

ACCOUNT OPENING FORM FOR NON-INDIVIDUAL ENTITIES

COMMERCIAL AND CORPORATE BANKING

*Fields are mandatory

Date*: 06042018

Customer ID: (For existing customers)

Bar Code:
 For official use only

Branch Name:

CHOICE ACCOUNT NUMBER



Choose your Account Number: xx9000289329

(Select the last 10 digits of your account number) Allocation of account number is subject to the availability.

ENTITY NAME*

Entity Name (M/s.): DIGITAL SOLUTIONS PRIVATE LIMITED

REGISTERED ADDRESS*

Owned Rented/ Leased

Proof of address: Submitted Not submitted

Address 1: 83 - IMPERIAL BUILDING KASTURBA GANDHI MARG
Address 2: CONNAUGHT PLACE
Landmark: RAJEEV CHOWK METRO STATION
City: NEW DELHI PIN: 110001
State: DELHI Country: INDIA
Phone: 9000005678

COMMUNICATION ADDRESS*

Please tick if same as Registered Address

Proof of address: Submitted Not submitted

Address 1: 83 - IMPERIAL BUILDING KASTURBA GANDHI MARG
Address 2: CONNAUGHT PLACE
Landmark: RAJEEV CHOWK METRO STATION
City: NEW DELHI PIN: 110001
State: DELHI Country: INDIA
Phone: 9000005678

ADDITIONAL INFORMATION*

- Line of Business: Manufacturer Services Wholesale Trader Retail Trader Import/ Export
- Type of Entity: Sole Proprietorship Partnership Society Trust/ Association
 Limited Liability Partnership (LLP) Public Sector Unit - Central Public Sector Unit - State Public Limited Company
 Private Limited Company Financial Institution Other _____
- Nature of Industry: Agriculture Airlines Antique/ Art Dealer Arms Dealer
 Automobiles Banking Services BPO Business Correspondent
 Call Centre Cement Chemicals Chit Funds
 Construction/ Real Estate Consumer Durables Education Electronics
 Embassies/ Consulates Engineering FMCG Fertilisers/ Seeds/ Pesticides
 Gems & Jewellery Healthcare Hotel/ Restaurant Infrastructure
 IT/ ITES Leather Logistics Metals & Mining
 Media & Entertainment Money Changer/ Forex Dealer NBFC Oil & Gas
 Petrol Pump/ Gas Station Pharmaceuticals Political Party Power
 Religious Institution Retail Shipping Telecom
 Textiles Tobacco Travel & Tourism Stock/ Commodity Broker
 Other _____

No. of Employees: 0 to 20 21 to 50 51 to 100 Above 100

IE Code:

Annual Turnover (in crores): < 5 5 to 50 50 & above

Annual Projected Cash Transactions: 10 (in lakhs)

Total No. of expected monthly transactions (Debit & Credit):

Cash: 10

Cheque: 15

NEFT/ RTGS/ FT: 20

Salary Account required: Yes No

Date of Registration: 02042018

Place of Registration: NEW DELHI

PAN: ABEP11234G

GSTN: 9xxx234dd12234

Covered under MSME Segment: Yes No

Listed on Stock Exchanges: Yes No

Existing Credit Facilities with other Bank(s): Yes No
(if yes, please attach list of banks & facility details)

ACCOUNT TYPE*

Current Account Savings Account EEFC Account (Currency)
(Choose from the following currencies - USD, GBP, EUR, JPY, CAD, AUD)

Fixed Deposit Others

Mode of Operations: Single Joint Several As Per Board Resolution (please attach latest Board Resolution)

ACCOUNT SERVICES (Account updates, transaction advices and statements will be communicated to the key contact details provided below)

Key Contact Name*: SAMARTH SHARMA

Mobile*: 900012030002

Email*: DIGITECH12@SOLUTIONS.IN

Statement Preference: Physical (Monthly) Via Email (Frequency - Daily Monthly)

Balance Confirmation Advice: Via Email (Frequency - Monthly Quarterly)

