



IndusInd Bank

Name of Corporate: _____
Corporate Code: _____
Account No.: _____
To be filled by the Bank

Application Date:

ACCOUNT OPENING FORM FOR SALARY RELATIONSHIP

Use only **BLACK ink pen for filling and signing. Please ensure all details are filled in CAPITAL LETTERS.**

IMPORTANT: Cash should be paid only at the cash counter at the Branch and not to the executive accepting the form.

I/ We wish to open an Account at your _____ Branch.

APPLICANT INFORMATION (All fields with * are mandatory)

Description	1 st Applicant	2 nd Applicant
Cust. ID* (For existing customers)	<input type="text"/>	<input type="text"/>
CKYC ID	<input type="text"/>	<input type="text"/>
Salutation*	Mr. Mrs. Ms. Dr. Others <small>Please Specify</small>	Mr. Mrs. Ms. Dr. Others <small>Please Specify</small>
First Name*	<input type="text"/>	<input type="text"/>
Middle Name	<input type="text"/>	<input type="text"/>
Last Name*	<input type="text"/>	<input type="text"/>
DOB*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Nationality*	Indian <input type="checkbox"/> Others <small>Please Specify</small>	Indian <input type="checkbox"/> Others <small>Please Specify</small>
Gender*	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
Mother's Maiden Name*	<input type="text"/>	<input type="text"/>
Father's Name*	<input type="text"/>	<input type="text"/>
Marital Status*	Married <input type="checkbox"/> Single <input type="checkbox"/> Others <input type="checkbox"/>	Married <input type="checkbox"/> Single <input type="checkbox"/> Others <input type="checkbox"/>
Email ID (get e-Statement)	<input type="text"/>	<input type="text"/>
Mobile Number#	<input type="text"/>	<input type="text"/>
Tel. No. Resi.	S T D - <input type="text"/>	S T D - <input type="text"/>
Office	S T D - <input type="text"/>	S T D - <input type="text"/>
Fax	S T D - <input type="text"/>	S T D - <input type="text"/>
Relationship with 1 st Holder	<input type="text"/>	<input type="text"/>
PAN*	<input type="text"/> Form 60 <input type="checkbox"/>	<input type="text"/> Form 60 <input type="checkbox"/>
Employee ID	<input type="text"/>	<input type="text"/>

*If PAN is not available, please attach Form 60 along with reasons of not having PAN. #The number provided will be registered for SMS Alerts by default & Mobile Banking, if opted. In case of non-disclosure of mobile no., please note that the Bank will not be able to contact you for updates & financial transactions. ^The gift voucher would be sent to the registered email ID.

ADDRESS DETAILS OF 1st APPLICANT (Please provide nearest landmark, if required)

Current Res. Line 1:
 Current Res. Line 2:
 Nearest Landmark:
 City: State: Pin:
 Address Proof*: Proof Submitted Declared Address
 In case office address is selected as communication address, proof of current residential address is mandatory

Office Line 1:
 Office Line 2:
 Nearest Landmark:
 City: State: Pin:
 Address Proof*: Proof Submitted Declared Address

Permanent Line 1:
 Permanent Line 2:
 Nearest Landmark:
 City: State: Pin:
 Address Proof*: Proof Submitted Declared Address Please send all communication to my Current Res. Off. Permanent Add

2nd Applicant Address same as Primary Applicant Yes No (Joint Applicant annexure form to be filled if the address of the 2nd Applicant is not the same as that of the Primary Applicant)

PRODUCT VARIANT

- Indus Comfort
- Indus Comfort Regular
- Indus Comfort Maxima
- Indus Comfort Exclusive
- Indus Comfort Select
- Indus Force
- Indus Force Maxima
- Reimbursement Current Account
- Others Please Specify

MODE OF OPERATION (Applicable for balance payment as well)

- Single
 Either or Survivor¹
 Any one or Survivor²
 All Jointly
 Others (please specify) _____
¹Applicable only in case of 2 applicants
 ²Applicable only in case there are more than 2 applicants

DIRECT BANKING (Accounts with Joint mode of operations not eligible)

	Card Type	Variant	Name to be embossed
1 st Holder	<input type="checkbox"/> Signature <input type="checkbox"/> Platinum Plus <input type="checkbox"/> Platinum <input type="checkbox"/> Gold/ Titanium <input type="checkbox"/> Regular <input type="checkbox"/> Other _____	<input type="checkbox"/> International <input type="checkbox"/> Domestic	<input type="checkbox"/> _____ <input type="checkbox"/> _____
2 nd Holder	<input type="checkbox"/> Signature <input type="checkbox"/> Platinum Plus <input type="checkbox"/> Platinum <input type="checkbox"/> Gold/ Titanium <input type="checkbox"/> Regular <input type="checkbox"/> Other _____	<input type="checkbox"/> International <input type="checkbox"/> Domestic	<input type="checkbox"/> _____ <input type="checkbox"/> _____

*For account being opened through TATKAL KIT, if you require a personalized Debit Card which is of a different type than one in the KIT, please mark your requirement in the TATKAL acknowledgment slip.

