

IndusInd Bank

Customer Updation Form for Non Resident Indian (NRI): Individual

Customer ID - First Account Holder*:
NRE Account No.:

Customer ID - Second Account Holder*:
NRO Account No.:

Please fill the form in BLOCK LETTERS only. Fields marked with *(star) are MANDATORY.

ACCOUNT HOLDER DETAILS

1. First Account Holder

Name*: Mr/Mrs/Ms/Dr/Others
Date of Birth*: Gender*: Male Female Others PAN No:
Father's Name: Mothers Maiden Name*:
Country of Residence*: No of Years Abroad*: Nationality*:
Spouse Name:
Place of Birth*: Country of Birth*:
Passport No*: Date of Issue*: Date of Expiry*:
Place of Issue*: Aadhaar No:
Type of Visa / Labour Card / Work Permit*: (Proof is Mandatory) (Visitors visa & Business visa not allowed)

2. Second Account Holder

Name*: Mr/Mrs/Ms/Dr/Others
Date of Birth*: Gender*: Male Female Others PAN No:
Father's Name: Mothers Maiden Name*:
Country of Residence*: No of Years Abroad*: Nationality*:
Spouse Name:
Place of Birth*: Country of Birth*:
Passport No*: Date of Issue*: Date of Expiry*:
Place of Issue*: Relationship with 1st Account holder:

ADDRESS DETAILS

1. First Account Holder

Overseas Address*:

 City/Town/Province*:
Country*: Pin/Zip*:
Tel.No.Resi.: Off.:
Country Code Area Code Number Country Code Area Code Number
Fax:
Mobile No.*: E-mail ID*:
Indian Address*:

 City/Town/Province*:
Country*: Pin/Zip*:
Tel.No.Resi.: Off.:
Country Code Area Code Number Country Code Area Code Number
Fax: Mobile No.*:
Preferred Address for Communication: (please tick) Overseas Indian
I wish to update my mailing address/contact details as mentioned above and for which address proof is also attached Yes No

2. Second Account Holder

Overseas Address*:

City/Town/Province*:

Country*: Pin/Zip*:

Tel.No.Resi.: Off.:

Country Code Area Code Number Country Code Area Code Number

Fax:

Mobile No.*: E-mail ID*:

Indian Address*:

City/Town/Province*:

Country*: Pin/Zip*:

Tel.No.Resi.: Off.:

Country Code Area Code Number Country Code Area Code Number

Fax: Mobile No.*:

Preferred Address for Communication: (please tick) ☐ Overseas ☐ Indian

I wish to update my mailing address/contact details as mentioned above and for which address proof is also attached ☐ Yes ☐ No

CUSTOMER PROFILE FORM KYC CHECK LIST

| | 1st Account Holder* | 2nd Account Holder* |
|--|---|--|
| OCCUPATION: | <input type="text"/> | <input type="text"/> |
| EDU QUALIFICATION: | <input type="text"/> | <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 Fee <input type="checkbox"/> Others: <input type="text"/> | <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Investment <input type="checkbox"/> Gift <input type="checkbox"/> Professional Fee <input type="checkbox"/> Others: <input type="text"/> |
| MONTHLY INCOME: | <input type="checkbox"/> Upto Rs. 10,000 <input type="checkbox"/> Rs. 10,001 to Rs. 25,000 <input type="checkbox"/> Rs. 25,001 to Rs. 50,000 <input type="checkbox"/> Rs. 50,001 to Rs. 1,00,000 <input type="checkbox"/> Above Rs. 1,00,001 | <input type="checkbox"/> Upto Rs. 10,000 <input type="checkbox"/> Rs. 10,001 to Rs. 25,000 <input type="checkbox"/> Rs. 25,001 to Rs. 50,000 <input type="checkbox"/> Rs. 50,001 to Rs. 1,00,000 <input type="checkbox"/> Above Rs. 1,00,001 |
| LINE OF BUSINESS/ INDUSTRY (In case of salaried persons that of the employer): | <input type="checkbox"/> Mfg <input type="checkbox"/> Real Estate <input type="checkbox"/> Trader <input type="checkbox"/> Bullion <input type="checkbox"/> Broker <input type="checkbox"/> Agri <input type="checkbox"/> Others: <input type="text"/> | <input type="checkbox"/> Mfg <input type="checkbox"/> Real Estate <input type="checkbox"/> Trader <input type="checkbox"/> Bullion <input type="checkbox"/> Broker <input type="checkbox"/> Agri <input type="checkbox"/> Others: <input type="text"/> |
| NATURE OF ORGANISATION (In case of salaried persons that of the employer): | <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.Sec. <input type="checkbox"/> Others: <input type="text"/> | <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.Sec. <input type="checkbox"/> Others: <input type="text"/> |
| ARE YOU A POLITICALLY EXPOSED PERSON (PEP)? | <input type="checkbox"/> YES <input type="checkbox"/> NO 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 |