Optional
Additional Email ID: DIGIACCOUNTS@SOLUTIONS.IN
(For account statement only)

FIXED DEPOSIT

Initial Payment:	<input type="checkbox"/> Cheque No.: <input type="text"/>	<input type="checkbox"/> Debit to linked Current/ Savings Account Number#: <input type="text"/>
FD Instruction:	Amount: <input type="text"/> . <input type="text"/>	Rate of Interest: <input type="text"/> . <input type="text"/> %
	Tenure: <input type="text"/> Months <input type="text"/> Days	Premature Withdrawal Required ⁵ : <input type="checkbox"/> Yes <input type="checkbox"/> No

	OPTION 1	OPTION 2
Interest Frequency⁵⁵: <small>(Please fill only for deposits > 180 days)</small>	<input type="checkbox"/> Reinvestment	<input type="checkbox"/> Payout Quarterly <input type="checkbox"/> Payout Monthly
Maturity Instructions:	<input type="checkbox"/> Renew Principal and Interest <input type="checkbox"/> Renew Principal and Pay Back Interest <input type="checkbox"/> Do not Renew	<input type="checkbox"/> Renew Automatically <input type="checkbox"/> Do not Renew

Interest Payment and Maturity Payment Instructions:	<input type="checkbox"/> Credit to linked IBL account#	<input type="checkbox"/> Issue Pay Order
	<input type="checkbox"/> RTGS/NEFT@ (IFSC Code: <input type="text"/>)	Account No.: <input type="text"/>

Sweep-in Facility[#]:	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Linking of Fixed Deposits with Current/ Savings Account for fulfillment of any shortfall(s) in the Savings/ Current Account)
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[#]Linked Current/ Savings Account will be applicable for initial payment, interest/ maturity payment, and sweep in facility, if selected.
⁵For deposits booked under 'Premature Withdrawal Not Allowed' scheme - In case of renewal, these deposits will be rolled over to 'Premature Withdrawal Allowed' scheme at the prevailing rate of interest.
⁵⁵For deposit invested up to a period of 180 days, interest will be paid at maturity.
[@]Third Party maturity payment not allowed.
 If TDS is not to be deducted, please submit Income Tax Exemption letter along with this Form.

AUTHORISED SIGNATORIES (Customer information inputted below will be further updated across Bank records and will be referred to for KYC purposes)

1 Existing Customer of IndusInd Bank#: Yes No Customer ID:

OR Existing Authorised Signatory to other IndusInd Bank Account#: Yes No Account No.:

#(If Yes, leave the rest of this section blank)

Name*: A S H O K T O N D O N

Mother's Name*: S A R I T A T O N D O N

Father/ Spouse Name: H A R I S H T O N D O N

Residential Address*: A - 3 2 5 6 P A S H I C H V I H A R N E W D E L H I
D E L H I PIN: 1 1 0 0 8 7

Occupation: Business Professional Service-Govt. Service-Private Service-Public

Gender*: Male Female TG Nationality*: Indian Others

Aadhaar No.*: 1 2 3 4 5 6 7 8 9 0 1 2 PAN*: W E K J I E 1 2 L A DoB*: 1 0 0 2 1 9 8 8

Mobile No.*: 9 0 0 0 0 1 2 0 0 0 2 0 Email ID*: A S H O K @ S O L U T I O N S . I N

DIN: CKYC ID: (Applicable for Directors in Company/LLP)

Sample Stamp
Director
Signature with Stamp

Recent Passport Size Photograph to be signed across the photograph

*Fields are mandatory

2 Existing Customer of IndusInd Bank#: Yes No Customer ID:

OR Existing Authorised Signatory to other IndusInd Bank Account#: Yes No Account No.:

#(If Yes, leave the rest of this section blank)

Name*: K U S H A G R A M A N C H A N D A

Mother's Name*: P R E R N A M A N C H A N D A

Father/ Spouse Name: A S H I S H M A N C H A N D A

Residential Address*: D - 3 2 E A S T P A T E L N A G A R , N E W D E L H I
D E L H I PIN: 1 1 0 0 0 8

