

IndusInd Bank

MOST IMPORTANT DOCUMENT

COPY FOR CUSTOMER

Barcode:

(Please quote this Barcode for any future reference)

I/We have received, read, understood and agreed to abide to

- The Schedule of Charges (SoC) & Terms and Conditions at www.indusind.com for the product variant & Account opened by me/us.
- All rules governing Account operations including the requirement to maintain minimum balance/undertake transactions and charges applicable for various services.
- Free limits offered on transactions and services is applicable only if the minimum balance/transaction requirement in the Account is met, else standard charges shall apply as per the SoC in addition to applicable non-maintenance charges.

I/We understand that the non-adherence to the above would levy charges as applicable.

Product Variant*	Minimum Balance/Transaction Requirement* Please Provide Complete Details, Example 1) AMB [§] Requirement for Premier variant - ₹50,000 per month 2) QTP [^] Requirement for EXIM Basic - USD20,000 equivalent	Non-Maintenance/ Transaction Charges* (₹)

*Mandatory Fields, [§]AMB-Average Monthly Balance, [^]QTP-Quarterly Throughput

Initial Deposit Details

Source of Funds: ☐ Cheque[@] ☐ Debit my/our Existing Account Number#

IMPORTANT: No Cash to be handed over to the Sales Executive.

Cheque Details (In case of Cheque Payment)

☐ Cheque No. _____ Drawn on _____ Bank
for ₹ _____ Date _____

[@]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

Signature with Stamp
(To be signed by any one Authorised Signatory)

SOURCING EXECUTIVE DECLARATION

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

Branch Name: _____	Branch Code: _____
Employee Name: _____	ECN: _____
Mobile No.: _____	

Customer Name: _____
Designation: _____
Mobile No.: _____

Date:

Sales Executive Signature

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. For more information on our Products & Services, please visit our website www.indusind.com

IndusInd Bank

MOST IMPORTANT DOCUMENT

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Customer Name: _____
Designation: _____
Mobile No.: _____

Date:

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**Fields are mandatory.*

EXPORT/ IMPORT

Export/Import (Goods & Services)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IE Code*	<input type="text"/>	
LEI Code	<input type="text"/>	Expiry Date: <input type="text"/>
Import Turnover (in Crs)	<input type="text"/>	Export Turnover (In Crs) <input type="text"/>

*IE Code Mandatory other than type of business selected as "Service".

INDUSTRY*

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

*No. of Employees	<input type="checkbox"/> 0 to 20	<input type="checkbox"/> 21 to 50	<input type="checkbox"/> 51 to 100	<input type="checkbox"/> above 100
*Annual Turnover (in Lacs)	<input type="checkbox"/> <50	<input type="checkbox"/> 50 to 100	<input type="checkbox"/> 100 to 500	<input type="checkbox"/> 500 to 1000 <input type="checkbox"/> Above 1000
*Expected Monthly Transactions (Debit and Credit)				
Total No. of Transactions	<input type="text"/>		Cash (In Lacs)	<input type="text"/>
Cheque (In Lacs)	<input type="text"/>		NEFT/RTGS/Fund Transfer (In Lacs)	<input type="text"/>

CLIENT RELATIONSHIP & SISTER CONCERNS (IF ANY)

Existing Relationship With IndusInd Bank (Mention Name of Firm/Company and Cust ID)	<input type="text"/>	<input type="text"/>
Line of Business of Associate/Sister Concerns	<input type="text"/>	<input type="text"/>
Date of Incorporation/Establishment of Associate/Sister Concerns	<input type="text"/>	<input type="text"/>

MODE OF OPERATION*

☐ Singly ☐ Severally ☐ Jointly ☐ As per Board Resolution/Mandate Letter

INITIAL DEPOSIT DETAILS*

IMPORTANT: No Cash to be handed over to the Sales Executive.

