

SCHEME CHANGE REQUEST FORM - RESIDENT TO NRI

* Fields are mandatory. Please use (✓) sign to indicate selection

Branch Sol ID:

Name of Primary Account Holder*:

Name of Joint Account Holder*:

Customer ID*: Primary Account Holder: Joint Account Holder:

I/We confirm that my residential status has changed from Resident Indian to Non Resident Indian. I hereby request you to change the status of my account/ deposits from resident Indian to NRO. I confirm that I have read and understood all the Terms and Conditions associated with the product and I accept and agree to abide by the same. I/We confirm that all unused cheques/ATM/Debit Cards has been destroyed by me/us.

☐ I additionally wish to open a NRE Account ☐ Please issue a new Debit Card and Cheque Book
(For Converted NRO Account and NRE Account (If applied for))

Residential Status	Existing	New
Primary Account Holder:	<input checked="" type="checkbox"/> Resident Indian	<input checked="" type="checkbox"/> NRI
Joint Account Holder:	<input checked="" type="checkbox"/> Resident Indian	<input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI (Select any one)
Product Variant for NRO/NRE ac (Select any one)*	<input type="checkbox"/> Regular <input type="checkbox"/> Indus Maxima <input type="checkbox"/> Indus Select <input type="checkbox"/> Indus Exclusive <input type="checkbox"/> Indus Grandé <input type="checkbox"/> PIONEER <input type="checkbox"/> Others	

For Scheme Change from Resident Savings Account to NRO Account:

Description	Primary Account Holder	Joint Account Holder
Passport No*:	<input type="text"/>	<input type="text"/>
Date of Issue*:	<input type="text"/>	<input type="text"/>
Date of Expiry*:	<input type="text"/>	<input type="text"/>
Place of Issue*:	<input type="text"/>	<input type="text"/>
Type of Visa/ Labour Card/ Work Permit* (Visitor & Business Visas are not allowed)	<input type="text"/>	<input type="text"/>
Visa No.*:	<input type="text"/>	<input type="text"/>
Visa Issuance Date*:	<input type="text"/>	<input type="text"/>
Visa Expiry Date*:	<input type="text"/>	<input type="text"/>

MODE OF OPERATION*

☐ Single ☐ Either or Survivor ☐ Anyone or Survivor ☐ Jointly ☐ Others (please specify) _____

☐ Former or Survivor **Note:** For NRE/ FCNR(B) accounts where 2nd applicant is a Resident Close Relative (As defined in Section 2(77) of the Companies Act 2013)/ For NRO accounts where 2nd applicant is a Resident Indian, mode of operation will be Former or Survivor.

APPLICANT(S) DETAILS

Description	Primary Account Holder	Joint Account Holder
Country of Residence*:	<input type="text"/>	<input type="text"/>
Preferred Address for Communication*:	<input type="checkbox"/> Overseas <input type="checkbox"/> India	<input type="checkbox"/> Overseas <input type="checkbox"/> India
Overseas Address*:	<input type="text"/>	<input type="text"/>
Landmark:	<input type="text"/>	<input type="text"/>
City/ Town/ Province:	<input type="text"/>	<input type="text"/>
State*:	<input type="text"/>	<input type="text"/>
Country*:	<input type="text"/>	<input type="text"/>
PIN/ ZIP*:	<input type="text"/>	<input type="text"/>
Mobile No.*:	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>
	Country Code Number	Country Code Number
Tel. No.:	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
	Country Code Area Code Number	Country Code Area Code Number
Fax:	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
	Country Code Area Code Number	Country Code Area Code Number

Email ID*:				
India Address*: (If your preferred address for communication is India, please fill India address)				
Landmark:				
City/ Town/ Province:				
State*:				
PIN/ ZIP*:				
Mobile No.*:	<div>Country Code</div> <div>Number</div>		<div>Country Code</div> <div>Number</div>	
Tel. No.:	<div>Country Code</div> <div>Area Code</div> <div>Number</div>		<div>Country Code</div> <div>Area Code</div> <div>Number</div>	
Fax:	<div>Country Code</div> <div>Area Code</div> <div>Number</div>		<div>Country Code</div> <div>Area Code</div> <div>Number</div>	