- Mobile Banking
 e-Statement
 SMS Alert
 Phone Banking*
 Net Banking

Balance Alerts**:
 Do you require separate SMS ALERTS for Account balance to be sent to your mobile?
 Yes
 No
Frequency
 Daily
 Weekly

If you have opted for both Debit Card and Net Banking, you will be able to set your Net Banking password online. In case you have opted for Net Banking alone and not for a Debit Card, a physical password mailer will be sent to your communication address.

*Phone Banking PIN will be issued only if Debit Card is not being applied • Accounts under No Frills category will be issued RuPay Debit Cards • For charges & fees, please refer to our Schedule of Charges (SoC). Terms and Conditions Apply • SMS Alert shall be sent to the mobile number mentioned on the form • **Balance Alerts shall be charged as per Schedule of Charges (SOC) • Platinum Debit Card will be issued only if the income is greater than ₹ 50,000 p.a.

ADDITIONAL INFORMATION OF 1st APPLICANT (All fields with * are mandatory)

Edu. Qualifications:
 Postgraduate
 Graduate
 Undergraduate
 Professional
 Others Please Specify _____

Current Residence:
 Self-Owned
 Rented
 Company Provided

Monthly Income*:
 Up to ₹ 10,000
 ₹ 10,001 to ₹ 25,000
 ₹ 25,001 to ₹ 50,000
 ₹ 50,001 to ₹ 1 Lac
 ₹ 1,00,001 to ₹ 2.99 Lac
 ₹ 3 Lac to ₹ 4.99 Lac
 ₹ 5 Lac & Above

Projected Cash Transactions*: _____ **per month**

Products Interested in:
 Credit Card
 Premium Debit Card
 Card Protection Plan
 Health Insurance
 Life Insurance
 Personal Loan
 Home Loan
 Vehicle Loan
 Others Please Specify _____
 *I agree / disagree to Bank contacting me for the above

Declaration as per FATCA/ CRS*: 1. Is your country of birth other than India?
 Yes
 No
 2. Are you a TAX RESIDENT of any country other than India?
 Yes
 No
(If answer of any of the above is Yes, please submit the FATCA/ CRS annexure for individuals. For T&C, visit www.indusind.com)

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

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

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 agree/ do not agree for the name of my 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	If nominee is a minor, his/ her date of birth

**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: _____ Signature***: _____ Address: _____	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.

#Right thumb impression required in case the depositor is female and left in case it is male.

ACKNOWLEDGEMENT FOR NOMINATION

We acknowledge your nomination in Form DA1 relating to Account Number _____ in the name of _____ held with us.

Ref.No. _____ Date of Registration _____ Manager-CSOP _____

Branch Round Stamp/ Seal

Identity Proof:	<input type="checkbox"/> Passport (A)	<input type="checkbox"/> Voter's/ Election Identity Card (B)	<input type="checkbox"/> Driving License (D)	<input type="checkbox"/> Aadhaar Card/ Letter (E)								
	<input type="checkbox"/> NREGA Job Card (F)	<input type="checkbox"/> Ration Card with Photograph (01)	<input type="checkbox"/> Any Other Document									
*Please speak to a Bank officer for more options on documents that can be submitted to the Bank. CKYC Code is mentioned in the bracket against each document												
Address Proof*:	<input type="checkbox"/> Passport (A)	<input type="checkbox"/> Voter's/ Election Identity Card (B)	<input type="checkbox"/> Driving License (D)	<input type="checkbox"/> Aadhaar Card/ Letter (E)								
	<input type="checkbox"/> NREGA Job Card (F)	<input type="checkbox"/> Ration Card with Photograph (01)	<input type="checkbox"/> Any Other Document									
*Please speak to a Bank officer for more options on documents that can be submitted to the Bank. CKYC Code is mentioned in the bracket against each document												
CKYC Document:	<input type="checkbox"/> Driving License No. _____	<input type="checkbox"/> Driving License Expiry date	<table border="1" style="font-size: 8px;"><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	<input type="checkbox"/> Voter ID No. _____
D	D	M	M	Y	Y	Y	Y					
	<input type="checkbox"/> Passport No. _____	<input type="checkbox"/> Passport Expiry Date	<table border="1" style="font-size: 8px;"><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					
	<input type="checkbox"/> NREGA Job Card No. _____	<input type="checkbox"/> Any Other Document (Notified by Central Government). _____										

DECLARATION

RESIDENT INDIVIDUALS

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.

