

Bar Code  (Please quote this Barcode for any future reference)

## MOST IMPORTANT DOCUMENT

### Copy for Customer

I/We have received, read and understood schedule of charges applicable to the product variant opted for. I /We also understand that we are required to maintain/undertake transactions (As mentioned below) in the account opened by me/us. I/We understand that the non-adherence of same would levy charges as mentioned.

Product Variant*	Minimum Balance/Transaction Requirement* <small>Please Provide Complete details, Example 1) AMB<sup>§</sup> Requirement for Gold variant - ₹50,000 per month 2) QTP<sup>^</sup> Requirement for EXIM Basic - USD20,000 equivalent</small>	Non Maintenance/ Transaction Charges* (₹)

\*Mandatory Fields, <sup>§</sup>AMB-Average Monthly Balance, <sup>^</sup>QTP-Quarterly Throughput

I/ We also confirm that I/ We have read the Terms & Conditions at [www.Indusind.com](http://www.Indusind.com) which details the rules governing account operations and am/ are in the possession of the schedule of charges which specifies the charges applicable for various services.

Product wise free limits offered on various transactions and services shall be applicable only if the minimum balance/ transaction requirement in the account is met, else standard charges shall apply as per the schedule of charges, in addition to the non-maintenance charges.

#### Initial Deposit Details (No Cash to be handed over to the Sales Executive)

Source of Funds:  Cheque<sup>@</sup>  Debit my/ our Existing Account Number#

#### Cheque details (In case of cheque payment)

Bank Name	Cheque Number	Cheque Date	Amount (₹)

@The Cheque should be crossed A/C Payee only and drawn payable to IndusInd bank Ltd. A/C (Account Title)

#Existing account should be of same person/Firm/Company only, debit to third party account is not allowed

## SOURCING EXECUTIVE DECLARATION

I confirm that I have personally met Mr \_\_\_\_\_ Proprietor/Partner/Director/Signatory of \_\_\_\_\_ and also confirm that the customer has completed all account opening documentation formalities in my presence.

Branch Name: _____	Br. Code: _____	Customer Name: _____
Emp Name: _____	ECN: _____	Designation: _____
Mobile Number: _____		Mobile Number: _____

Date

\_\_\_\_\_  
Sales Executive Signature

\_\_\_\_\_  
Signature with Stamp  
(To be signed by any one Authorised signatory)

Note: All deposits are insured in accordance with the terms prescribed by Deposit Insurance and Credit Guarantee Corporation of India (DICGC), from time to time. For further details on the deposit insurance provided by DICGC, please visit/log on to [www.dicgc.org.in](http://www.dicgc.org.in).

Bar Code  (Please quote this Barcode for any future reference)

## MOST IMPORTANT DOCUMENT

### Copy for Bank

I/We have received, read and understood schedule of charges applicable to the product variant opted for. I /We also understand that we are required to maintain/undertake transactions (As mentioned below) in the account opened by me/us. I/We understand that the non-adherence of same would levy charges as mentioned.

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#### Initial Deposit Details (No Cash to be handed over to the Sales Executive)

Source of Funds:  Cheque<sup>®</sup>  Debit my/ our Existing Account Number#

#### Cheque details (In case of cheque payment)

Bank Name	Cheque Number	Cheque Date	Amount (₹)

<sup>®</sup>The Cheque should be crossed A/C Payee only and drawn payable to IndusInd bank Ltd. A/C (Account Title)

<sup>#</sup>Existing account should be of same person/Firm/Company only, debit to third party account is not allowed

## SOURCING EXECUTIVE DECLARATION

I confirm that I have personally met Mr \_\_\_\_\_ Proprietor/Partner/Director/Signatory of \_\_\_\_\_ and also confirm that the customer has completed all account opening documentation formalities in my presence.

Branch Name: _____	Br. Code: _____	Customer Name: _____
Emp Name: _____	ECN: _____	Designation: _____
Mobile Number: _____		Mobile Number: _____

Date

\_\_\_\_\_  
Sales Executive Signature

\_\_\_\_\_  
Signature with Stamp  
(To be signed by any one Authorised signatory)

Note: All deposits are insured in accordance with the terms prescribed by Deposit Insurance and Credit Guarantee Corporation of India (DICGC), from time to time. For further details on the deposit insurance provided by DICGC, please visit/log on to [www.dicgc.org.in](http://www.dicgc.org.in).



