd bank and I/ we authorize the Mandatee to conduct all local transactions permitted as per FEMA/ receive information on my/ our behalf.

I/We, the Account Holder(s) accept that at my/ our request you have agreed to provide the Mandatee (details as provided by me/ us above) the facility of carrying out banking transaction. I/We, the Account Holder(s) unconditionally agree that:

- (i) I/We shall not hold the Bank liable on account of the Bank acting on instructions from the Mandatee;
- (ii) in following such instructions, the Bank will be doing so on a best-effort basis and I/We/ the Mandatee shall not hold the Bank liable on account of delay or inability on the part of the Bank to act immediately or at all on any of my/ our/ the Mandatee instructions;
- (iii) the Bank may in its discretion, withdraw or suspend the facility wholly or in part at any time;
- (iv) in case of a Joint Account, the Bank may act on Instructions from either/ any of us/ the Mandatee;
- (v) the Bank may in its discretion decide not to carry out any instructions where the Bank has reason to believe (which decision of the Bank I/ we shall not question or dispute) that the instructions are not genuine or otherwise improper or unclear or raise a doubt;
- (vi) In the event there is a discrepancy in the particulars or details of any transactions carried out by the Bank in any of my/ our Account(s), I/We shall be obliged to intimate to you in writing any discrepancy in my/ our Account(s) within 10 days of receiving your advice or within 10 days from the date of receipt of my/ our periodic statement of account, whichever is earlier, failing which the transaction shall be deemed to be correct and as accepted by me/ us. In consideration of your providing the said facility, I/We agree to indemnify and hereby keep you indemnified from and against all actions, claims, demands, proceedings, losses, damages, costs, charges and expenses whatsoever which your Bank may at any time incur, sustain, suffer or be put to as a consequence of or by reason of or arising out of providing me/ us the said facility or by reason of your Bank in good faith taking or refusing to take or omitting to take action on my/ our/ the Mandatee instructions. I/We further certify that the details in my/ our/ the Mandatee relationship record are correct. I/We, the Account Holder(s) and the Mandatee further understand that the usage of the Mandatee ATM Card is restricted to India. I/We, the Account Holder(s) and Mandatee understand and acknowledge that IndusInd Bank reserves the absolute right to accept or reject this application in its sole discretion without assigning any reason thereof.

Yours truly,

**Permissible Operations by the Mandate Holder/ POA:**

- To draw cheques on the Account for local payments
- To deposit foreign currency cheques in the NR account on behalf of the account holder as permitted by RBI regulations
- To make NRE/ NRO Fixed deposits from balances available in the Account in Account Holder(s) names under the same Customer ID and renew such deposits for such periods as may be given in writing by the Mandate Holder
- To operate the account to facilitate making investments in India, as per the eligibility of the account holder to make investments in India
- To use Debit Card issued in respect of the mentioned Account
- To request for cheque book
- To change address for self
- Mandate Holder can request for re-issue of Mandate Holder card and Mandate Holders ATM PIN
- To activate an account from inactive/ dormant status to active
- Remittance to the account of the account holder held outside India

**Restrictions on the Mandate Holder/ POA:**

- Mandate Holder cannot open new Accounts, which has to be done by the Non-Resident Account Holder himself, except for transferring funds to a Fixed Deposit/ Recurring Deposit in the name of the account holder
- The Resident Mandate Holder/ POA is not permitted to repatriate outside India funds held in the account other than to the non-resident individual account holder nor make payment by way of gift to a resident on behalf of the non-resident account holder or transfer funds from the account to another NRO account
- Mandate holder cannot close the Account or do a premature liquidation of a Fixed Deposit/ Recurring Deposit
- Mandate Holder cannot request for re-issue of Account holder Debit Card, Account holder's PIN and request for change of address for the account holder
- Mandate Holder cannot deposit foreign currency into NRE account