☐ Cheque No. Drawn on Bank for ₹
(Favouring IndusInd Bank Ltd. A/C - Account Title)

☐ Debit my existing A/C for ₹

FIXED DEPOSIT (FD)/RECURRING DEPOSIT (RD)

<input type="checkbox"/> FD <input type="checkbox"/> RD													
FD/RD Instruction:													
Amount: <input type="text"/>	Rate of Interest: <input type="text"/> % Tenure: <input type="text"/> Years <input type="text"/> Months <input type="text"/> 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"/>												
<table border="1"> <thead> <tr> <th></th> <th>Option 1</th> <th>Option 2</th> </tr> </thead> <tbody> <tr> <td>Interest Frequency</td> <td><input type="checkbox"/> Reinvestment</td> <td><input type="checkbox"/> Payout Quarterly <input type="checkbox"/> Payout Monthly</td> </tr> <tr> <td>Maturity Instructions**</td> <td> <input type="checkbox"/> Renew Principal and Interest[#] <input type="checkbox"/> Renew Principal and Pay Back Interest[#] <input type="checkbox"/> Pay Back Principal and Interest </td> <td> <input type="checkbox"/> Renew Principal <input type="checkbox"/> Pay Back Principal </td> </tr> <tr> <td>Interest/Maturity Payout Mode</td> <td> <input type="checkbox"/> Transfer to A/C[^] <input type="checkbox"/> Issue Pay Order <input type="checkbox"/> RTGS/NEFT[@] IFSC Code: <input type="text"/> </td> <td> <input type="checkbox"/> Payable at <input type="text"/> (Location) Account No.: <input type="text"/> </td> </tr> </tbody> </table>			Option 1	Option 2	Interest Frequency	<input type="checkbox"/> Reinvestment	<input type="checkbox"/> Payout Quarterly <input type="checkbox"/> Payout Monthly	Maturity Instructions**	<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	Interest/Maturity Payout Mode	<input type="checkbox"/> Transfer to A/C [^] <input type="checkbox"/> Issue Pay Order <input type="checkbox"/> RTGS/NEFT [@] IFSC Code: <input type="text"/>	<input type="checkbox"/> Payable at <input type="text"/> (Location) Account No.: <input type="text"/>
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[^]Sweep-In and Interest/Maturity Payouts would be transferred to this Account. ^{**}Not applicable for Recurring Deposit. [#]FDs which are booked as non-withdrawable, on renewal, will get booked as withdrawable. [@]Third Party maturity payment not allowed. If TDS is not to be deducted, please submit Income Tax Exemption letter along with this form. Interest (simple) on Fixed Deposits with tenure less than or equal to 180 days will be only paid on the maturity date of such deposit. In absence of specific request, existing Mode of Operation set up for your Non-Individual Account stands applicable for all Term Deposit operations.

AUTHORISED SIGNATORY - 1 (*Fields are Mandatory)

Existing Customer: ☐ No ☐ Yes (CIF ID, if yes) CKYC ID:

DIN/DPIN: (Applicable for Pvt. Ltd./Ltd. Companies/OPC and LLPs) Aadhaar:

*Name:

*Gender: ☐ Male ☐ Female ☐ TG *DOB:

*Nationality: ☐ Indian ☐ Foreign National ☐ NRI ☐ Others (Please Specify) Differently Abled: ☐ Yes ☐ No

*Mother's Name:

*Mother's Maiden Name:

Father's/Spouse's Name:

*Residential Address:

*Mobile No.: - *PAN: or ☐ Form60/49A

Occupation: ☐ Business ☐ Self-employed Professional ☐ Service ☐ Others (Please Specify)

Marital Status: ☐ Married ☐ Single ☐ Other Qualification: ☐ Postgraduate ☐ Graduate ☐ Undergraduate ☐ Other

E-mail ID⁵:

⁵E-mail ID is mandatory for Connect Online setup

Debit Card[^]

Choose Card Type	<input type="checkbox"/> World/Signature <input type="checkbox"/> Gold/Titanium <input type="checkbox"/> Platinum <input type="checkbox"/> Other (Please Specify)
Name to be embossed	<input type="text"/>

Note: As per RBI guidelines, all New Debit Card issued by default will be enabled on Domestic ATM and Domestic POS only.