**INDUSTRY: (Please tick)**

<input type="checkbox"/> Advertising / Marketing	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Antique/ Art/ Arms Dealer	<input type="checkbox"/> Automobiles	<input type="checkbox"/> Airlines
<input type="checkbox"/> Business Correspondent	<input type="checkbox"/> Banking	<input type="checkbox"/> Bullion/ Gems/ Jewellery	<input type="checkbox"/> Call Centre	<input type="checkbox"/> Construction/ Infrastructure
<input type="checkbox"/> Courier/ Logistics/ Transporter	<input type="checkbox"/> Chemical/ Dyes/Paint	<input type="checkbox"/> Chit Funds	<input type="checkbox"/> Casinos	<input type="checkbox"/> Defence
<input type="checkbox"/> Embassies/ Consulates	<input type="checkbox"/> Electronics	<input type="checkbox"/> Entertainment/ Media	<input type="checkbox"/> Govt Bodies (State)	<input type="checkbox"/> Govt Bodies (Central)
<input type="checkbox"/> Hotel/ Restaurant	<input type="checkbox"/> IT/ ITes	<input type="checkbox"/> MF/ Insurance	<input type="checkbox"/> Medical/ Health Care	<input type="checkbox"/> Money Changer
<input type="checkbox"/> NBFC	<input type="checkbox"/> NGO/ NPO	<input type="checkbox"/> Electricity	<input type="checkbox"/> Petrol Pump/ Gas station	<input type="checkbox"/> Political Parties
<input type="checkbox"/> Retail Chain/ FMCG	<input type="checkbox"/> Real Estate/ Housing (Broking/ Agent)	<input type="checkbox"/> Religious Institutions	<input type="checkbox"/> Shipping	<input type="checkbox"/> School/ College
<input type="checkbox"/> Stock/ Commodity Brokers	<input type="checkbox"/> Textiles	<input type="checkbox"/> Travel and Tourism	<input type="checkbox"/> Telecom	<input type="checkbox"/> Timber/ Furniture
<input type="checkbox"/> Professionals (CA/ Lawyer/ Doctor/ Consulting/ HR)		<input type="checkbox"/> Others _____		

\*No. of Employees  0 to 20  21 to 50  51 to 100  above 100  
 \*Annual Turnover (in Lacs)  <50  50 to 100  100 to 500  500 to 1000  Above 1000  
 \*Expected Monthly Transactions (Debit and Credit)  
 Total No. of transactions \_\_\_\_\_ Cash (In Lacs) \_\_\_\_\_  
 Cheque (In Lacs) \_\_\_\_\_ NEFT/ RTGS/ FT(In Lacs) \_\_\_\_\_

**MODE OF OPERATIONS:**

Singly  Severally  Jointly  As per Board Resolution/ Mandate Letter

**INITIAL DEPOSIT DETAILS** **IMPORTANT: No Cash to be handed over to the Sales Executive.**

Mode of payment: Cheque / Amount Rs. \_\_\_\_\_ Cheque No. \_\_\_\_\_ Bank Name \_\_\_\_\_ Cheque has to be drawn on IndusInd Bank Ltd. A/c (Account Title) \_\_\_\_\_

Debit my Existing A/c# \_\_\_\_\_ For ₹ \_\_\_\_\_

**IN CASE OF FIXED DEPOSIT(FD) / RECURRING DEPOSIT (RD)**

<input type="checkbox"/> FD	<input type="checkbox"/> RD	
<b>FD/RD Instruction:</b>		
Amount _____	Rate of Interest: _____ % Tenure: _____ Months _____ Days	
Sweep In#: <input type="checkbox"/> Yes <input type="checkbox"/> No	In Case of FD, Premature Withdrawal Required: <input type="checkbox"/> Yes <input type="checkbox"/> No In case of RD, date of monthly debit: <input type="text"/> <input type="text"/>	
	<b>Option 1</b>	<b>Option 2</b>
<b>Interest Frequency</b>	<input type="checkbox"/> Reinvestment	<input type="checkbox"/> Payout Quarterly <input type="checkbox"/> Payout Monthly
<b>Maturity Instructions<sup>§</sup></b>	<input type="checkbox"/> Renew Principal and Interest* <input type="checkbox"/> Renew Principal and Pay Back Interest* <input type="checkbox"/> Pay Back Principal and Interest	<input type="checkbox"/> Renew Principal <input type="checkbox"/> Pay Back Principal
<b>Interest/ Maturity Payout Mode</b>	<input type="checkbox"/> Trf. to A/c.# <input type="checkbox"/> Issue Pay Order <input type="checkbox"/> Payable at _____ (Location) <input type="checkbox"/> RTGS/NEFT@ IFSC Code: _____ Account No.: _____	

<sup>#</sup>Sweep-In and Interest/Maturity Payouts would be transferred to this account. <sup>§</sup>Not applicable for Recurring Deposit.