Occupation: Business Professional Service-Govt. Service-Private Service-Public

Gender*: Male Female TG Nationality*: Indian Others

Aadhaar No.*: 2 9 8 7 6 5 4 3 1 2 4 5 PAN*: D B J D 1 2 M K D 1 DoB*: 1 8 0 1 1 9 8 9

Mobile No.*: 9 0 0 0 0 2 0 0 3 0 3 3 Email ID*: K U S H A G R A @ D I D T E C H . I N

DIN: CKYC ID: (Applicable for Directors in Company/LLP)

Sample Stamp
Director
Signature with Stamp

Recent Passport Size Photograph to be signed across the photograph

*Fields are mandatory

3 Existing Customer of IndusInd Bank#: Yes No Customer ID:

OR Existing Authorised Signatory to other IndusInd Bank Account#: Yes No Account No.:

#(If Yes, leave the rest of this section blank)

Name*: L A L I T G O E L

Mother's Name*: B A B I T A G O E L

Father/ Spouse Name: S A N J E E V G O E L

Residential Address*: F L A T N U M B E R - 2 E M R A L D T O W E R
J A Y P E E G R E E N S , N O I D A PIN: 2 0 1 3 0 1

Occupation: Business Professional Service-Govt. Service-Private Service-Public

Gender*: Male Female TG Nationality*: Indian Others

Aadhaar No.*: 7 7 4 9 8 3 4 9 3 0 3 0 PAN*: T U Y F U 8 0 2 J 2 DoB*: 2 3 0 5 1 9 8 4

Mobile No.*: 9 8 4 7 3 9 3 0 0 3 3 3 Email ID*: L A L I T @ D I G I T E C H . I N

DIN: CKYC ID: (Applicable for Directors in Company/LLP)

Sample Stamp
Authorised Signatory
Signature with Stamp

Recent Passport Size Photograph to be signed across the photograph

*Fields are mandatory

4 Existing Customer of IndusInd Bank#: Yes No Customer ID:

OR Existing Authorised Signatory to other IndusInd Bank Account#: Yes No Account No.:

#(If Yes, leave the rest of this section blank)

Name*:

Mother's Name*:

Father/ Spouse Name:

Residential Address*:

PIN:

Occupation: Business Professional Service-Govt. Service-Private Service-Public

Gender*: Male Female TG Nationality*: Indian Others

Aadhaar No.*: PAN*: DoB*: D D M M Y Y Y Y

Mobile No.*: Email ID*:

DIN: CKYC ID: (Applicable for Directors in Company/LLP)

Signature with Stamp

Recent Passport Size Photograph to be signed across the photograph

*Fields are mandatory

<input checked="" type="checkbox"/> New CIB Set Up	<input type="checkbox"/> Modification to existing CIB Set Up (Existing CIB ID: <input style="width: 100px; border: none; border-bottom: 1px solid black;" type="text"/>)
Type of access:	
<input type="checkbox"/> View Access	<input checked="" type="checkbox"/> Transaction Initiation

User details	Name	ASTITAV SHARMA	KUSHAGRA MANCHANDA	User - 3	User - 4	
	Preferred User ID ¹ (See details below)	A S 1 2 3 4	K U S H 9 8 1 8			
	Mobile No.	9 0 0 3 8 8 8 8 0 9	9 0 0 7 6 0 0 9 8 9			
	Email ID	ASTITAV@DIGITECH.IN	KUSH@DIGITECH.IN	User - 3	User - 4	
	Account Number ² (See details below)					
Payments	Product Type ⁵ (See details below)	ALL User - 1	ALL User - 2	User - 3	User - 4	
	User Role ^{**} (See details below)	I User - 1	A User - 2	User - 3	User - 4	
	Per Day Limit ^{***} (See details below)	15,00,000 User - 1	15,00,000 User - 2	User - 3	User - 4	
Trade	Product Type [#] (See details below)	ALL User - 1	ALL User - 2	User - 3	User - 4	
	User Role ^{##} (See details below)	I User - 1	A User - 2	User - 3	User - 4	

Authorisation matrix to be in line with Board Resolution (BR) - Please attach Board Resolution

For more users, add annexure as per table above.