Internet Banking (IndusNet) ☐ View Only (Non-Financial) ☐ Transaction (Financial)

Phone Banking ☐ Yes ☐ No

Note: Customers opting for Debit Card can generate their Net Banking Password on their own through www.indusind.com. [^]Available only if the mode of operation is Singly/Severally

Recent
Passport Size
Photograph
to be signed
across the
photograph

Signature with Stamp

AUTHORISED SIGNATORY - 2 (*Fields are Mandatory)

Existing Customer: ☐ No ☐ Yes (CIF ID, if yes) CKYC ID:

DIN/DPIN: (Applicable for Pvt. Ltd./Ltd. Companies/OPC and LLPs) Aadhaar:

*Name:

*Gender: ☐ Male ☐ Female ☐ TG *DOB:

*Nationality: ☐ Indian ☐ Foreign National ☐ NRI ☐ Others (Please Specify) Differently Abled: ☐ Yes ☐ No

*Mother's Name:

*Mother's Maiden Name:

Father's/Spouse's Name:

*Residential Address:

*Mobile No.: - *PAN: or ☐ Form60/49A

Occupation: ☐ Business ☐ Self-employed Professional ☐ Service ☐ Others (Please Specify)

Marital Status: ☐ Married ☐ Single ☐ Other Qualification: ☐ Postgraduate ☐ Graduate ☐ Undergraduate ☐ Other

E-mail ID⁵:

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Debit Card[^]

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Phone Banking ☐ Yes ☐ No

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Recent
Passport Size
Photograph
to be signed
across the
photograph

Signature with Stamp

[illegible]

Debit Card^

[illegible]

Note: As per RBI guidelines, all New Debit Card issued by default will be enabled on Domestic ATM and Domestic POS only.

Internet Banking (*IndusNet*) ☐ View Only (*Non-Financial*) ☐ Transaction (*Financial*)

Phone Banking ☐ Yes ☐ No

Note: Customers opting for Debit Card can generate their Net Banking Password on their own through www.indusind.com. ^Available only if the mode of operation is Sinaly/Severally

The diagram illustrates the correct placement of a signature and stamp on a passport photograph. It consists of two rectangular boxes. The left box is labeled "Recent Passport Size Photograph to be signed across the photograph". The right box is labeled "Signature with Stamp".

Existing Customer:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<div style="border: 1px solid black; width: 100px; height: 20px;"></div> (CIF ID, if yes)	CKYC ID:	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
DIN/DPIN:	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	(Applicable for Pvt. Ltd./Ltd. Companies/OPC and LLPs)			Aadhaar: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
*Name:	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>				
*Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> TG	*DOB:	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> DD MM YY YY </div>
*Nationality:	<input type="checkbox"/> Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> NRI	<input type="checkbox"/> Others	(Please Specify) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
	Differently Aabled: <input type="checkbox"/> Yes <input type="checkbox"/> No				
*Mother's Name:	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>				
*Mother's Maiden Name:	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>				
Father's/Spouse's Name:	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>				
*Residential Address:	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>				
					*PIN: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
*Mobile No.:	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> C O D E </div>	-	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	*PAN:	<div style="border: 1px solid black; width: 100px; height: 20px;"></div> or <input type="checkbox"/> Form60/49A
Occupation:	<input type="checkbox"/> Business	<input type="checkbox"/> Self-employed Professional	<input type="checkbox"/> Service	<input type="checkbox"/> Others	(Please Specify) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
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 ⁵ :	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>				

⁵E-mail ID is mandatory for Connect Online setup

Debit Card^

Choose Card Type	<input type="checkbox"/> World/Signature <input type="checkbox"/> Gold/Titanium <input type="checkbox"/> Platinum <input type="checkbox"/> Other <u>(Please Specify)</u>
Name to be embossed	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>

Note: As per RBI guidelines, all New Debit Card issued by default will be enabled on Domestic ATM and Domestic POS only.

