DORMANT ACCOUNT ACTIVATION FORM

| | | | | | | | | Date: | DDI | M | ΥY | ΥΥ |
|--|--|--|---|------------------|---------------|--------------|---|---------------|----------|---------|----------|----------|
| То, | | | | | | | | | | | | |
| Branch Manager | | | | | | | | | | | | |
| IndusInd Bank | Ltd. | | | | | | | | | | | |
| Branch Name: Location, City: | | | | | | | | | | | | |
| Account No.: | | | | | | | CIF IE | D: | | | | |
| Name: | | | | | | | | | | | | |
| Dear Sir/Madam | , | | | | | | | | | | | |
| I/We confirm tha | at I/We have not oper | ated my/our abo | ove Account fo | or the following | reason | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | dusInd Bank to act arges prescribed to t | | | | e the accoun | t regularly | and maintai | in adequa | ate acco | unt b | alanc | e as per |
| | o update my/our com icy of the Bank. <i>(appl</i> | | | | nt/CIF and he | reby furnish | self-attested | copy of a | ddress p | oroof c | of the s | ame as |
| Flat No./ Bldg Name: | | | | | | | | | | | | |
| Road Name: | | | | | | | | | | | | |
| Landmark: | | | | | | | | | | | | |
| City: | | | | | | | | | PIN: | | | |
| State: | | | | | Count | ry: | | | | | | |
| Versue feithfullu | | | | | | | | | | | | |
| Yours faithfully, | | | | | | | | | | | | |
| (In case of Current Account, rubber stamp required) | | | (In case of Current Account rubber stamp required) | | | | (In case Current Act rubber st require | count, amp | | | | |
| Customer Signature / Authorised Signatory | | Customer Signature / Authorised Signatory | | | | | Customer Signature / Authorised Signatory | | | | | |
| | | | | | | | | | | | | |
| FOR BAI | NK USE ONLY | | | | | | | | | | | |
| ECN: | | | | | | | | | | | | |
| Employee Name: | | | | | | | | | | | | |

Request No:

Signature of DBM / BM

Created On: D D M M Y

IndusInd Bank