Preferred User ID:

¹User ID Specifications: (Character length - Min 8, Max 10, Alpha-numeric characters, no special characters). User ID mentioned here will be assigned subject to availability.

Account Number:

²Leave blank if new account is being opened.

Payments:

⁵Product Types: ALL - All Products, N - National Electronic Fund Transfer(NEFT), R - Real Time Gross Settlement (RTGS), I - Internal Fund Transfer Outward (IFTO), IM : Immediate Payment Service (IMPS), CC - Corporate Cheque, DD - Demand Draft.

^{**}User Role for Payments: I - Initiator/ Maker, A - Authoriser/ Checker, R - Releaser, RW - Reviewer, V - View Only. Please ensure users designated as "A" are authorised as per Board Resolution.

^{***}In case no limits are specified, the limits as per the Board Resolution will be assigned subject to default Portal Limits.

Trade Services:

[#]Product Type: BG - Bank Guarantee, SG - Shipping Guarantee, LC - Letters of Credit, TCOLL - Trade Documents for Collection, ALL - All Products.

^{##}User Role for Trade: I - Initiator/ Maker, A - Authoriser/ Checker. Please ensure users designated as "A" are authorised as per Board Resolution. Day limits are not applicable for Trade Services.

New products, as and when offered on CIB, will be enabled for the registered users.

ADDITIONAL SERVICES (Please indicate additional services you are interested in. Our product specialist will reach out to you accordingly)

Trade and Forex:	<input type="checkbox"/> Trade Products	<input type="checkbox"/> Forex Remittance	<input checked="" type="checkbox"/> Forwards	<input type="checkbox"/> Derivatives
Loans:	<input checked="" type="checkbox"/> Working Capital Loan	<input type="checkbox"/> Term Loan	<input type="checkbox"/> Project Finance	<input type="checkbox"/> Loan Syndication
Advisory:	<input type="checkbox"/> Investment Banking Services			
Cash Management Services:	<input checked="" type="checkbox"/> Collections	<input type="checkbox"/> Special Payments		

DECLARATIONS (MANDATORY)

Declaration for FATCA & CRS

Entity Type: <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Non-Financial	Country of Incorporation: <input style="width: 100px; border: none; border-bottom: 1px solid black;" type="text"/> I N D I A
GIIN No.: <input style="width: 100px; border: none; border-bottom: 1px solid black;" type="text"/>	City of Incorporation: <input style="width: 100px; border: none; border-bottom: 1px solid black;" type="text"/> D E L H I

1. I/ We declare that the entity is tax resident of any country other than India Yes No (If Yes, please fill Part A & B)

2. The Controlling Person/ Ultimate Beneficial Owner/ Proprietor is tax resident of any country other than India Yes No (If Yes, please fill Part C)

Part A (To be filled if YES is declared for the above statements except for Proprietorship customer)

Customer Identification No.: <input style="width: 100px; border: none; border-bottom: 1px solid black;" type="text"/>	Issuing Country: <input style="width: 100px; border: none; border-bottom: 1px solid black;" type="text"/>
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Address used for Tax Purpose/ reported to Tax Authorities in foreign country:

Registered Communication Business Other (If business or other, provide the address)

Address:

Details of Country/ies in which the entity is resident for tax purpose and the associated Tax ID No.:

Country	Tax Identification Number (or equivalent)	Identification Type (TIN or Other please specify)

***This is a sample form for indication and reference purpose only.**

Part B (To be filled by Non-Financial Entities)

Entity is: Traded in Stock Exchange Subsidiary of listed company Controlled by a listed company Not listed

Name of the listed company: Name of the stock exchange:

Type of non-financial entity: Active Passive

Part C (To be filled by Passive Non-Financial Entities for Controlling Person and Proprietor, use additional form for any additional controlling person or beneficial owners)

Name⁵:

DoB: Country of Tax Residency#:

Beneficial Interest: PAN:

Father's Name:

Residence Address:

⁵Name of Controlling Person/Ultimate Beneficial Owner/Proprietor #Address reported/updated with Tax authorities

Details of Country/ies in which the entity is resident for tax purpose and the associated Tax ID number:

Country	Tax Identification Number (or equivalent)	Identification Type (TIN or other please specify)

Country of Birth: City of Birth: Nationality:

Occupation Type: Service Business Other Identification type: Passport DL PAN Govt. ID Card Other

Declaration:

I/ We are aware and abide by the rules, terms and conditions institutionalised by Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS). I/ We are aware and abide by the notification passed by the Central Board of Direct Taxes on 7th August 2015 (Rules 114F to 114H), as part of the Income Tax Rules, 1962. I/ We concur to comply and share information as and when requested by/ to IndusInd Bank Ltd in order to ensure conformity to the above standards. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not been issued, please provide an explanation and attach this to the form.

◆ Declaration for Corporate Internet Banking

I/ We have read the terms and conditions and all such documents in respect of the aforesaid Corporate Internet Banking facility displayed on www.indusind.com. I/ We have understood the same and I/ We agree to abide by and be bound by the terms as are in force from time to time and confirm that such terms & conditions shall form an integral part of this form. I/ We hereby indemnify and keep indemnified the Bank against any costs, charges, claims, disputes and consequences howsoever and whatsoever arising out of any act/ omission/ breach on our part whilst availing the Corporate Internet Banking facility.

◆ General Declaration

- I/ We are aware and abide by the terms & conditions institutionalised by IndusInd Bank Ltd, its Citizens' Charter & Deposit Policy to carry out lawful banking through all its registered banking channels and affiliates; details of which are articulated on www.indusind.com and have been understood & agreed to without any ambiguity.
- I/ We concur to declare legitimate information to IndusInd Bank Ltd at all times, during the course of obtaining lawful banking services; failing which, support and authorise the bank to initiate all necessary action to safeguard its interest and that of its clients.
- I/ We concur, abide and support all compliant regulatory proceedings initiated by IndusInd Bank Ltd towards its clients in cases of insolvency, defaulting, violation of Statutory Banking norms & Acts or any other fraudulent activities with/ without sufficient intimation.
- I/ We concur and authorise IndusInd Bank Ltd and its registered banking affiliates to undertake periodic checks, enquiries and thereby part information about its clients as and when deemed necessary in adherence to Statutory Banking norms and Data Protection regulations.
- I/ We concur to have clearly understood all information (benefits, charges, channels, clauses & procedures) provided to me/ us, pertaining to the banking service, I/We wish to obtain via this Account Opening Form and hereon authorise IndusInd Bank Ltd to initiate all proceedings to facilitate me/ us with agreed banking services.
- I/We voluntarily give my/ our consent to IndusInd Bank to use my/our Aadhaar details to authenticate me/ us from UIDAI and link the Aadhaar Number to all my/our existing/ new/ future accounts and Customer Profile (CIF) with your Bank.
- I/ We certify that all the information furnished by me/ us is true. I/ We authorise and give consent to the Bank or its agents to make references/ enquiries as may be necessary and to disclose, without notice to me/us, information furnished by me/us in application form(s)/related documents or exchange/ share/ part with any/ all information including financial details with Credit Bureaus/ Statutory Bodies/ Regulatory Authority/ Law Enforcement Authority, other agencies as may be deemed necessary or appropriate, at any point of time. I also authorise the Bank to disclose the information relating to Bank Guarantee/ Letter of Credit facility if any availed by me/ us. I/We waive the privilege of privacy & privity of contract.
- I/ We have obtained, read, understood and agree to the Terms and Conditions governing the opening of an account with IndusInd Bank Ltd. (the Bank), and those relating to various Services including but not limited to a) ATM b) Phone Banking c) Debit Card d) Net Banking e) Payment Gateway f) Alert Services g) Fixed Deposits/ Recurring Deposits, available at Bank's website www.indusind.com