Internet Banking (*IndusNet*) ☐ View Only (*Non-Financial*) ☐ Transaction (*Financial*)

Phone Banking ☐ Yes ☐ No

Note: Customers opting for Debit Card can generate their Net Banking Password on their own through www.indusind.com. ^Available only if the mode of operation is Sinaly/Severally

The diagram consists of two rectangular boxes. The left box is larger and contains the text: "Recent Passport Size Photograph to be signed across the photograph". The right box is smaller and positioned to the right of the first box, containing the text: "Signature with Stamp".

CHOOSE ACCOUNT TYPE (Any one authorised signatory to sign)

CURRENT ACCOUNT				
Standard Variants	<input type="checkbox"/> Indus Max (AMB - ₹10,000)	<input type="checkbox"/> Indus Premier (AMB - ₹50,000)	<input type="checkbox"/> Indus Select (AQB - ₹1,00,000 Single/Group Balance)	<input type="checkbox"/> Indus Select Plus (AQB - ₹3,00,000 Single/Group Balance)
	Signature with Stamp	Signature with Stamp	Signature with Stamp	Signature with Stamp
EXIM Variants	<input type="checkbox"/> Indus Exclusive (AQB - ₹5,00,000 Single/Group balance)	<input type="checkbox"/> Indus Grandé (AQB - ₹7,00,000 Single/Group balance)	<input type="checkbox"/> Aspire (Refer to SoC)	<input type="checkbox"/> Freedom (One ATM/Mobile App/ Net Banking transaction per month)
	Signature with Stamp	Signature with Stamp	Signature with Stamp	Signature with Stamp
Industry Specific Variants	<input type="checkbox"/> Dollar One (AMB - ₹1,00,000)	<input type="checkbox"/> EXIM Basic (Quarterly throughput - USD20,000 equivalent)	<input type="checkbox"/> EEFC <input type="checkbox"/> USD <input type="checkbox"/> Euro <input type="checkbox"/> Pound <input type="checkbox"/> Other <small>Specify Currency</small>	
	Signature with Stamp	Signature with Stamp	Signature with Stamp	
Others	<input type="checkbox"/> Infotech (Refer to SoC)	<input type="checkbox"/> Textile (AMB - ₹60,000)	<input type="checkbox"/> Grain Merchant Flexi (AMB - ₹1,00,000)	<input type="checkbox"/> Indus Tarakki (Refer to SoC)
	Signature with Stamp	Signature with Stamp	Signature with Stamp	Signature with Stamp
Others	<input type="checkbox"/> Merchant Plus (Refer to SoC)	<input type="checkbox"/> Green (HAB - ₹10,000)	<input type="checkbox"/> Green Plus (HYC - ₹50 Lacs)	<input type="checkbox"/> Govt A/C (AMB - Nil)
	Signature with Stamp	Signature with Stamp	Signature with Stamp	Signature with Stamp
Others	<input type="checkbox"/> FCRA Current Account (AMB-Nil)	<input type="checkbox"/> Sub FCRA Current Account (AMB Nil)	<input type="checkbox"/> Other _____	
	Signature with Stamp	Signature with Stamp	Signature with Stamp	
SAVINGS ACCOUNT				
Variants	<input type="checkbox"/> TASC (AMB - ₹10,000)	<input type="checkbox"/> Prime (AMB - ₹1,00,000)	<input type="checkbox"/> FCRA Savings Account (AMB - Nil)	<input type="checkbox"/> Sub FCRA Savings Account (AMB - Nil)
	Signature with Stamp	Signature with Stamp	Signature with Stamp	Signature with Stamp
Variants	<input type="checkbox"/> Govt A/C (AMB - Nil)	<input type="checkbox"/> Other _____		
	Signature with Stamp	Signature with Stamp		