\*FDs which are booked as non-withdrawable, on renewal, will get booked as withdrawable. <sup>@</sup>Third Party maturity payment not allowed.

If TDS is not to be deducted, please submit Income Tax Exemption letter along with this form.

**AUTHORISED SIGNATORY - 1**

\*Fields are Mandatory

Existing Cust. <input type="checkbox"/> Yes <input type="checkbox"/> No	C U S T I D (If yes)	CKYC ID
DIN/ DPIN	(Applicable for Pvt Ltd/ Ltd companies/ OPC and LLPs)	*Aadhaar/ Enrolment ID
*Name		
*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	TG	*DOB D D M M Y Y Y Y *Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Others <small>Please Specify</small>
*Mother's Name		
*Mother's Maiden Name		
Father's/ Spouse Name		
*Residential Address		*PIN
*Mobile No.		*PAN
Occupation <input type="checkbox"/> Business <input type="checkbox"/> Self-employed Professional <input type="checkbox"/> Service <input type="checkbox"/> Other _____		
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other	Qualification <input type="checkbox"/> Postgraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Other	
E-mail ID		

Debit Card<sup>A</sup> Category:  Domestic  International

Titanium  Platinum mention variant of Platinum Card

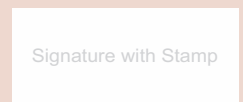
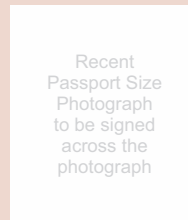
Signature mention variant of Signature Card

Others Please Specify

Name on Debit Card (CAPITAL Letters) (Maximum Length-19 characters)  
 S I G N A T O R Y N A M E

Internet Banking (IndusNet)  View only (non-financial)  Transaction (financial)

Phone Banking  Yes  No



Note: Customers opting for Debit Card can generate their NetBanking password on their own through www.indusind.com <sup>A</sup>Available only if mode of operation is Singly/Severally

## AUTHORISED SIGNATORY - 2

Fields are Mandatory

Existing Cust.  Yes  No **C U S T I D** (If yes) CKYC ID

DIN/ DPIN  (Applicable for Pvt Ltd/ Ltd companies/ OPC and LLPs) \*Aadhaar/ Enrolment ID

\*Name

\*Gender  Male  Female  TG \*DOB         \*Nationality  Indian  Others  (Please Specify)

\*Mother's Name

\*Mother's Maiden Name

Father's/ Spouse Name

\*Residential Address

\*PIN

\*Mobile No.  \*PAN

Occupation  Business  Self-employed Professional  Service  Other

Marital Status  Married  Single  Other Qualification  Postgraduate  Graduate  Undergraduate  Other

E-mail ID

Debit Card^ Category:  Domestic  International

Titanium  Platinum  (mention variant of Platinum Card)

Signature  (mention variant of Signature Card)

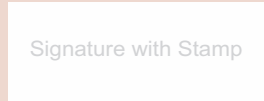
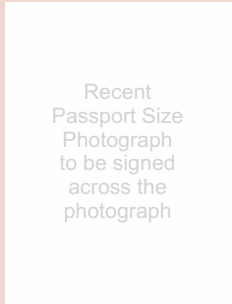
Others  (Please Specify)

Name on Debit Card (CAPITAL Letters) (Maximum Length-19 characters)

**S I G N A T O R Y N A M E**

Internet Banking (IndusNet)  View only (non-financial)  Transaction (financial)

Phone Banking  Yes  No



Note: Customers opting for Debit Card can generate their NetBanking password on their own through www.indusind.com ^Available only if mode of operation is Singly/Severally