◆ Guidelines

Current Account: Current Accounts can be opened by Individuals, Proprietorship Firms, Partnership Firms, Private & Public Limited Companies, HUFs, Societies, Trusts etc. No Interest is paid on credit balance kept in Current Account. **KYC:** While opening an account, the Bank shall satisfy itself about the address, identity of a person(s) & entity seeking to open an account to assist in protecting the prospective customer(s), members and the Bank against fraud and other misuses of the banking system. The Bank is required to obtain recent photograph/s of the person(s) opening/ operating the account. Person/ entity who has been allotted PAN Number by Income Tax Department is required to quote the number in the Account Opening Forms. Others need to give a Declaration in Form 60 (non-agricultural) or Form 61 (agricultural). Welcome Kit (if applicable) will be delivered to mailing address only. If you do not receive welcome kit in 2 weeks from the date of acknowledgment, please call us at 1860 500 5004 or email at reachus@indusind.com

Date:

Place:



Signature of Applicant 1



Signature of Applicant 2



Signature of Applicant 3

Signature of Applicant 4

◆ Declaration for Email and Fax Indemnity (If applicable)

- The Customer hereby requests and authorises the Bank to, from time to time (at the Bank's discretion), rely upon and act in accordance with the instruction which may from time to time be or purport to be given in connection with or in relation to the said Account(s) by facsimile/email by the Customer or the person(s) authorised by the Customer to act on the Customer's behalf ("Authorised Persons").
- The Customer hereby agrees and undertakes to send/ receive instructions to/ from the Bank by email from the email address ASTITAV@DIGITECH.IN and facsimile number 9000923785.
- The Customer acknowledges the inherent risks involved in sending the instructions/ communications/ documents to the Bank via facsimile, untested telexes and faxes, telegraph, cable or emails and hereby agree and confirm that all risks shall be fully borne by them and assume full responsibility for the same, and undertake to indemnify the Bank and keep the Escrow Agent indemnified from and against all claims by any third party 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 the Bank or that the Bank may suffer, incur or sustain by reason or on account of the Bank having so acted whether wrongly or mistakenly or not, or of the Bank failing to act wholly or in part in accordance with the instructions so received which could be a result of any miscommunication, or technological error beyond the control of the Bank considering the mode in which the same was conveyed.

Name, Designation, Signature & Stamp: ASTITAV SHARMA - DIRECTOR



Name, Designation, Signature & Stamp: KUSHAGRA MANCHANDA - DIRECTOR

◆ Declaration for Sole Proprietorship Firms (If applicable)

I am aware, abide and comply with all statutory norms and regulations laid out by the Indian Proprietorship Act 1908. I concur to operate in strict accordance to its Rules encompassing Ownership, Management, Source of Capital, Legal Status & Formalities, Liability and Stability. I concur to comply and share information as and when requested by/ to IndusInd Bank Ltd in order to ensure conformity to the above standards.

Do you have an existing account: Yes No

I refer to the account opened by you in the name of M/s. _____ and declare as under:

I declare that I have an existing CA/ CC/ SB Account No. _____ with _____ Bank in the name _____ of _____ for the last _____ years. _____ Signature

NOMINATION FORM DA1 (Only for Sole Proprietorship Firms/ Please choose any of the below option)

I hereby confirm that I do not require any nomination facility on my bank deposit.

I 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 bank deposits.

I 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.

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 appoint _____ to receive the amount of the deposit in the account on behalf of the nominee in the event of my/ minor's death during the minority of nominee.

Signature/ Thumb impression of the depositor

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

⁵Where 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.