AMB - Average Monthly Balance, AQB - Average Quarterly Balance, HAB - Half Yearly Average Balance, HYC - Half Yearly Credits, SoC - Schedule of Charges

CORPORATE INTERNET BANKING (All fields given below are mandatory)

(A). Maker + Checker with authorization rights for Self-Initiated Transactions* ☐

*All Authorized Signatories as per account opening form will get access.

OR

(B). Please fill the below section in case only specific Authorised Signatory require internet banking.

Authorised Signatories	User Role (Tick Anyone)		
Authorised Signatory 1	<input type="checkbox"/> Maker & Checker*	<input type="checkbox"/> Checker	<input type="checkbox"/> View only
Authorised Signatory 2	<input type="checkbox"/> Maker & Checker*	<input type="checkbox"/> Checker	<input type="checkbox"/> View only
Authorised Signatory 3	<input type="checkbox"/> Maker & Checker*	<input type="checkbox"/> Checker	<input type="checkbox"/> View only
Authorised Signatory 4	<input type="checkbox"/> Maker & Checker*	<input type="checkbox"/> Checker	<input type="checkbox"/> View only

*Maker & Checker role if ticked will enable the user for authorization rights on self-initiated transaction.

Please fill the below section for additional Maker {Mandatory field if Section (B) is opted as Checker only}.

Maker 1	Name:															
	Email ID:											Mobile Number:				
Maker 2	Name:															
	Email ID:											Mobile Number:				

(C). Trade Services (All Products without Letter of Credit (LC)) ☐

Corporate Internet Banking Setup Guidelines

In case both Section A and B is selected the default setup will get processed as mentioned in Section A. Default User id's will be created subject to the policies and processes of the Bank. Limits for authorised transaction/s by users will be set up as per the details updated in the account. 'Maker' shall mean person/s who will be able to only input a transaction and 'Checker' shall mean person/s who will only be able to authorize a transaction. Maker & Checker will be able to undertake both Input and authorize own/other's transaction. Daily transaction limits of 2 Crore per transaction and 5 Crore per day will be set up as a default for all payment modes and IndusInd Bank Ltd ("Bank") reserves the right to modify default transaction limits and availability of specific products in Corporate Internet Banking. If trade services is opted, all trade products (Except LC) will be enabled by default for all customers, non-fund based Customers shall be required to execute an indemnity in favour of Bank in order to avail of a Letter of Credit (LC) product in digital channel from the Bank. New Products and features as and when rolled out will be enabled for all users at the discretion of the Bank.

General Declaration for Corporate Internet Banking Facility (to be signed by all authorized signatories with rubber stamp)

I/We have read the terms and conditions and all such documents in respect of the aforesaid Corporate Internet Banking facility displayed on www.indusind.com. 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 and confirm that such terms & conditions shall form as an integral part of this form. I/We understand that in case users are both Maker and Checker rights are assigned, they can singly initiate and authorise the transaction. I/We understand and accept the risks arising out of granting such access to users. I/We hereby indemnify and keep indemnified the Bank against any costs, charges, claims, disputes and consequences howsoever and whatsoever arising out of access granted by Bank as per my/our request herein and/or any act/omission/breach on my/ our part whilst availing the Corporate Internet Banking facility.

