## **IndusInd Bank**

## Customer Updation Form for Resident Indian: Individual

Customer ID (Non Mandatory):										
Account No. (Mandatory):										
Please fill the form in BLOCK I	LETTERS only. Fields	s marked wit	h *(star) are	MANDATOR	Υ.					
				L DETAI						
Name*: Mr/Mrs/Ms/Dr/Others							1.1.1			
Date of Birth*: D D M M	YYYY	Gender*:	Male	Female	Others					
Nationality*:							1.1.1			
Mothers Maiden Name*:										
PAN No:			Aa	dhaar/ VID No	):					
Father's Name:										
Spouse Name:										
City of Birth*:							++++			
Country of Birth*:				_						
	<b>C</b> 0					<b>C</b>				
	_	MINIONIC		_	SS DETAIL	5				
Communication Address*:	Residence	Perm	nanent	Office						
Address*:										
Flat No. and Bldg. Name:										
Road Name & Area Landmark:										
City and State:										
Country:							PIN	:		
Tel .No. Resi.:					Off.:					
Mobile No:										
E-Mail ID:										
I wish to update my mailing add	dress /contact details	as mentioned	above and	for which add	lress proof is also	attached*:	(please tick)	Yes		No
OCCU	PATION DETA	ILS (AD	DITION	AL INFO	RMATION	OF AP	PLICAN	T)		
Occupation*:	Salaried	Self	f-Employed	R	etired	H	ousewife		Politi	cian
	Student	Oth	ners (Pls. spe	cify)						
If Salaried employed with:	Private Ltd	Par	tnership		ublic Sector		ublic Ltd		Multi	inational
	Proprietorship	Gov	vernment	C	others (Pls. specify	/)				
If Self-employed - since:	Years		Months							_
Type of Business*:	Manufacturing		vice Provide		griculture	St	ock Broker		Real	Estate
Self-employed Professional:	Trader Others (Pls. specify)   Doctor IT Consultant Lawyer		Architect		CA/CS					
	Others (Pls. specify)					7.1			cri, c	
Source of Funds*:		ness Income	Agric	ulture	Investment Incon	ne C	)thers (Pls. spe	ecify)		
Gross Annual Income* (Rs.):	<50,000	50,	.000 – 1 Lac	1	– 3 Lac	3	– 5 Lac		5 – 7	La
	7 – 10 Lac		–15 Lac		15 Lac					
Residence type*:	Owned	Re	nted/ Leased	d F	amily	Co	ompany Provi	ded		

## **FATCA Declaration**

No

## Are you a tax resident of any country other than India?

Yes

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

Details under FATCA-CRS/Foreign Tax Laws: Towards compliance with tax information sharing laws, such as FATCA and CRS, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

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. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010. 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 yet been issued, please provide an explanation and attach this to the form.

I do hereby solemnly declare that the information provide above		
I do hereby submit a self-attested photocopy of required docu	ments.	
I have also attached my recent photograph above.	Signature of Account Holder Name	Recent Passport Size Photograph (Sign Across)

Note:

- 1) Please provide self-attested address proof even when there is no change of address.
- 2) If you wish to make a change in any of your contact details please fill the appropriate boxes given above.
- In absences of valid address proof, the address proof of a close relative with whom account holder is residing may be provide along with a declaration from the close relative's Id and address proof. The declaration should state that account holder is a close relative and resides at the address mentioned above.
- 4) Please contact the nearest branch to know more details.
- 5) \*Self-attested copy of Aadhaar card has to be attached for Aadhaar number updation. The account number mentioned in the form above will be linked with the Aadhaar number.

6) Details declared on the form will be updated in bank records if the same is not already available in Bank record.

FOR BR	ANCH USE	ONLY (Please	tick mark)

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All Documents Self-Attested		Signature on the form / documents & system matched		
All Documents Verified with Originals		Documents submitted Validity checked		
Recent Passport size colour Photo attached		Name & Address on document submitted match with system		
Face to Face Non face to face				
Signature	Branch Nam	e		
Name & ECN	Branch Code	<u></u>		

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	CUSTOMER ACKNOWLEDGEMENT RECEIPT
	We have received your request for RE-KYC updation along with self-attested documents for your Customer IDononon
	( 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