



PIONEER
the lost art of wealth management

IndusInd Bank

ARN-0633

Registration No.: (Please fill in Block letter and ☒ relevant boxes)

INVESTMENT SERVICES FORM (ISF)

I/We request you to open an Investment Services Account to transact in Mutual Funds and link the same to the existing/new Bank account mentioned below

ACCOUNT HOLDER DETAILS

INVESTMENT SERVICES ACCOUNT HOLDERS:

Primary Holder:

1st Joint Holder:

2nd Joint Holder:

Guardian Name:
(In case the first applicant is a Minor)

PAN No.: Customer ID:

Karta Name:
(In case the first applicant is a HUF)

PAN No.: Customer ID:

Tax Status: ☐ Resident ☐ Proprietorship ☐ HUF ☐ NRI-Repatriable ☐ NRI-Non Repatriable

Occupation: ☐ Private Sector Service ☐ Public Sector Service ☐ Retired ☐ Housewife ☐ Professional
☐ Student ☐ Business ☐ Agriculturist ☐ Others

	Primary Holder/Guardian/Karta	1 st Joint Holder	2 nd Joint Holder
PAN (Mandatory)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Customer ID	<input type="text"/>	<input type="text"/>	<input type="text"/>
	CVL KRA Verified <input type="checkbox"/>	CVL KRA Verified <input type="checkbox"/>	CVL KRA Verified <input type="checkbox"/>
IndusInd Bank A/c No.: (in case of existing customer)	<input type="text"/>	AOF Application No.: (in case of new account)	<input type="text"/>

Mode of Operation: ☐ Single ☐ Either or Survivor ☐ ISF ☐ Minor through Guardianship PAN and CVL KYC compliance details are mandatory for all Holders that form part of Mutual Fund Holding Pattern

LINKED ACCOUNTS (Mandatory. Please provide information for at least One Account)

A/c. Number	A/c. Number		A/c. Number
Customer ID	Customer ID		Customer ID
Sr. No.	1 st Holder	2 nd Holder	Sr. No.
Name			Name
Signature			Signature

CONTACT DETAILS

Address (1st Holder/ Guardian/ Karta)

City: State:

PIN: Mobile:

Tel. Residence: - Tel. Office: -

E-mail:

Overseas Address
(Mandatory in case of NRIs):

City: State: PIN:

Country: Mobile:

Tel. Residence: - Tel. Office: -

E-mail:

*(The product offering covers, product information, research reports / statement (if any) which would be sent regularly to this ID)

NOMINATION DETAILS (for Mutual Fund Units Held) - (Mandatory)

Nomination required: ☐ Yes ☐ No (Choose any one from the below mentioned options)

☐ I/ We have been explained about the benefits of the nomination facility. However, I/ we would like to inform you that I/ we do not wish to provide nomination for my/ our Mutual Fund units..

☐ I/ We _____ do hereby nominate the person on the day of in respect of units held by me/ us.

Name & Address
(of Nominee):

Date of Birth

(If nominee is minor):

Relationship with Applicant:

Name of Guardian (Mandatory - If nominee is minor):

Relationship with minor:

Address of Guardian:

Signature of Guardian (Mandatory - If nominee is minor)

DECLARATION

I/We hereby declare that all the information and statements provided in the application form and all related documents are true, correct and accurate to the best of my/our knowledge. I/We hereby accept that any misrepresentation contained therein shall lead to my/our application being rejected, and the Bank shall be at liberty to take relevant legal recourse. Further, in the event of any change or modification in any of the information provided in the application form and/ or any related document, I/We hereby undertake to notify the same to the Bank immediately in writing.

Mandate:

I/We authorize IndusInd Bank Ltd. to link the above mentioned IndusInd Bank Account/New Account maintained/being opened by me/us to the Investment Services Account and to transfer funds in any form and manner including but not limited to by way of debit/credit of my/our account, and issue pay-orders/ demand drafts/banker's cheque, from my/our account for the purchase, redemption, switch, receipt of dividends or any such acts for Mutual Fund units in pursuance of the instructions given by me/us from time to time. I/We hereby state that all the acts, deeds and things done by the Bank based on such instructions shall be binding on me/us. This mandate by me/us is to be adhered to by the Bank in respect of all actions permitted by the RBI and/or relevant regulations as applicable from time to time. I/We, the second and or third holders, irrevocably constitute the first holder as my/our agent. I/We, the second and third holders agree that the instructions given by the first holder to purchase mutual funds would be funded through the Bank account mentioned herein. I/We, the second and third holders agree that the instructions may be given by the first holder in the name of the first holder only or first holder jointly with any other person to the exclusion of second & third holders. The second and the third holders will not raise any objections to the Bank acting on such instructions.