Signature with Stamp	Signature with Stamp	Signature with Stamp	Signature with Stamp
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MERCHANT SERVICES

<input type="checkbox"/> POS Terminal	<input type="checkbox"/> Payment Gateway	<input type="checkbox"/> QR Code	(By opting for IndusInd Bank Merchant Services you hereby agree & accept all applicable Terms and Conditions. To avail POS/PG Services, please sign and submit a separate Application/Agreement along with this Account Opening Form.)
Signature with Stamp	Signature with Stamp	Signature with Stamp	Signature with Stamp

ADDITIONAL PRODUCTS & SERVICES (Please tick service interested in)

PRODUCTS

Insurance	<input type="checkbox"/> Fire (Stock/Property)	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Group Health	<input type="checkbox"/> Marine
Loans Required	<input type="checkbox"/> Working Capital Loan	<input type="checkbox"/> Loan Against Property	<input type="checkbox"/> Loan Against Card Receivables	
Others	<input type="checkbox"/> Commercial Card	<input type="checkbox"/> Corporate Salary	<input type="checkbox"/> Cash Management Services	<input type="checkbox"/> Locker
Standing Instruction/ECS/ Bill Payment facility (Please fill SI/ECS/ Bill Payment Form and details)				

DOORSTEP BANKING (Please submit Indemnity form for On-Call (> 2 Lacs) or Beat service)

<input type="checkbox"/> Cash Pick-up: _____ Value _____	<input type="checkbox"/> Cash Delivery: _____ Value _____	<input type="checkbox"/> Beat Service <input type="checkbox"/> On-Call
<input type="checkbox"/> Cheque Pick-up		<input type="checkbox"/> Beat Service <input type="checkbox"/> On-Call

PRODUCTS FOR AUTHORISED SIGNATORY

Product	Authorised Signatory 1	Authorised Signatory 2	Authorised Signatory 3	Authorised Signatory 4
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)	(Please specify the Credit Card Product)
Personal Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel Card (Forex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

RETAIL INTERNET BANKING (Declaration)

We hereby request IndusInd Bank to allow us operate the said Account using the Bank's Internet Banking facility – IndusNet, on the Terms and Conditions detailed hereunder which have been read and understood by us, including the Terms and Conditions in this application form and displayed on the website www.indusind.com.
M/s. _____ (Entity Name) will be solely entitled to receive the Customer/User ID & IndusNet Login password to access the Bank's IndusNet facility. All of these details will remain in safe and confidential custody of the Authorised Signatory using it, as appointed/nominated by the Entity. The above entity will be solely responsible for all transactions initiated in the said Account using IndusNet facility. IndusInd Bank will not be held responsible neither liable for any actions, claims, demands, proceedings, losses, damages, costs, charges and expenses arising out of the transactions carried out through IndusNet. I/We agree to inform IndusInd Bank of any changes in the operating instructions for IndusNet by furnishing necessary documents and writings. I/We will comply with all provisions of the Foreign Exchange Management Act, 1999 and the regulations of the Reserve Bank of India relating to foreign exchange – those enforced from time to time. Default transaction limits will be applied to all IndusNet users. The Bank reserves the right to reset the default limits of IndusNet at any time.

Date: _____	Signature with Stamp	Signature with Stamp	Signature with Stamp	Signature with Stamp
Place: _____				

Note: The Accounts with Single/Severally Mode of operation will get View & Transaction rights. The Accounts with Joint/Conditional mode of operations will have only Views rights.

DECLARATION FOR SOLE PROPRIETORSHIP (without rubber stamp)

I, the undersigned, am the sole proprietor of the firm, M/S _____
for which I am submitting this application to open an Account with IndusInd Bank. I declare that I have an existing CA/CC/SB Account No. _____ with _____
Bank in the name of _____ for the last _____ years.
I agree that all the information disclosed in this document is factual & correct. I agree to indemnify in writing and inform IndusInd Bank of any changes in the constitution of the firm, including information provided in this form or in related documents. I agree to 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 in any way is a result of the services I have availed for. I will be liable to IndusInd Bank for any obligation standing in the firm's name in the Bank's books, until all such obligations shall have been liquidated. I have furnished to the Bank the Power of Attorney authorising the person(s) as indicated hereinbefore for operating the Account. I/We are aware and abide by the Terms and Conditions institutionalised by IndusInd Bank Ltd., its Citizens' Charter & Deposit Policy to carry out lawful banking through all its registered banking channels and affiliates; details of which are articulated on www.indusind.com and have been understood & agreed to without any ambiguity.