FATCA-CRS Declaration

1. First Account Holder

Are you a tax resident of any country other than India? ☐ Yes ☐ No

| Country | TIN/SSN/ Functional Equivalent | Identification Number (TIN or other please specify) |
|---------|--------------------------------|---|
| | | |
| | | |
| | | |
| | | |

2. Second Account Holder

Are you a tax resident of any country other than India? ☐ Yes ☐ No

| Country | TIN/SSN/ Functional Equivalent | Identification Number (TIN or other please specify) |
|---------|--------------------------------|---|
| | | |
| | | |
| | | |
| | | |

DECLARATIONS

(Of the declarations that follow, sign one or more if applicable)

Person of Indian Origin (PIO) Declaration (To be filled only in case OCI/PIO proof is not available)

| | | | |
|---|---|--|--|
| I _____ (1st 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 _____ (2nd 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. Passport No. _____ Place of Issue. _____ Expiry Date. _____ | <input type="checkbox"/> First Holder _____ _____ D D M M Y Y Y Y | <input type="checkbox"/> Second Holder _____ _____ D D M M Y Y Y Y | |
| 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 Tick any one: <input type="checkbox"/> Father's Name <input type="checkbox"/> Mother's Name <input type="checkbox"/> Grandfather's Name <input type="checkbox"/> Grandmother's Name Father's/ Mother's/ Grandfather's/ Grandmother's Name | <input type="checkbox"/> Second Holder Tick any one: <input type="checkbox"/> Father's Name <input type="checkbox"/> Mother's Name <input type="checkbox"/> Grandfather's Name <input type="checkbox"/> Grandmother's Name 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 _____ Name of Spouse | <input type="checkbox"/> Second Holder _____ Name of Spouse | |

Signature of Account Holder
Name

Signature of Account Holder
Name

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 countries 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. Accordingly, I will have the Non-Resident accounts opened in my name re-designated to resident / RFC accounts (as applicable). I hereby confirm that I have just returned after completion of my contract with _____ (company) registered in _____ (address of the principals). I am on a break for _____ days/ months and will be joining on a new contract on / by _____.

Declaration and Signature

- I do hereby solemnly declare that the information provide above with respect to my account is up to date and correct.
- Details declared on the form will be updated in bank records if the same is not already available in Bank records.

1st Account Holder
Recent Passport Size
Photograph

(Sign Across)

2nd Account Holder
Recent Passport Size
Photograph

(Sign Across)

Signature of 1st Account Holder
Name

Signature of 2nd Account Holder
Name

- ☐ I do hereby submit a self-attested photocopy of required documents.
- ☐ I have also attached my recent photograph above.

| FOR BRANCH USE ONLY (Please tick mark) | | | |
|---|--------------------------|--|--------------------------|
| All Documents Self-Attested | <input type="checkbox"/> | Signature on the form / documents & system matched | <input type="checkbox"/> |
| All Documents Verified with Originals | <input type="checkbox"/> | Documents submitted Validity checked | <input type="checkbox"/> |
| Recent Passport size colour Photo attached | <input type="checkbox"/> | Name & Address on document submitted match with system | <input type="checkbox"/> |
| <input type="checkbox"/> Face to Face <input type="checkbox"/> Non face to face | | | |
| Signature _____ | | Branch Name _____ | |
| Name & ECN _____ | | Branch Code _____ | |

CUSTOMER ACKNOWLEDGEMENT RECEIPT

We have received your request for RE-KYC updation along with self-attested documents for your Customer ID _____ on _____dd/mm/yyyy

_____ (Talisma interaction id) is your request number for future reference. Once the Re-KYC is updated SMS will be sent to you on your mobile number updated in system.

Branch Official Stamp & Sign with ECN number _____

If you do not received any information on you request in 3 working days from the date of request you can contact us on 1860 500 5004 for more details