◆ Declaration for Partnership Firms/ LLP (If applicable)

We, the undersigned, are carrying on business in Partnership/ LLP in the name and style of _____ We are aware, abide and comply with all statutory norms and regulations laid out by the Indian Partnership Act 1932. We concur to operate in strict accordance to its Rules encompassing Formation, Liability, Continuity and Members. We concur to comply and share information as and when requested by/ to IndusInd Bank Ltd in order to ensure conformity to the above standards.

Date: DDMMYY

Place: _____ Signature _____ Signature _____ Signature _____ Signature _____

◆ Declaration for Trusts/ Associations/ Societies/ Clubs (If applicable)

Type of account: FCRA Non FCRA

The account will be operated by signatories who has/ have been authorised by the Bye-laws/ Memorandum of Association/ Articles of Association/ Trust Deed/ and Resolution No. _____ dated _____ of the Trustees/ Director/ Authorised signatories. A copy of the Bye-laws/Trust Deed/Memorandum of Association and Articles of Association dated _____ duly certified is sent herewith. We are aware, abide and comply with all statutory norms and regulations laid out by the Indian Trusts Act 1882 and the Foreign Contribution Regulation Act (FCRA) as governed by the Ministry of Home Affairs, India. We concur to operate in strict accordance to the FCRA Act and Rules and certify that this is the only FCRA Account opened and held by the Trust. We abide to seek prior permission from the Ministry of Finance for accepting any foreign contribution. We concur to comply and share information as and when requested by/ to IndusInd Bank Ltd in order to ensure conformity to the above standards.

Name & Signature of Trustees

- _____
- _____
- _____
- _____

FOR BANK USE ONLY

Initial Pay-In Details: Yes No

Mode of Payment: A/c Payee Cheque Debit existing A/c

Cheque No.: _____	Date: <u>DDMMYY</u>
Existing Account No.: _____	Amount: _____
Product Code: _____	Customer ID: _____
Account No.: _____	CIF ID: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Segment Code: _____	Sourcer Code: _____ Branch Code: _____
Any of the related party# is PEP: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Name of the PEP (Politically Exposed Person): _____)	

#Proprietor, Partners, Authorised Signatory, Members, Trustees, Beneficial Owners etc