## AUTHORISED SIGNATORY - 3

Fields are Mandatory

Existing Cust.  Yes  No **C U S T I D** (If yes) CKYC ID

DIN/ DPIN  (Applicable for Pvt Ltd/ Ltd companies/ OPC and LLPs) \*Aadhaar/ Enrolment ID

\*Name

\*Gender  Male  Female  TG \*DOB         \*Nationality  Indian  Others  (Please Specify)

\*Mother's Name

\*Mother's Maiden Name

Father's/ Spouse Name

\*Residential Address

\*PIN

\*Mobile No.  \*PAN

Occupation  Business  Self-employed Professional  Service  Other

Marital Status  Married  Single  Other Qualification  Postgraduate  Graduate  Undergraduate  Other

E-mail ID

Debit Card^ Category:  Domestic  International

Titanium  Platinum  (mention variant of Platinum Card)

Signature  (mention variant of Signature Card)

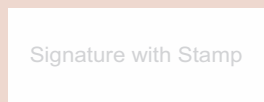
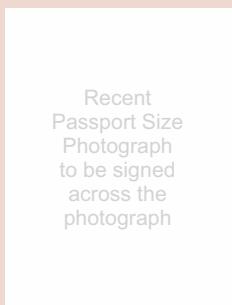
Others  (Please Specify)

Name on Debit Card (CAPITAL Letters) (Maximum Length-19 characters)

**S I G N A T O R Y N A M E**

Internet Banking (IndusNet)  View only (non-financial)  Transaction (financial)

Phone Banking  Yes  No



Note: Customers opting for Debit Card can generate their NetBanking password on their own through www.indusind.com ^Available only if mode of operation is Singly/Severally



## GENERAL DECLARATION (To be signed by authorised signatories as per mandate of account operation with rubber stamp)

I/ We have read the terms and conditions in this application form as well as displayed on the website www.indusind.com pertaining to the current account, mobile banking, internet banking, connect online, Indus Direct Services, Debit/ATM card which are in force now. 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 for the account. I/ We confirm that the authorised signatories as approved by me/ our board/ partners/ members of the HUF/ Managing Committee, are authorised to operate the account, and any changes in regards to the same will be intimated in writing by me/us. I/ We understand that the above account will be opened on the basis of the declaration made by me/ us. I/ We further agree that any false/misleading information given by me/ us or suppression of any material fact will render my/ our account liable for closure and further action. I/ We further agree to indemnify IndusInd Bank and their successors or assignees if any of the representation and declarations mandatory hereunder by me / us is incorrect, false or misleading in any of its particulars. We further unconditionally and irrevocably authorise IndusInd Bank Ltd. to debit our account with an amount equivalent to the fees and charges applicable for the services enjoyed by us. I/ We declare, confirm, agree: a) That all particulars and information given in the application form are true, correct, complete and up-to-date in all respects and I/ We have not withheld any information. b) I/ We have had no insolvency initiated against me / us nor have I / We ever been adjudicated insolvent. c) I/ We have not at any time defaulted under any loan taken by me / us from any other bank / institution. d) I/ We have read and understood that charges are applicable to the Current/ Saving account facility and hereby agree to bear the charges as revised from time to time by IndusInd Bank at its sole discretion. I/ We have read and understood the facilities available under IndusInd Bank Current/ Saving account as detailed on the website. I/ We have also gone through the schedule of charges and understood that to be eligible for the concessions, I/ We have to maintain the minimum average balance as indicated in the schedule of charges. 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. 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/ We hereby declare that the transactions relating to foreign exchange that may be routed through your Bank would not involve, and would not be designed for the purpose of any contravention or evasion of the provisions of the aforesaid Act or of any rule, regulation, direction, or order made hereunder. I/ We hereby indemnify and keep indemnified the Bank from and against all and any costs, charges, claims, disputes and consequences howsoever and whatsoever arising out of issuance and use of the Debit Card/ Mobile Banking/ Internet Banking/ Connect Online/ Indus Direct services to the company. We shall at no point of time raise any objection or claim on the said transactions and the Bank is well within the law to deem the said transactions so effected as valid, binding transactions conducted by the Firm/ Company represented by all its Directors/ Authorised Signatories on the said account. I/ We authorise and give consent to the bank to link my/our GSTN & Aadhaar number with Current/ Saving account.

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 with credit bureaus/ statutory bodies/ other agencies as may be deemed necessary or appropriate, at any point of time. I/ We waive the privilege of privacy & privity of contract.