Date:

Place:

Signature of the Primary Holder (ISL)

Signature of 1st Holder (ISL)

Signature of 2nd Holder (ISL)

*Mandatory: All applicants need to be KYC compliant for opening Investment Service Account

FOR OFFICE USE ONLY

CHECK LIST

TICK HERE

Received & Checked by: _____

Entered by: _____

Referrer Name: _____

Sourcer Name: _____

Sourcer EUIN:

Branch Name: _____

Branch City: _____

Account No.:

iWorkS No. (ISA):

AOF No. (CASA):

CVL KRA Compliance: ☐ Yes ☐ No

PAN: ☐ Yes ☐ No

Address Proof: ☐ Yes ☐ No

ECN:

ECN:

ECN:

ECN:

Branch Code:

Account Type:

Introducer & Manager CSOP/
Branch Manager

FATCA

FATCA Submitted: ☐ Yes ☐ No

ACKNOWLEDGEMENT SLIP INVESTMENT SERVICES FORM (TO BE FILLED IN BY BANK STAFF)

Registration No.:

Date:

Received from: _____ Branch Name: _____

Signature of Introducer & Manager CSOP/Branch Manager: _____

Bank
Seal

Annexure I - NOMINATION FORM

(For use only by Individual Unit Holders for registering a Nominee or cancelling an existing Nomination)

Investment Account No.:

Details to be filled in English, in black/dark-coloured ink and in BLOCK CAPITALS.
Please strike out any section not required.

REGISTRATION OF NOMINATION DETAILS (Please strike out if your request is not for registration of Nominee)

I/We

do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/our Investment Account Number in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustees. This instruction supersedes all previous nominations made by me/us in respect of the Investment Account Number indicated above.

1st Nominee Details

Guardian Details (if Nominee is a Minor, strike out if not applicable)

Name:

Address:

City:

State: PIN:

Allocation %:

Date of Birth (in case of Nominee is Minor):

Name:

Address:

City:

State: PIN:

Signature of Guardian (Mandatory)

2nd Nominee Details

Guardian Details (if Nominee is a Minor, strike out if not applicable)

Name:

Address:

City:

State: PIN:

Allocation %:

Date of Birth (in case of Nominee is Minor):

Name:

Address:

City:

State: PIN:

Signature of Guardian (Mandatory)

3rd Nominee Details

Guardian Details (if Nominee is a Minor, strike out if not applicable)

Name:

Address:

City:

State: PIN:

Allocation %:

Date of Birth (in case of Nominee is Minor):

Name:

Address:

City:

State: PIN:

Signature of Guardian (Mandatory)

CANCELLATION OF NOMINATION (Please strike out if your request is not for cancellation of Nomination)

Cancel the nomination made by me/ us in favour of the under mentioned in respect of Units held by me/ us in the above referred Investment A/c No.

Nominee Name

Guardian Name (in case of Nominee is Minor)

Nominee 1:

Nominee 2:

Nominee 3:

Guardian of Nominee 1:

Guardian of Nominee 2:

Guardian of Nominee 3:

If the mode of holding is single & the existing nomination(s) is cancelled without any further nomination, it shall be construed as a deemed consent of that investor for not having any nominee in the existing Investment A/c No.

UNIT HOLDER(S) SIGNATURE(S) (All Unit Holders must sign) - (Mandatory)

1st unit holder

2nd unit holder

3rd unit holder

Date:

ACKNOWLEDGEMENT

Received from 1st unit holder 2nd unit holder 3rd unit holder

an application for ☐ Registration of Nominee ☐ Cancellation of Nominee in Investment Account No.