DECLARATION AS PER FATCA-CRS

	Primary Account Holder	Joint Account Holder																								
DECLARATION AS PER FATCA-CRS*	<p>Are you a Tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please provide the following information. Please indicate all the countries in which you are a resident for tax purposes and the associated Tax Identification Number below</p> <table border="1"> <thead> <tr> <th>Country</th> <th>Tax identification No. (In case Tax identification No. is not available, kindly provide functional equivalent)</th> <th>Identification Type (TIN or Others, please specify)</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table> <p>If NO, I am a resident at _____ Country from _____ years. Currently I am not paying any tax at _____ Country, hence</p> <p>TIN Number is not issued/applied to me. Any change in tax residency or issuance of TIN, the same will be updated with the Bank within 30 days of issuance or status change.</p>	Country	Tax identification No. (In case Tax identification No. is not available, kindly provide functional equivalent)	Identification Type (TIN or Others, please specify)										<p>Are you a Tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please provide the following information. Please indicate all the countries in which you are a resident for tax purposes and the associated Tax Identification Number below</p> <table border="1"> <thead> <tr> <th>Country</th> <th>Tax identification No. (In case Tax identification No. is not available, kindly provide functional equivalent)</th> <th>Identification Type (TIN or Others, please specify)</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table> <p>If NO, I am a resident at _____ Country from _____ years. Currently I am not paying any tax at _____ Country, hence</p> <p>TIN Number is not issued/applied to me. Any change in tax residency or issuance of TIN, the same will be updated with the Bank within 30 days of issuance or status change.</p>	Country	Tax identification No. (In case Tax identification No. is not available, kindly provide functional equivalent)	Identification Type (TIN or Others, please specify)									
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DOCUMENTS CHECK LIST

Documents	Primary Account Holder	Joint Account Holder
Acceptable Identity Proof. For NRI customer Valid Indian Passport	<input type="checkbox"/>	<input type="checkbox"/>
Valid Work Visa/Residence Permit	<input type="checkbox"/>	<input type="checkbox"/>
Overseas/India Address Proof	<input type="checkbox"/>	<input type="checkbox"/>

TERMS & CONDITIONS

- The balance in the account must adhere to the minimum quarterly average balance stipulation laid down by the Bank, basis the product variant selected and communicated to you at the time of conversion/opening of the account. Non-maintenance of this quarterly average balance will attract applicable charges.
- Any special instructions, both financial and non-financial in nature, like standing instructions, stop payment instructions, issuance of cheque books, Demand Drafts, requests for hot carding ATM/DEBIT Cards, Issuance of duplicate card/PIN must be communicated in writing and/or via valid Internet Banking User ID (wherever such an option is available subject to terms and conditions applicable for such facility), otherwise it shall not be binding on the Bank to comply with such instructions.
- After re-designation of Savings Account to NRO Account, the account number will remain the same.
- Before getting the Savings Account converted into NRO Account, it needs to be funded in case it is in zero balance or debit balance.
- In case of change of constitution from Resident Indian to NRI, if the savings account is linked with a trading account, the same will be delinked before conversion of the Savings Account to NRO.
- Domestic Debit Card (if applied) would be issued on the NRO Account.

Primary Holder's Recent Passport Size Photograph (Sign Across)	Primary Holder's Name:	Joint Holder's Recent Passport Size Photograph (Sign Across)	Joint Holder's Name:
	Signature of Primary Holder's		Signature of Joint Holder's

ANNEXURE

INDEMNITY LETTER RELATING TO INSTRUCTIONS GIVEN BY EMAIL

To

IndusInd Bank Limited,

Notwithstanding anything to the contrary contained in any other document/ agreement, I/ We, the undersigned, hereby request and authorize you to act and rely on any instructions or communications for any purpose (including but not limited to the instructions/ communications pertaining to the operation of all my / our accounts or to any other facilities or services that may be provided by you from time to time) which may from time-to-time be or purport to be given by facsimile, untested telexes and faxes, telegraph, cable or email by me/ us including such instructions/ communications as may be purported to be given by those authorized to operate my/ our account(s) with you. I/ We understand and acknowledge that there are inherent risks involved in sending the instructions to you via facsimile, untested telexes and faxes, telegraph, cable or e-mails and hereby agree and confirm that all risks shall be fully borne by me/ us and I/ we assume full responsibility for the same, and I/ we will not hold the Bank liable for any losses or damages including legal fees arising upon your acting, or your failure to act, wholly or in part in accordance with the instructions so received.