I/ We have understood that as per extant Reserve Bank of India guidelines, my/our account shall be treated as dormant, in case I/ We do not induce transactions in the account for a period of two years. Once the account is classified as dormant, no transaction will be allowed in this account. I/ We will be required to visit IndusInd Bank branch with complete KYC documents. The account would be made operation only if the documents are found to be in order.

I/ We have understood that as per Reserve Bank of India Master directions-Know Your Customer (updated on April 20, 2018), Aadhaar details of authorised signatories, beneficial Owner and power of attorney holder (For Aadhaar eligible Individuals) are to be provided at the time of Account opening. If Aadhaar is not available, proof of application of enrolment for Aadhaar shall be provided wherein the enrolment is not older than 6 months and Aadhaar shall be provided within 6 months from the date of account opening failing which the account shall be cease to be operational (complete freeze) till the time Aadhaar number is submitted by me/us. In case of asset accounts such as loan accounts, for the purpose of ceasing operation in the account, only credit shall be allowed.

I/ We declare that I/ We enjoy credit facility  Yes  No  
Bank Name \_\_\_\_\_ Branch Address \_\_\_\_\_  
Type of Facility \_\_\_\_\_ Amount of Facility \_\_\_\_\_

### FATCA - CRS Declaration Form

Entity Type:  Financial  Non-Financial GIIN No. \_\_\_\_\_

Country of Incorporation \_\_\_\_\_ City of Incorporation \_\_\_\_\_

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) (Not applicable for active Non-financial entity)

#### Part A (To be filled if Yes is declared for the above statements except for Proprietorship Customer)

Customer Identification No. \_\_\_\_\_ Issuing Country \_\_\_\_\_

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 number:

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

#### 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)

Name\* \_\_\_\_\_ Date of Birth \_\_\_\_\_

Country of Tax Residency\* \_\_\_\_\_ % Beneficial Interest \_\_\_\_\_

PAN \_\_\_\_\_ Fathers Name \_\_\_\_\_

Residence Address \_\_\_\_\_

\*Name of Controlling Person/ Ultimate Beneficial Owner/ Proprietor \*Address reported/ updated with Tax authorities

Details of Country/ ies in which the controlling person 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  Gov ID Card  Other

#### FATCA CRS Terms and Condition

The Central Board of Direct Taxes has notified on 7th August 2015 Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies/ withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e. within 30 days. 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 yet been issued, please provide an explanation and attach this to the form.

#### Certification:

I have understood the information requirements of this Form and hereby confirm that the information provided by me on this form is True, Correct, and complete. I further confirm that I have read and understood the FATCA-CRS Terms and Conditions and General declaration with regard to a/c opening and hereby accept the same.

Place: \_\_\_\_\_

Date: \_\_\_\_\_ Signature Signature Signature Signature

## DECLARATION FOR SOLE PROPRIETORSHIP (without rubber stamp)

I refer to the account opened by you in the name of M/s. \_\_\_\_\_ and declare as under. I, the undersigned, am the sole proprietor of the firm and am solely responsible for the liabilities thereof. I shall advise you in writing of any change that takes place in the constitution of the firm and I will be liable to you for any obligation which may be standing in the firm's name in your books on the date of receipt of such notice, and until all such obligations shall have been liquidated. I declare that I have an existing account with CA/ CC/ SB No. \_\_\_\_\_ with \_\_\_\_\_ Bank in the name of \_\_\_\_\_ for the last \_\_\_\_\_ years.

I 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 a third party which is in any way the result of availing of services by me.

I agree that all the information disclosed in this document is correct and I agree to inform you of any change in the information provided in this form or in related documents.

I have furnished to the Bank the Power of Attorney authorising the person(s) as indicated hereinbefore for operating the account.

I confirm having read the rules of the Bank, regarding the conduct of the account as per deposit rules attached and the Citizens' Charter & Deposit Policy of the Bank.

I 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, NetBanking, Mobile Banking & Utilities Pay Facilities. I accept and agree to comply with the terms and conditions or any rules of the Bank that may be in force from time to time. I acknowledge that it is my responsibility to obtain a copy of and read the same. I have received the deposit rules annexed to this account opening form and agree to abide by the same.