KNOW YOUR CUSTOMER (KYC) CHECKLIST

Constitution	Document Type
Common to All	<ul style="list-style-type: none"> <input type="radio"/> Completed account opening form duly filled with photograph (signed across) of authorised signatory/ies. <input type="radio"/> Copy of all KYC documents of individuals/ authorised signatories as per KYC guidelines for an entity should be self-attested. <input type="radio"/> Copy of all entity documents submitted should be attested as indicated in below categories.
Sole Proprietor	<ul style="list-style-type: none"> <input type="radio"/> 1. Copy of proprietor's PAN Card and Aadhaar Card is mandatory. Other acceptable documents: Passport, Voter's ID, Driving Licence, etc. <input type="radio"/> 2. Proof of existence (two) in the name of the Proprietary Firm. Documents accepted as 1st existence proof: GST certificate, Licence issued by the municipal authorities under Shop and Establishment Act, IEC certificate. Documents accepted as 2nd existence proof: Utility bills - power, water, landline (not more than 2 months old from the date of application), last 3 month's bank statement of the firm.
Partnership	<ul style="list-style-type: none"> <input type="radio"/> 1. Copy of PAN Card of the firm (proof of existence) <input type="radio"/> 2. Copy of Registration Certificate (if registered firm, issued by Registrar of Firms) <input type="radio"/> 3. Copy of Registered Partnership Deed. (existence and address proof if duly authenticated by Registrar of Firms) or copy of un-registered not notarised partnership deed duly signed by all the partners. <input type="radio"/> 4. Address proof in the name of firm. Acceptable documents: GST certificate, Licence issued by the municipal authorities under Shop and Establishment Act, IEC certificate, latest IT assessment order, last 3 month's bank statement of existing firm, etc. <input type="radio"/> 5. Present list of Partners with name and address duly signed by all partners. <input type="radio"/> 6. Letter signed by all the partners in respect of the person authorised to transact on its behalf/ authorised signatory. <input type="radio"/> 7. Beneficial Ownership Declaration (to be signed as per instructions given in prescribed format). <input type="radio"/> 8. Copy of PAN Card/ Form 60 (as applicable) and Aadhaar Card is mandatory for all eligible authorised signatories including Partners. Document 5, 6 & 7 to be taken on company letterhead. All above documents to be signed as per mode of operation with firm's rubber stamp. Note: If partnership firm is unregistered, all Partners are required to sign the account opening form irrespective of mode of operation in the account.
Limited Liability Partnership	<ul style="list-style-type: none"> <input type="radio"/> 1. Copy of PAN Card of LLP (proof of existence). <input type="radio"/> 2. Copy of Certificate of Incorporation issued by Ministry of Corporate Affairs (proof of existence and address). <input type="radio"/> 3. Copy of LLP Agreement. <input type="radio"/> 4. Board Resolution signed by all designated partners. <input type="radio"/> 5. Form 3 (information with regard to LLP agreement and changes, if any made therein). <input type="radio"/> 6. Proof of address of the LLP (in case it varies from certificate of incorporation). Acceptable documents: GST certificate, Licence issued by the municipal authorities under Shop and Establishment Act, IEC certificate, Latest IT assessment order, last 3 month's bank statement of existing firm, etc. <input type="radio"/> 7. Beneficial Ownership Declaration (to be signed as per instructions given in prescribed format) <input type="radio"/> 8. Copy of PAN Card/ Form 60 (as applicable) and Aadhaar Card is mandatory for all eligible Authorised Signatories/ Partners/ Directors. Document 4 & 7 to be taken on company letterhead. All above documents to be signed as per mode of operation with firm's rubber stamp.
Private / Public Limited Company	<ul style="list-style-type: none"> <input type="radio"/> 1. Copy of PAN Card of the Company (proof of existence). <input type="radio"/> 2. Copy of certificate of Incorporation (proof of existence and address). <input type="radio"/> 3. Certified copy of latest Memorandum & Articles of Association (first & last page should be self-attested). <input type="radio"/> 4. For Public Limited Company - Copy of Certificate of Commencement of Business issued under Companies Act 1956. (i.e. If incorporated before April 1, 2014 under Companies Act 1956). <input type="radio"/> 5. Certified copy of Board Resolution to open & operate an account, signed by two Directors or Company Secretary (CS). <input type="radio"/> 6. List of present Directors and their addresses and telephone numbers, DoB, Nationality or List of Directors copy downloaded from MCA website. (Any one Director can sign list of Director's taken from MCA website with firm's rubber stamp). <input type="radio"/> 7. Proof of Address of the Company (in case it varies from certificate of incorporation). Acceptable documents: GST certificate, Licence issued by the municipal authorities under Shop and Establishment Act, IEC certificate, Latest IT assessment order, Professional Tax certificate, Trade Licence issued by State/ Central Government, last 3 month's bank statement of existing firm, etc. <input type="radio"/> 8. Beneficial Ownership Declaration (to be signed as per instructions given in prescribed format). <input type="radio"/> 9. Copy of PAN Card/ Form 60 (as applicable) and Aadhaar Card is mandatory for all eligible Authorised Signatories/ Partners/ Directors/ Company Secretary (in case Board Resolution is certified by Company Secretary) Document 5, 6 & 8 to be taken on company letterhead. All above documents to be signed as per mode of operation with firm's rubber stamp.

ACKNOWLEDGMENT

I/ We have applied for opening a Current Account/ Savings Account/ Term Deposit with IndusInd Bank. The payment details are as follows:
Variant: _____ Average Monthly Balance/ Quarterly throughput: _____

Barcode:

Customer Name (M/s.):

Amount (₹): paid by Cheque No.: Bank:

Name of Bank Official:

Contact No. of Sourcer: Acknowledgment Date:

Signature of Bank official

