

MINOR TO MAJOR CONVERSION FORM

Account Number: CIF: Date of Request:

GUARDIAN DECLARATION

I hereby declare that the minor, who is my (relation),
has turned major on as per proof enclosed. I request IndusInd Bank to convert the status of the above Account from Minor to
Major Account as per details below.

Guardian Name:

Guardian's Signature

BALANCE CONFIRMATION

I hereby confirm that the balance in my Savings Bank Account No. with your Branch at the
close of business on was ₹ (Rupees only)

Yours faithfully,

Customer's Signature

Guardian's Signature

Customer's Name: Guardian Name:

CHOOSE ACCOUNT VARIANT

Type of Product

☐ Indus Exclusive☐ Indus Select☐ Indus Maxima☐ Indus Privilege Max☐ Indus Diva☐ Indus Privilege☐ Indus Easy (Basic)Others:

If not chosen, account will remain in the existing variant post conversion

APPLICANT INFORMATION (All fields with * are mandatory)

| Description | | Description | |
|--|--|----------------------------------|--|
| Salutation* | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Others | Tel. No. Home | <input type="text"/> - <input type="text"/> |
| First Name* | <input type="text"/> | Tel. No. Office | <input type="text"/> - <input type="text"/> |
| Middle Name | <input type="text"/> | Fax No. | <input type="text"/> - <input type="text"/> |
| Last Name* | <input type="text"/> | Source of Fund* | <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Investment <input type="checkbox"/> Gift <input type="checkbox"/> Professional |
| DOB* | <input type="text"/> | Residence* | <input type="checkbox"/> Self/ Family Owned <input type="checkbox"/> Rented <input type="checkbox"/> Company Provided |
| Differently Abled | <input type="checkbox"/> Yes <input type="checkbox"/> No | Edu. Qualifications | <input type="checkbox"/> Post Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Under Graduate |
| Nationality* | <input type="checkbox"/> Indian <input type="checkbox"/> Other <input type="text"/> | Products Interested in | <input type="checkbox"/> Auto Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Gold Loan <input type="checkbox"/> Home Loan <input type="checkbox"/> Two-wheeler Loan <input type="checkbox"/> Credit Cards <input type="checkbox"/> Others <input type="text"/> |
| Gender* | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender | Occupation* | <input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Student <input type="checkbox"/> Self Employed Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Farmer <input type="checkbox"/> Others <input type="text"/> |
| Mother's Maiden Name* | <input type="text"/> | Land Holding Details* | <input type="checkbox"/> 1 to 5 acre <input type="checkbox"/> 5 to 10 acre <input type="checkbox"/> > 10 acre (Please provide details if occupation ticked above is Farmer) |
| Father/Husband's Name* | <input type="text"/> | Profession (If Self Employed) | <input type="checkbox"/> Contract Farming <input type="checkbox"/> Doctor <input type="checkbox"/> Engineer <input type="checkbox"/> CA-CS <input type="checkbox"/> Lawyer <input type="checkbox"/> Architect <input type="checkbox"/> IT Consultant <input type="checkbox"/> Others <input type="text"/> |
| Marital Status* | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other | Line of Business/ Industry* | <input type="checkbox"/> Mfg. <input type="checkbox"/> Real Estate <input type="checkbox"/> Trader <input type="checkbox"/> Bullion <input type="checkbox"/> Stock <input type="checkbox"/> Broker <input type="checkbox"/> Agri <input type="checkbox"/> Others <input type="text"/> |
| Email ID* (To receive e-statement instead of physical statement) | <input type="text"/> | Nature of Organisation* | <input type="checkbox"/> Proprietary <input type="checkbox"/> Partnership <input type="checkbox"/> Unlisted Co. <input type="checkbox"/> Listed Co. <input type="checkbox"/> MNCs <input type="checkbox"/> PSU/ Govt. Sector <input type="checkbox"/> Others <input type="text"/> |
| Mobile No.* (To receive SMS alerts) | <input type="text"/> | | |
| PAN* (Please select Form 60, if no PAN) | <input type="text"/> Form 60 <input type="checkbox"/> | | |
| Aadhaar Number | <input type="text"/> Please input last 4 digits of your Aadhaar Number | | |
| CKYC ID | <input type="text"/> | | |
| Driving License No. & Expiry Date | <input type="text"/> | | |
| Voter ID/ NREGA Job Card No. | <input type="text"/> | | |
| Passport No. & Expiry Date | <input type="text"/> | | |
| Other document description (Any document notified by Central Govt) | <input type="text"/> | | |