Yours faithfully,

Signature



## DECLARATION FOR PARTNERSHIP FIRMS/ LLP (To be signed by Partners without rubber stamp)

We, the undersigned, are carrying on business in Partnership in the name and style of \_\_\_\_\_.

We declare that we, the undersigned, are the partners of the firm. The Bank may recover its claims from the estate of any or all the partners of the firm (Not applicable to LLP).

We hereby undertake that we will not change or vary the constitution of the firm without your prior approval in writing and our individual responsibility to the Bank will continue until we receive from the Bank an acknowledgment and until all our liabilities with the Bank are discharged. The document and its contents submitted at the time of opening of this account are true and correct.

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 a third party which is in any way the result of availing of services by us under the above account title. 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.

We confirm having read the rules of the Bank regarding the conduct of the account and the rules and regulations pertaining to Phone Banking, ATM / Debit Card, Doorstep Banking, Anywhere Banking, Utilities Pay Facilities, NetBanking and Mobile Banking. 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. We acknowledge that it is our responsibility to obtain a copy and read the same.

In the event of the death, insolvency or withdrawal of any partner, the surviving partner or partners shall have full control or any monies then and thereafter standing to the firm's credit and securities pledged, hypothecated or held in the firms account with you. It is understood that all monies now or hereafter standing to the credit of the account of the firm or securities pledged, hypothecated or held in the account with you shall belong to the surviving partner in the event of any of us dying during the currency of the account. It is further understood that if anyone of us forbids operation on the account (which is not payable to all the partners jointly), the amount lying at credit shall not be payable except on the discharge of all the partners or the surviving partners as the case may be.

We authorise the partners as mentioned in authorised signatory section to operate the account and confirm that each of us will be jointly/ severally be bound by the transactions and/ any other acts done or authorised by these persons in conduct of the said account. We have furnished to the Bank a Power of Attorney in favour of the authorised signatory(ies) who is/ are not partners of the firm. We have read the deposit rules annexed to this account opening form and agree to abide by the same.

Please Note: In case of LLP signature of minimum 2 designated partners are required.

Date: \_\_\_\_\_ Place: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

## DECLARATION FOR TRUSTS / ASSOCIATIONS / SOCIETIES / CLUBS (With rubber stamp)

The account will be operated by \_\_\_\_\_ who has / have been authorised by the Byelaws / Memorandum of Association / Articles of Association / Trust Deed / and Resolution No. \_\_\_\_\_ dated \_\_\_\_\_ of the Trustees / Director / Authorised signatories. A certified copy of the resolution signed by all Trustees / Director / Authorised signatories is attached herewith.

A copy of the Byelaws / Trust Deed / Memorandum of Association and Articles of Association dated \_\_\_\_\_ duly certified is sent herewith. In future if any change is required in the name of the operators of the account, it will be effected by a resolution of the Board of Trustees and you will be informed accordingly in writing by all the trustees and you will allow such persons to operate upon the account.

We agree to comply with and be bound by Bank's rules now and from time to time in force for the conduct of such accounts. We have received the deposit rules annexed to this account opening form and agree to abide by the same.

We shall submit FCRA approval communication from Ministry of Home Affairs for accepting foreign contribution within 3 months and you may not accept any foreign contribution till the time we submit the communication.

We certify that this is the only FCRA account opened and held by us and that the foreign contributions received by us will be strictly in accordance with FCR Act 2010 and Rules.

Name of Trustees	Signature
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

## NOMINATION FORM DA1 (Only for Sole Proprietorship / 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 / 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.

Details of Deposit		Nominee				If nominee is a minor, his / her Date of Birth
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.

### Witness(es)

Name: _____ Signature***: _____ Address: _____	*Signature/Thumb impression of the depositor Name: _____ Signature***: _____ Address: _____
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\*Where 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.