In view of you agreeing, subject to the terms and conditions hereunder, to act upon the instructions as aforesaid, I/ We hereby irrevocably agree and undertake:

- That the Bank shall be entitled to act as you see fit, without incurring any liability whatsoever to me/ us or to any other person, upon any instructions for any purpose which may from time to time be or purport to be given by facsimile, untested telexes and faxes, telegraph, cable or e-mail by me/ us (including such instructions as may be or purported to be given by those authorized to operate my/ our account(s) with you), even if such instructions or communications are not followed up by written confirmation to the Bank.
- That the instructions shall be conclusively presumed for your benefit to be duly authorized by and legally binding on me/ us, and I/ We shall be fully responsible for the same.
- You shall not be responsible to ensure the authenticity, validity or source of any instructions and shall not be liable if any instructions turned out to be unauthorized, erroneous or fraudulent.
- That you shall be entitled (but not obliged) to keep records of our instructions given or made by facsimile, untested telexes and faxes, telegraph, cable or any other form of electronic communication in such form, physical or electronic, as you may in your sole discretion deem fit, and your records shall be conclusive and binding on me/ us. You shall be entitled to dispose of or destroy any such records at any time and determined by your sole discretion.
- That you shall be authorized to disclose all instructions as you may deem fit, to your affiliated, counter parties, service providers, regulators and other authorities or where you are required by law to do so or to protect the interest of your bank.
- That you shall be entitled to require any instruction in any form to be authenticated by use of any password, identification code or test as may be specified by you from time to time and I/ We shall ensure the secrecy and security of such password, code or test and I/ We shall be solely responsible for any improper use of the same and I/ We shall not make any claim on you.
- That, notwithstanding the above you may, under circumstances determined by you in your absolute discretion, require from me/ us confirmation of any instructions in such form as may specify before acting on the same; and I/ We shall submit such confirmation to you immediately upon receipt of your request. Pursuant to receipt of instructions, you shall have the right but not the obligation to act upon such instructions.
- That you shall not be liable to me/ us or any third party for, and that I/ We (jointly and severally) shall indemnify you and keep you indemnified from and against all claims either by me/ us or any other, actions, demands, liabilities, costs, charges, damages, losses, expenses and consequences of whatever nature (including legal fees on a full indemnity basis) and howsoever arising which may be brought or preferred against you or that you may suffer, incur or sustain by reason or on account of you having so acted whether wrongly or mistakenly or not, or of your failing to act wholly or in part in accordance with the instructions and the terms of this letter.
- That I/ We confirm that I/ We have the capacity and authority to accept this document and that this document constitutes our valid, legal, effective and enforceable obligation.
- That this undertaking cum indemnity letter shall be governed and construed in accordance with the laws of India and I/ We hereby submit to the exclusive jurisdiction of the courts in Mumbai.
- This undertaking is an irrevocable letter and binding on my/our heirs and assigns.

Yours faithfully,

E-mail ID*: _____

**In case E-mail ID is not filled up here and you have opted for Instruction by Fax & E-mail, E- mail ID mentioned by you in the Primary Account Holder details will be considered.*

Name: _____

Signature of
Primary Account Holder

Name: _____

Signature of
Joint Account Holder

BANK USE ONLY

Certified that this Request Letter is complete in all respect & all relevant documents are obtained. Mode of operation and signatures of the A/c have been verified. The request may please be processed.

Following have been destroyed/deactivated/blocked

ATM/Debit Card: ☐ Yes ☐ No

Unused cheque leaves: ☐ Yes ☐ No

Demat A/c: _____ delinked ☐ Yes ☐ No

For INDUSIND BANK LTD.

Employee Name: _____

Employee No: _____

Designation: _____

Signature

Interaction Number: _____

Request Date:

D	D	M	M	Y	Y	Y	Y
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