| | | | |
|---|--|--|--|
| Description | | Description | |
| Monthly Income* | <input type="checkbox"/> Upto ₹ 10,000 <input type="checkbox"/> ₹ 10,001 to ₹ 25,000 <input type="checkbox"/> ₹ 25,001 to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1 Lac <input type="checkbox"/> ₹ 1 Lac to ₹ 2.99 Lac <input type="checkbox"/> ₹ 3 Lac to ₹ 4.99 Lac <input type="checkbox"/> ₹ 5 Lac to ₹ 9.99 Lac <input type="checkbox"/> ₹ 10 Lac to ₹ 25 Lac <input type="checkbox"/> ₹ 25 Lac & Above | FATCA DECLARATION Declaration as per FATCA/ CRS* | |
| Projected Cash Transaction (₹ per month)* | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Your Country of Birth <input type="checkbox"/> India <input type="checkbox"/> Other than India Tax Resident <input type="checkbox"/> India <input type="checkbox"/> Other than India (If answer of any of the above is 'Other than India' please submit the FATCA/CRS annexure for individuals. For T&C, visit www.indusind.com) | |

MODE OF OPERATION

☐ Singly - I want to operate this account in my name only
☐ I want to retain my guardian (name of existing guardian) as second holder in this account with MOP as below:
☐ Either or Survivor** ☐ Anyone or Survivor** ☐ Former or Survivor** ☐ Jointly ☐ Others (please specify) _____

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

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

ADDRESS DETAILS - 1st APPLICANT (All communication will be sent to the communication address of the 1st Applicant.)

Communication Address* ☐ Permanent ☐ Residence ☐ Office **Proof Submitted** ☐ Permanent ☐ Residence ☐ Office
 (Please Tick any one) (Tick all applicable)

Permanent Address

Address Line 1
 Address Line 2
 Nearest Landmark
 City State Pin

Residence Address

Same as permanent address ☐ Yes ☐ No

Address Line 1
 Address Line 2
 Nearest Landmark
 City State Pin

Office Address

Address Line 1
 Address Line 2
 Nearest Landmark
 City State Pin

DIRECT BANKING

Debit Card

| Details | Holder 1 | Holder 2 |
|---------------------|--|--|
| Choose Card Type | <input type="checkbox"/> World/ Signature <input type="checkbox"/> Platinum | <input type="checkbox"/> World/ Signature <input type="checkbox"/> Platinum |
| | <input type="checkbox"/> Titanium Plus <input type="checkbox"/> Titanium/ Gold | <input type="checkbox"/> Titanium Plus <input type="checkbox"/> Titanium/ Gold |
| | <input type="checkbox"/> Titanium Delights <input type="checkbox"/> RuPay | <input type="checkbox"/> Titanium Delights <input type="checkbox"/> RuPay |
| | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | |
| Name to be embossed | <input type="text"/> | <input type="text"/> |

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 IndusInd Bank Mobile App / IndusInd Bank Net Banking / IndusInd Contact Center / IndusInd Bank ATM.

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| 1. Name: _____ | | | | | | | | | | 2. Date of Birth: <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | | | | | | | | | | D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Pin code: <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | 14. Telephone Number (with STD code): <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | 15. Mobile Number: <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | |
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| 16. Amount of transaction (₹): <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | 17. Date of transaction: <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | | | | | | | | | | D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. In case of transaction in joint names, number of persons involved in the transaction <table border="1" style="display: inline-table; text-align: center; width: 50px;"><tr><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 Number issued by UIDAI (if available): <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> | | | | | | | | | | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | | | | | | | | | |
| X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. If applied for PAN and it is not yet generated, enter date of application and acknowledgement number: _____ | | | | | | | | | | | | | | | <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | | | | | D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Agricultural income (₹) <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | b. Other than agricultural income (₹) <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 23. Details of document being produced in support of identity in Column 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Document code: <table border="1" style="display: inline-table; text-align: center; width: 50px;"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | Document identification number: <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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: <table border="1" style="display: inline-table; text-align: center; width: 50px;"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | Document identification number: <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name and address of the authority issuing the document: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Verification

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

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 day of

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 20

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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,
 - (i) 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;
 - (ii) 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.