## FOR BANK USE ONLY

Account No. \_\_\_\_\_ Existing A/c No. \_\_\_\_\_

Account Sourcing Date \_\_\_\_\_ Lead Generator Code \_\_\_\_\_ Promo Code \_\_\_\_\_

Any of the related party\* is PEP:  Yes  No If yes, name of the PEP \_\_\_\_\_

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

Sourcer Name/ Code \_\_\_\_\_ NAME \_\_\_\_\_ / CODE \_\_\_\_\_ Segment Code: \_\_\_\_\_

\_\_\_\_\_  
Sourcing Executive  
Name & Signature

\_\_\_\_\_  
Manager-CSOP's Signature,  
Employee No. & Branch Round Stamp

\_\_\_\_\_  
Branch Manager's Signature,  
Employee No. & Branch Manager Stamp



## ADD-ONS: ADDITIONAL PRODUCTS & SERVICES (Please tick service interested in)

### DOORSTEP BANKING

<input type="checkbox"/> Cash Pickup: Value _____ <input type="checkbox"/> Cash Delivery: Value _____ <input type="checkbox"/> Cheque Pick up: _____ <small>(Please submit Indemnity form for On Call (&gt; 2 Lakhs) or Beat service)</small>	<input type="checkbox"/> Beat Service <input type="checkbox"/> On Call <input type="checkbox"/> Beat Service <input type="checkbox"/> On Call
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### OTHER SERVICES/ PRODUCTS

<input type="checkbox"/> POS/ Payment Gateway	<input type="checkbox"/> Locker	<input type="checkbox"/> Commercial Card		
<input type="checkbox"/> Standing Instruction/ ECS/ Bill Payment facility (please fill SI/ ECS/ Bill payment form and details)				
<b>Trade and Forex</b>	<input type="checkbox"/> Remittance	<input type="checkbox"/> Trade Services		
<b>Insurance</b>	<input type="checkbox"/> Fire(Stock/Property)	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Group Health	<input type="checkbox"/> Marine
<b>Loans Required</b>	<input type="checkbox"/> Working capital loan	<input type="checkbox"/> Loan against property	<input type="checkbox"/> Loan Against Card Receivables	

### PRODUCTS FOR AUTHORIZED SIGNATORY

Product	Authorized Signatory 1	Authorized Signatory 2	Authorized Signatory 3
Name			
Credit Card (Indulge, Pinnacle, Signature, Iconia, Others)	(Please specify the Credit Card Product)	(Please specify the Credit Card Product)	(Please specify the Credit Card Product)
Personal Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel Card (FX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Above mentioned products are governed by the applicable Terms & Conditions and would be offered at the sole discretion of the bank

## CORPORATE INTERNET BANKING

### USER MAINTENANCE MATRIX

Existing Domain ID<sup>§</sup>:

Details		User - 1	User - 2	User - 3
<b>User details</b>	Name			
	User Id*			
	Mobile No.			
	Email Id			
<b>Payments</b>	User Role <sup>#</sup>			
	Daily Transaction Limit			
<b>Trade</b>	Product Type <sup>##</sup>			
	User Role <sup>#</sup>			

<sup>§</sup>Existing Domain Ids will be automatically linked

<sup>\*</sup>User ID specifications - User ID should be alpha numeric only, Character Length: Maximum -10, Minimum - 8. No special characters or space are allowed. For more User Ids or deviation in User matrix, add annexure as per above table.

<sup>#</sup>User Role: I - Initiator/Maker, A - Authorizer/Checker, R - Releaser, RW - Reviewer, V - View Only. (For Trade Services, User role 'I' and 'A' are applicable). Please ensure designated users are as per board resolution or authority letter, as applicable.

<sup>##</sup>Product Type for Trade: BG – Bank Guarantee, SG – Shipping Guarantee, LC – Letters of Credit, TCOLL – Trade Documents for Collection, ALL – All Products  
For Proprietorship Cases, Maker is equal to Checker

Transaction Authorisation Matrix:  As per table above<sup>^</sup>  As per attached BR/ Mandate

<sup>^</sup>Applicable for Individual & Sole Proprietorship cases

Default Payment modes to be enabled for all customers - RTGS,NEFT,IFTO,IMPS,CHO and DD

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

### CASH MANAGEMENT OFFERING

<input type="checkbox"/> Indus Electronic Collection (IEC): _____	<input type="checkbox"/> Indus Collect
<input type="checkbox"/> DD/ Cheque Printing at Branch Default Print Location: _____	<input type="checkbox"/> Cheque Printing at Customer Place (P@CE)

- In case of limit not mentioned, default Portal Limit of the bank will be applied to all users
- Bank reserves the right to reset the default limits of the portal at any time
- Bank reserves the right to add/delete default payment modes at any time
- Standard installation includes Daily Online Dashboard
- For other CMS services, please contact branch/ relationship manager for details

Authorised Signatory	Authorised Signatory	Authorised Signatory
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