Signature

NOMINATION FORM DA1 (Only for Sole Proprietorship/Please choose any of the below options)

☐ I hereby confirm that I do not require any nomination facility on my Bank Deposit^A.
☐ 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.
I/ We ☐ agree/ ☐ do not agree for the name of my/ our 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)

Name: _____	Name: _____
Signature***: _____	Signature***: _____
Address: _____	Address: _____

^AWhere 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. ^AI have understood the benefits of Nomination and still do not wish to Nominate.**

GENERAL DECLARATION

I/We are aware and abide by the Terms and Conditions institutionalised by IndusInd Bank Ltd., its Citizens' Charter & Deposit Policy to carry out lawful banking through all its registered banking channels and affiliates; details of which are articulated on www.indusind.com and have been understood & agreed to without any ambiguity. 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, Corporate Internet Banking/IndusNet, Debit/ATM card which are in force now. I/We concur to have clearly understood all information (benefits, charges, channels, clauses & procedures) provided to me/us, pertaining to the banking service, I/We wish to obtain via this Account Opening Form and hereon authorise IndusInd Bank Ltd. to initiate all proceedings to facilitate me/us with agreed banking services. 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 confirm that 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 to the Bank in writing by me/us. I/We agree to declare legitimate, factual and accurate information to IndusInd Bank Ltd. at all times, during the course of obtaining lawful banking services; failing which, support and authorise the Bank to initiate all necessary action to safeguard its interest and that of its clients. 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 declare that I/We have had no insolvency initiated against me/us nor have been adjudicated insolvent, nor defaulted under any loan taken by me/us from any other bank/institution. 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/ Corporate Internet Banking/IndusNet to the company. I/We authorise and give consent to the Bank to register my/our GSTN & Aadhaar Number with Current/Saving Account. I/We concur, abide and support all compliant regulatory proceedings initiated by IndusInd Bank Ltd. towards its clients in cases of insolvency, defaulting, violation of Statutory Banking Norms & Acts or any other fraudulent activities with/without sufficient intimation. I/We concur and authorise IndusInd Bank Ltd. and its registered banking affiliates to undertake periodic checks, enquiries and thereby part information about its clients as and when deemed necessary in adherence to Statutory Banking norms and Data Protection regulations. 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 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 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 authorise the Bank to disclose the information relating to Bank Guarantee/Letter of Credit facility if any availed by me/us. I/We acknowledge that, as per Prevention of Money Laundering Rules, 2005, in case of any update in the documents submitted by me/us after CIF/Account opening, I/We shall submit the updated documents to the Bank within 30 days to be updated in the Bank records.

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

Note: In case of CIF facility with multiple banks, separate annexure needs to be provided.

Consent to Use, Share and Disclose Registered Communication Contact Details

I/We hereby **ACCEPT, AUTHORISE, CONFIRM AND PERMIT** IndusInd Bank Limited ("Bank") to **USE, SHARE AND DISCLOSE** any/all of my/our registered communication contact addresses/details (postal, e-mail, mobile number, social media platforms/channels etc.), that I/we have willingly registered/shared with the Bank for the purpose of (A) receiving information, either from the Bank, Central KYC Registry and/or through any of the Bank's authorised Service Providers / Agency(ies)/Professional Advisors related to the operations of my/our account(s)/services availed by me /us from the Bank; and/or (B) API based authentication where my/our details are being auto fetched/ populated to process my banking requests/applications on/through the Bank's Web Applications/Systems; and/or (C) any kind of promotional/research/feedback based exercise about the Bank's products/services that I/we must/may be made aware for general consumption or to provide feedback as an existing customer of the Bank; until such time I request/notify the Bank to stop sending communication to any/all of my/our registered communication addresses/details as per the Bank's defined process and knowing that the Bank will ensure security and confidentiality to all my communication contact details provided by me/us. If I am /we are or become a Non Resident Indian (NRI) / foreign national, I confirm that the following consent is well within my capacity as a Non-Resident Indian and by doing so I do not violate or breach in any manner the regulations or statutes of the country of my residence as are applicable to me.

Notwithstanding anything contained herein above, in case I/we opt out from the above and tick 'NO' below, the Bank shall be entitled to use/share/discard my communication contact addresses/details to send me/us all communication either through select/mandated communication channels, those that are deemed necessary for the (A) smooth processing of my/our account operations/service request(s) (B) for general awareness and/or (C) any statutory action required to be undertaken by me/us as per the applicable laws and guidelines/regulations/directions/notifications prescribed by the Reserve Bank of India, Ministry of Finance India, government/quasi-government authorities and any other authorities governing the financial and banking operations whether in India or outside India.

☒ Yes ☐ No

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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 _____ Father's 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 ☐ Govt. ID Card ☐ Other

FATCA-CRS Terms and Conditions: 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 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 **General Declaration and FATCA-CRS Terms and Conditions** with regard to Account opening and hereby accept the same.

Date: <input type="text" value="DDMMYYYY"/>	<div>Signature with Stamp</div>	<div>Signature with Stamp</div>	<div>Signature with Stamp</div>	<div>Signature with Stamp</div>
Place: _____				

Note: To be signed by Authorised Signatories as per mandate of Account operation with rubber stamp.

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, Net Banking and Mobile Banking. We 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. 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 over any monies then and thereafter standing to the firm's credit and securities pledged, hypothecated or held in the firm's 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 any one 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 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: <input type="text" value="DDMMYYYY"/>	<div>Signature</div>	<div>Signature</div>	<div>Signature</div>	<div>Signature</div>
Place: _____				

DECLARATION FOR TRUSTS/ASSOCIATIONS/SOCIETIES/CLUBS/SECTION 8/SECTION 25 COMPANIES (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.

☐ For opening 'Another FCRA Account', we shall submit approval from Ministry of Home Affairs (MHA) for our 'FCRA Account' held with SBI New Delhi Main branch & for opening 'FCRA Utilization Account' we shall submit MHA approval for 'FCRA Account' held with SBI New Delhi Main branch and 'Another FCRA Account', if opened, in compliance with Foreign Contribution (Regulation) Act, 2010 and any guidelines, rules and regulations made thereunder.

☐ We certify that this is the only 'Another FCRA Account' being opened and we do not hold any other 'Another FCRA Account'.

☐ No remittance/Foreign Contribution will be credited to the 'Another FCRA Account' opened with IndusInd Bank and all credits will come from 'FCRA Account' held with SBI New Delhi Main branch. In case of 'FCRA Utilization Account' opened with IndusInd Bank, all credits will be either from 'FCRA Account' held with SBI New Delhi Main branch or 'Another FCRA Account'.

Trustee Name	Trustee Name	Trustee Name	Trustee Name
<div>Signature & Stamp</div>	<div>Signature & Stamp</div>	<div>Signature & Stamp</div>	<div>Signature & Stamp</div>

FOR BANK USE ONLY

Account Number: <input type="text"/>	Existing A/C Number: <input type="text"/>
Account Sourcing Date: <input type="text" value="DDMMYYYY"/>	Promo Code: <input type="text"/>
Segment Code: <input type="text"/>	Lead Generator Code: <input type="text"/>

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: _____	Sourcer Code: <input type="text"/>
<div>Sourcing Executive Name & Signature</div>	<div>Deputy Branch Manager Signature, Employee No. & Branch Round Stamp</div>
	<div>Branch Manager's Signature, Employee No. & Branch Manager Stamp</div>