**ACKNOWLEDGEMENT TO CUSTOMER**

Customer Name: _____

Date of Request Received:

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

Name of Branch Official: _____

ECN of the Branch Official:

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
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Signature of Bank Official

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

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

☐ I/We require nomination facility.

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

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

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

| Details of Deposit | | Nominee | | | |
|--|----------------------------|---------|---------|-------------------------------------|-----|
| Nature of Deposit & Distinguishing No. | Additional details, if any | Name | Address | Relationship with Depositor, if any | Age |
| | | | | | |
| | | | | | |

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/ Thumb impression of the depositor*#

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

| | |
|----------------|----------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| Signature*** | Signature*** |

NOMINEE MODIFICATION FORM - FORM DA 3

Variation of Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2(6) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits.

I/We (name(s) and address(es)) _____ hereby cancel the nomination made by me/us in favour of (name and address) _____ and hereby nominate the following person to whom in the event of my/our/minor's death the amount of deposit, particulars whereof are given below may be returned by (give details of deposit) _____

| Deposits | | | 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 |
| | | | | | | |
| | | | | | | |

Print Nominee Name# ☐ Yes ☐ No

*Depending upon the option selected here, nominee name will get printed / not printed on statements, passbook etc.

As the nominee is a minor on this date, I/We appoint Shri/Smt/Kum. (name & address) _____ to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.*

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

| | |
|----------------|----------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| Signature*** | Signature*** |

*In case of existing nomination to be cancelled and new nomination not required, use separate DA 2 form

ACKNOWLEDGEMENT FOR NOMINATION

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

Ref.No. _____

Date of Registration

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

Branch Official Name _____

Branch Round Stamp/ Seal

DECLARATION

RESIDENT INDIVIDUALS

a) I/We understand that the deposits are accepted in accordance with the directives laid down by the Reserve Bank of India from time to time. I/We understand that these deposits and their payments are governed by the laws in force from time to time in India and are payable at the branch of IndusInd Bank in India where the deposits were made. The Bank has discretion to allow withdrawal of the deposits, either at the branch of deposit or at any other branch in India. (b) I/We further unconditionally and irrevocably authorise IndusInd Bank Ltd. to debit my/our account with an amount equivalent to the fees and charges applicable for the services enjoyed by me/us. (c) I/We agree to indemnify and hold the Bank harmless in case of any loss suffered by the Bank, its customers or a third party or any claim or action brought by the third party which is in any way the result of availing of services by me/us. (d) In case of joint accounts, instruction 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. (e) I/We agree that all the information disclosed above is correct and agree to inform you of any change in the information provided in this form or in related documents. In case any of the above information is found to be false/untrue/misleading/misrepresenting or in case of any delay from my/our side to inform the Bank about any change in the information, I/We am/are aware that I/we shall be solely responsible and liable for all consequences arising therefrom. (f) I/We confirm having read the rules of the Bank regarding the conduct of the account and the rules and regulations pertaining to Phone Banking, Debit Card, Doorstep Banking, Anywhere Banking, Net Banking, Mobile Banking, Video Banking & Utilities Pay Facilities. I/We accept and agree to comply with the terms & conditions or any rules of the Bank that may be in force from time to time. I/We acknowledge that it is my/our responsibility to obtain a copy of and read the same. (g) In case the account remains overdrawn on account of unrecovered charges, if any for a period of 3 months and above, the account will be closed and the Bank will not be responsible for giving any advance intimation thereof. (h) I/We also understand that the continuation of the account is at IndusInd Bank's sole discretion and in case IndusInd Bank is dissatisfied with the conduct of the account, IndusInd Bank has the right to close the account after giving me/us 15 days notice or withdraw the concessions in all or any service charges granted to me/us or charge IndusInd Bank's applicable rates for such services. (i) I/We understand that as my/our accounts is a Basic Savings Bank Deposit Account (Small) under Simplified KYC Process, at any point of time if the total balance or the total yearly turnover in all my/our account exceed ₹50,000/- and ₹1 lac respectively, or the aggregate of all withdrawals and transfers in a month exceed rupees ten thousand, unless I/We complete the required KYC requirement, the Bank will be entitled to close the account. (j) For BSBD (Small) account: I/We understand that as my/our account is a Basic Savings Bank Deposit Account/Basic Savings Bank Deposit (Small) Account, I/we cannot hold any other account in this Bank. I/We confirm that I/we are not having any other bank account in my/our name in any other Bank. Also if I/we have any other account I/we shall get the same closed within 30 days of opening of this account. (k) I/We undertake and authorise the Bank to store/discard/exchange/share/ part with, without notice to me/us, any/all the information/data furnished by me/us and/or my/our representative(s) including personal and business, from time to time through the application form(s)/related documents/tele calling services or any other mode with credit bureaus/ statutory bodies/regulatory authority/law enforcement to comply with its obligations under Applicable Laws. In the event of the death of the depositor, premature termination will be allowed without levy of penal charge. The following will be applicable on demise of all or sole deposit holders With nomination: The nominee will have the right to seek premature termination of term deposit account, Without nomination: Premature termination will be permitted on joint request by all legal heirs (or any of them as mandated by all the legal heirs) and upon verification of the authority of the legal heirs. Following will be applicable on demise of one of the joint deposit holders: If the specific instructions for premature withdrawal are other than jointly, then in the event of death of one of the depositors, premature termination and payment of Term Deposits shall be allowed to survivor(s) i.e. In the event of the death of any of the deposit holders, the survivor, if he/she so requests the Bank, to prematurely withdraw the deposit without seeking the concurrence of the legal heirs of the deceased joint deposit holder, the Bank is entitled to honour the same. Such payment to survivor/s shall give valid discharge to the Bank. I/We have obtained, read, understood and agree 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) Mobile Banking c) Debit Card d) Net Banking e) Payment Gateway f) Bill Pay g) SMS Banking h) Alert Services i) Fixed Deposits/Recurring Deposits, available at Bank's website www.indusind.com I/We certify that all the information furnished by me/us is true. (l) I/We undertake and authorise the Bank and its agents/representatives (a) to make references/enquiries as may be deemed necessary by the Bank; and (b) to store/discard/exchange/share/part with, without notice to me/us, any/all the information/data furnished by me/us and/or our representatives including personal and business, from time to time through the application form(s)/related documents/tele calling services or any other mode with any parent/subsidiary/affiliate/associate of the Bank, any agent/service providers/professional advisors of the Bank or other such persons as may be deemed necessary or appropriate by the Bank for providing services(s) to me/us. 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 shall not hold the Bank and/or its agents/representatives liable for using/sharing information provided herein for the said purpose(s). I/We waive the privilege of privacy & privacy of contract. My personal/KYC details may be shared with Central KYC Registry. 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. I/We confirm that I/we have read and understood the Schedule of Charges associated with my Savings Account Product. I/We understand the detailed charging structure is available on IndusInd bank's Website as Schedule of Charges document. If applicable, I hereby declare that the Mobile Number being used to open the account belongs to my family member/relative.

Consent to Use, Share and Disclose Registered Communication Contact Details and to Avail Value-added Services

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, 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.

☐ Yes

Notwithstanding anything contained herein above, in case I/we opt out from the above and tick 'NO' ☐ No, 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. I/We hereby confirm that, I/We have given voluntary consent to avail certain value-added services provided by Bank through third party Service Provider(s). I/We hereby agree and declare that, I/We have read relevant terms and conditions of the product/services offered under value added services and shall not hold Bank liable for any loss/damage caused to me/us by availing such value added services or for any defect/deficiency in such value added services.

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| <div>1st Applicant</div> <div>Recent</div> <div>Passport Size</div> <div>Photograph</div> <div>(Sign Across)</div> | <div>1st Applicant Signature</div> <div>1st Applicant Name: _____</div> <div>_____</div> <div>Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> | <div>2nd Applicant</div> <div>Recent</div> <div>Passport Size</div> <div>Photograph</div> <div>(Sign Across)</div> | <div>2nd Applicant Signature</div> <div>2nd Applicant Name: _____</div> <div>_____</div> <div>Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> |
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* 2nd Applicant Photograph not required in case of Existing Customer

FOR BANK USE ONLY

SOL/ Branch Code:

Request No.:

Request Received on:

Customer Met in Person Declaration by Branch Official

I confirm having met the customer in person and I hereby confirm that I have verified the copies with the original documents and the form has been filled up in my presence. I confirm that all KYC documents are complete and match with the details provided in the form. I hereby certify that the above information is true. Later if it is found to be incorrect and Bank suffers any loss due to fraud or otherwise, I may be held accountable and shall be liable for any loss suffered by the Bank.

Branch Official Signature & ECN

DBM or BM Signature, ECN & Round Stamp