

ADD-ON CARDS

Primary Card Number

Name of Primary Card Holder

I would like to apply for the following add-on card(s)

Add-On 1

Name as desired on the card

(Maximum 19 characters)

Date of Birth Gender Male Female Transgender

Relation Spouse Son Daughter Father Mother Brother Sister

Mother's maiden Name (only for verification purpose)

Address

Landmark

City Pin Code State

STD Code Landline No. *Contact Number

PAN Card No. (Mandatory)

Photo of additional Applicant 1

Please affix colour photograph only. This would be retained by us for our records. Please do not use pins, tapes or staples to affix your photograph.

I confirm that the Add-on applicant is staying / not staying with me at the same residential address as provided in the application form. If the Add-on applicant is not staying at the same address as the Primary Cardholder, separate address proof of current address or the permanent address for the Add-on cardholder to be mandatorily provided.

Signature of Additional Applicant 1

X

Add-On 2

Name as desired on the card

(Maximum 19 characters)

Date of Birth Gender Male Female Transgender

Relation Spouse Son Daughter Father Mother Brother Sister

Mother's maiden Name (only for verification purpose)

Address

Landmark

City Pin Code State

STD Code Landline No. *Contact Number

PAN Card No. (Mandatory)

Photo of additional Applicant 2

Please affix colour photograph only. This would be retained by us for our records. Please do not use pins, tapes or staples to affix your photograph.

I confirm that the Add-on applicant is staying / not staying with me at the same residential address as provided in the application form. If the Add-on applicant is not staying at the same address as the Primary Cardholder, separate address proof of current address or the permanent address for the Add-on cardholder to be mandatorily provided.

Signature of Additional Applicant 2

X

Along with the form, a copy of the following KYC documents of the Add-On applicant(s) are required to be submitted duly signed by the primary card holder.

Address Proof:

- Valid Passport Driving License Voter's/ Election ID Card
 Latest utility bills (Electricity, telephone, post-paid mobile, gas (piped gas))
 Aadhar UID Card

Photo ID Proof:

- Permanent Account Number Card (PAN) [Mandatory]
 Valid Passport Driving License Voter's/ Election ID Card

Declaration:

I hereby declare that the above information is complete and true and the Bank is entitled to verify this directly or through any third-party agent. I further understand that the bank may at its sole discretion sanction or decline this application. I authorize the Bank to debit my IndusInd Bank Credit Card account for all charges, fees, interest etc. incurred on my primary and add-on card(s). I agree to be fully liable for all transactions, charges, fee for my primary and add-on card(s). I and my add-on cardholder(s) will be bound by the terms and conditions of usage of the IndusInd Bank Credit Card. The usage of the card(s) by me/us will be deemed as automatic confirmation of the acceptance of the said terms and conditions.

I have applied for an additional card (available for resident Indian spouse, brother, sister or child between 18 to 80 years of age) I will be billed separately for such an additional card in normal monthly statements. Further, I agree that all communication pertaining to the Add-on cardholder shall be addressed to me. I understand that the continuation of the membership of the additional card member will be dependent on the continuation of my membership. I understand and undertake that the usage of the IndusInd Bank Credit Card shall be strictly in accordance with all applicable laws (including without limitation to any government acts, orders, decrees, guidelines, rules and regulations including foreign exchange control regulations) and in the event of any failure to do so I will be liable for any action/ prosecution or penalty as prescribed. I agree that the credit card usage category chosen by me, will apply for the Add-on applicant's credit card too.

Date:
M M D D Y Y

Place:

Signature of Primary Applicant