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.

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.

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.

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.

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 & 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.

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 understand that as my/our accounts for No Frills Account Holders is 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 ₹ 10,000 unless I/ We complete the required KYC requirement the Bank will be entitled to close the account.

I/ We authorise the Bank or its agents to make references/ enquiries as may be necessary and to exchange/ share/ part with any/ all information with credit bureaus/ statutory bodies/ other agencies as may be deemed necessary or appropriate.

In the event of the death of the depositor, premature termination will be allowed without levy of penal charges as under:
 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.

CONSENT CLAUSE: I/ We certify that all the information furnished by me/us is true. I/ We authorize 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 including financial details with credit bureaus/ statutory bodies/Regulatory Authority / Law enforcement authority, other agencies as may be deemed necessary or appropriate, at any point of time. I also authorize the Bank to disclose the information relating to Bank Guarantee/ Letter of Credit facility if any availed by me/ us. I/ We waive the privilege of privacy & privity of contract.

FOR SALARY ACCOUNT

In case there is no salary credits in my account, the Bank at its own discretion may withdraw all the benefits provided for salary account holders without any further notice. I understand that any benefits under Salary Account will stand true till the time the account is eligible under this category. I also authorize IndusInd Bank to convert my Salary Account to Savings Account, basis confirmation received from my employer. Also, Bank has the discretion to convert my Salary Account to a regular account in case there are no salary credits in my account for 3 consecutive month or the Salary Account proposition is withdrawn at the employer level with due notice. In such events, I should visit the branch and complete the KYC requirements for continuing operations in the account as normal SB account. In case I fail to comply with Bank's requirement, Bank may suspend operations or close the account without further notice. I confirm that I will not dispute and raise any legal action against IndusInd Bank towards such remittance/ conversion of account status.

I/ We consent / do not consent to receive information/ service updates and product updates etc. for Marketing purposes through Telephone/ Mobile/ SMS/ Email by the Bank/ its agents. I/ We hereby give consent to receive information from Central KYC Registry through SMS/ Email on the above registered contact number/ email address. I/ We confirm that I/ We have read and understood the above Declaration, and that the contact details provided on the form are correct.

1 st Applicant Recent Passport Size Photograph (Sign Across)	1 st Applicant Signature _____ 1 st Applicant Name D D M M Y Y Y Y	2 nd Applicant Recent Passport Size Photograph (Sign Across)	2 nd Applicant Signature _____ 2 nd Applicant Name D D M M Y Y Y Y
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FOR SALARY RELATIONSHIPS

I/ We confirm the identity, photo, address and signature of our employee _____ as mentioned in the form.
 The salary of the employee is ₹ _____ p.m.
 Name of the Corporate: _____ Name of Authorised Signatory: _____
 Address: _____
 Date: _____ Signature of Authorised Signatory with Company Stamp

FOR ARMED FORCES SALARY RELATIONSHIPS - CONFIRMATION FROM UNIT/ STATION

I/ We confirm the identity, photo, address and signature, as mentioned in the form of Name: _____ Service No.: _____
 Rank: _____ of Unit/ Station: _____ Regiment/ Corps: _____
 Date: _____ Name, Signature & Stamp: _____
 OC/ Adjutant Secretary Zilla Sainik Board

FORM NO. 60 (In absence of PAN Card)

1. Name	2. Date of Birth
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	14. Telephone Number (with STD code)
	15. Mobile Number
16. Amount of transaction (₹)	17. Date of transaction
	18. In case of transaction in joint names, number of persons involved in the transaction
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)	

21. If applied for PAN and it is not yet generated, enter date of application and acknowledgement number

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 (₹) b. Other than agricultural income (₹)

23. Details of document being produced in support of identify in Column 1
 Document code Document identification number
 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 Document identification number
 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 day of 20

Place: (Signature of declarant)

Note:
 1. 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 ₹ 25,00,000 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.
 2. 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.

Instruction:
 (1) Documents which can be produced in support of identity and address (not required if applied for PAN and item 20 is filled): -

Sl.	Nature of Document	Document Code	Proof of Identity	Proof of Address	Sl.	Nature of Document	Document Code	Proof of Identity	Proof of Address
A For Individuals and HUF									
1.	AADHAR Card	01	Yes	Yes	16.	Electricity bill (Not more than 3 months old)	16	No	Yes
2.	Bank/ Post office passbook bearing photograph of the person	02	Yes	Yes	17.	Landline Telephone bill (Not more than 3 months old)	17	No	Yes
3.	Elector's photo identity card	03	Yes	Yes	18.	Water bill (Not more than 3 months old)	18	No	Yes
4.	Ration/ Public Distribution System card bearing photograph of the person	04	Yes	Yes	19.	Consumer gas card/ book or piped gas bill (Not more than 3 months old)	19	No	Yes
5.	Driving License	05	Yes	Yes	20.	Bank Account Statement (Not more than 3 months old)	20	No	Yes
6.	Passport	06	Yes	Yes	21.	Credit Card statement (Not more than 3 months old)	21	No	Yes
7.	Pensioner Photo Card	07	Yes	Yes	22.	Depository Account Statement (Not more than 3 months old)	22	No	Yes
8.	National Rural Employment Guarantee Scheme (NREGS) Job card	08	Yes	Yes	23.	Property registration document	23	No	Yes
9.	Caste or Domicile Certificate bearing photo of the person	09	Yes	Yes	24.	Allotment letter of accommodation from Government	24	No	Yes
10.	Certificate of identity/ address signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer as per annexure A prescribed in Form 49A	10	Yes	Yes	25.	Passport of spouse bearing name of the person	25	No	Yes
11.	Certificate from employer as per annexure B prescribed in Form 49A	11	Yes	Yes	26.	Property tax payment receipt (Not more than one year old)	26	No	Yes
12.	Kisan passbook bearing photo	12	Yes	No	B For Association of persons (Trusts)				
13.	Arm's license	13	Yes	No		Copy of trust deed or copy of certificate of registration issued by Charity Commissioner	27	Yes	Yes
14.	Central Government Health Scheme/ Ex-servicemen Contributory Health Scheme card	14	Yes	No	C For Association of persons (other than Trusts) or Body of Individuals or Local authority or Artificial Juridical Person				
15.	Photo identity card issued by the Government/ Public Sector Undertaking	15	Yes	No		Copy of Agreement or copy of certificate of registration issued by Charity commissioner or Registrar of Cooperative society or any other competent authority or any other document originating from any Central or State Government Department establishing identity and address of such person.	28	Yes	Yes

(2) In case of a transaction in the name of a minor, any of the above mentioned documents as proof of identity and address of any of parents/ guardians of such minor shall be deemed to be the proof of identity and address for the minor declarant, and the declaration should be signed by the parent/ guardian.
 (3) For HUF any document in the name of Karta of HUF is required.
 (4) In case the transaction is in the name of more than one person the total number of persons should be mentioned in Sl. No. 18 and the total amount of transaction is to be filled in Sl. No. 16. In case the estimated total income in column 22b exceeds the maximum amount not chargeable to tax the person should apply for PAN, fill out item 21 and furnish proof of submission of application.

FOR BANK USE ONLY

SOL/ Branch Code: Cust. ID: Account No.:

Is this customer a PEP (Politically Exposed Person)? Yes No KYC: FULL IDD ADD

Product Code: C5 code Indus Force (FO) Indus Force Maxima (FM) Indus Comfort (IC) Others

Segment Code: RETAIL

Channel Name: CORPORATE SALARY

Sourcer Code: <input type="text"/> Sourcer Name: <input type="text"/> Sourcer's Signature: <input type="text"/>	Form 60 applicable <input type="checkbox"/> Yes <input type="checkbox"/> No RM Code: <input type="text"/> RM Name: <input type="text"/> RM's Signature: <input type="text"/>
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Customer Met in Person Declaration by Sourcing Executive
 I confirm having met the customer in person at the Residence/ Office address and I hereby confirm that I have verified the copies with the original documents and the AOF has been filled up in my presence. I confirm that All documents of KYC complete & matches details provided in AOF. 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.

Sourcing Executive Signature _____ Manager-CSOP or Branch Manager Signature/ SS No. or Employee No. & Branch Round Stamp