1. I have read and understood the product Literature comprising of offer document/Key Information Memorandum and other related document with respect to above mentioned Mutual Fund schemes.
2. I have been informed about the key features and risk factors of the scheme(s)/products pertaining to the various mutual fund schemes distributed/referred by the Bank. I hereby agree to abide by and be bound by the terms, conditions rules and regulations thereof.
3. I further confirm that any transaction I have decided to make is being made at my own risk, having read and understood all relevant product literature.
4. I am/are fully aware that my investment does not amount to any form of Bank deposit. I will not hold the Bank responsible for any losses that I may suffer in connection with my selection of investing in various Mutual fund schemes.
5. The investment decisions are solely at my own discretion. I have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment I have not relied upon or am influenced by any suggestions/recommendations/investment advice by the Bank and/or any of its employees, as regards the merits and/or various Mutual fund schemes.
6. I am aware that mere execution of the documents such as application forms for availing of the above mentioned Mutual fund schemes does not guarantee allotment. In the event of delay in processing/rejection of my application form by the product or service provider for any reason whatsoever I shall not hold the Bank responsible for the same.
7. I am aware about IndusInd Bank's cut-off time for processing mutual fund transaction on the same day and that all transactions shall be processed on best effort basis.
8. I am aware that investment made in the various Mutual fund schemes is subject to risk and that there is no guarantee that the original amount invested will be protected. The value of investment held in the various Mutual fund schemes is likely to fluctuate depending upon fluctuations in the financial/capital markets.
9. I hereby declare that the amount being invested by me in the scheme/s as offered by the product or service provider is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directions issued by any government or statutory authority from time to time.
10. I confirm and understand that the Bank makes no representation as to the accuracy, completeness or reliability of any information contained in the product literature in respect of the various Mutual fund schemes as provided by the financial services and/or products provider.
11. I confirm that the Bank has disclosed to me all the commissions (in the form of trail commission or any other mode) receivable by the Bank as mentioned in the Schedule hereunder for the various Mutual fund schemes referred by the Bank.
12. I confirm that the Bank has disclosed to me the information pertaining to the investments chosen to be made by me in the various Investment Services.
13. I hereby authorize the Bank to invest in the mutual fund schemes as mentioned above.
14. I further agree that any false/misleading information given by me or suppression of any material fact will render my account liable for termination.
15. I declare that all the details in my relationship record are true and correct and any instruction given to Bank to transact business on my behalf shall be in due conformity with the applicable laws as may for the time being be in force. Any tax implications arising out of any transactions entered in to pursuant to these terms and conditions would be as per the Provisions of the Income Tax Act, 1961, or any modification or re-enactment thereof.
16. I agree and declare that any and all tax liability will be my sole responsibility. I shall execute and deliver to the Bank, from time to time such other documents as may be specified by the Bank for compliance or updating of records if any.
17. I have read and understood the terms and conditions applicable to my Investment Service Account and agree to be bound by the said terms and conditions including those excluding/limiting Banks Liability.
18. I undertake to make the applicants to the investments aware of the provisions of the terms and conditions and the same will be binding on me by use of the facility provided herein.
19. For Senior Citizens Only: I am aware that the Bank doesn't refer investments into Mutual Fund Schemes with lock-in period to Individuals of age 65 and above, considering the features, lock in period and the inherent risk in such schemes may not be suitable for Senior Citizens.
20. I/We have read and understood the product literature comprising of offer document/disclosure document/Private Placement Memorandum (PPM)/Key Information Memorandum, and other related documents as would be provided by the products provider to the Bank, in respect of the Portfolio Management Services/Structured products/Alternate Investment Funds/Mutual Funds/NCD's/Bonds <Strike out whichever is not applicable>.
21. For 65 year & Above: I/we am aware that Close Ended Mutual Fund Schemes, ELSS & Alternate Investment Fund (AIF) have features, investment risks and lock-in period which may not be suitable for me. However, I have chosen to invest in the scheme/s mentioned below being fully aware of these aspects & have signed additional documents to this effect.
22. Failure to pay the AIF drawdown amounts within the permitted time may result in being classified as a defaulter, applicable penalties, suspension of some or all rights in units etc.

- IndusInd Bank is an "AMFI-registered Mutual Fund Distributor", wherein the Bank distributes products of various Asset Management companies.
- The initial registration date for ARN-0633 is 1st Jan 2003 and the current validity of the ARN is 1st Jan 2025.
- IndusInd Bank is paid commissions for investment made under broker code ARN-0633. Any commission's receivable is subject to claw back as per guidelines set by regulator, interpreted & laid down by AMCs.
- Regular plans involve payment of commission to MFDs.
- As per SEBI circular no. Cir/IMD/DF/13/2011 dated August 22, 2011 Mutual Funds are allowed to pay transaction charge to distributor per subscription of ₹10,000 & above. IndusInd Bank has "Opted Out" of this. Hence no such charge will be levied by Mutual Fund on the investment amount.



FATCA-CRS Declaration & Supplementary KYC Information

Declaration Form for Individuals

Please seek appropriate advice from your tax professional on your tax residency and related FATCA & CRS guidance

PAN*													
Name													
Address Type [for address] KYC	<input type="checkbox"/>	Residential				<input type="checkbox"/>	Residential / Business						
	<input type="checkbox"/>	Business				<input type="checkbox"/>	Registered Office						
Place of Birth						Country of Birth							
Gross Annual Income Details in INR	<input type="checkbox"/>	Below 1 Lakh		<input type="checkbox"/>	1-5 Lacs		Occupation Details [Please tick any one (√)]	<input type="checkbox"/>	Business		<input type="checkbox"/>	Professional	
Net Worth in INR. In Lacs [Optional]	<input type="checkbox"/>	5-10 Lacs		<input type="checkbox"/>	10-25 Lacs			<input type="checkbox"/>	Public Sector		<input type="checkbox"/>	Private Sector	
	<input type="checkbox"/>	25 Lacs - 1 Cr		<input type="checkbox"/>	> 1 Crore			<input type="checkbox"/>	Government Service		<input type="checkbox"/>	Agriculturist	
Net Worth Date [Optional]								<input type="checkbox"/>	Housewife		<input type="checkbox"/>	Retired	
								<input type="checkbox"/>	Forex Dealer				
								<input type="checkbox"/> Others [Please specify] _____					
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable					Any other information [if applicable]	[Please specify]						

* If PAN is not available, please specify Folio No(s)

Is your Country of Tax Residency other than India – ☐ Yes ☐ No

If 'Yes', please specify the details of all countries where you hold tax residency and its Tax Identification Number & type

S No	Country of Tax Residency#	Tax Payer Identification Number / Functional Equivalent	Identification Type [TIN or other, please specify]
1			
2			
3			

to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA

Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [CAMS/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same

Date:

Signature:

Place:

