



IndusInd Bank

SOLITAIRE UPGRADE AND GROUPING FORM CONSUMER BANKING Date of Request: D D M M Program/Group Type: Solitaire **Grouping Only** Request Type: Upgrade Only Grouping & Upgrade **PRIMARY ACCOUNT DETAILS** CIF ID Account Number Mobile No. E-mail ID Account Name ADD-ON ACCOUNT DETAILS Relationship with **Account Number Account Holder Name** Signature **Primary Account** Add-on 1 Add-on 4 For Savings Account - Self/ Family Member of Primary Account Holder Family Members means: Parents/ Spouse/ Siblings/ Children/ Grandparents/ Grand Children/ Mother in law/ Father in law/ Son in law/ Daughter in law **Customer Consent & Declaration - Grouping** I/We hereby authorise IndusInd Bank Ltd. to group all my/our Account(s) linked to my/our customer ID's to/under the Program as indicated above. I/We confirm that details mentioned herein by me/ us are correct including 'Relationship with Primary Account'. I/We understand that failure to maintain the prescribed relationship criterion across all of the Grouped Accounts, may lead to applicable balance non-maintenance charges or conversion of our accounts to a lower/previous variant. In scenario where Group is disbanded when Primary Account ceases to exist or is not part of the Group, add-on accounts may get converted to a lower/previous variant and may lead to applicable and complete information available on IndusInd Bank's Website under Terms & Condition, and agree to abide. **Customer Consent & Declaration - Upgrade** I/ We hereby authorize IndusInd Bank Ltd. to upgrade my/ our Account(s) to/ under the Program as indicated above. I/ We have read, understood and concur to all Terms & Conditions (T&Cs), Schedule of Charges (SOC), features, offers, services, privileges, fees and charges associated with the upgrade of my/our account(s) under the Program and re-affirm that all details provided as per my/our consent stand true and factual. I/ We abide to maintain the minimum relationship value requirement related and specified to the account. I/We understand that any/all account held by joint account holders will also be upgraded to the same variant as primary. I/We hold liability to pay all obligatory charges as prescribed by the bank for non-maintenance of the same, additionally refrain from raising any claim/ dispute in this regard. I/We agree to receive an upgraded personalized kit with international chip debit card at the communication address and authorize IndusInd Bank Ltd. to deactivate my/our existing Debit Card(s) issued on my/our account(s), 45 days post activation of new international Debit Card. 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. Signature of 1st Account Holder/Authorised Signatory Signature of 2nd Account Holder/Authorised Signatory Signature of 3rd Account Holder/Authorised Signatory **BANK USE SECTION** Existing balance (ENR)/ Last month's AMB for existing A/Cs and initial funding amount for new Accounts (NTB) Add-on 2: Value Primary Account: Value Add-on 1: Value Add-on 3: Value Add-on 5: Value Add-on 4: Value Group Value: (Sum of all above values) Reference Code: Solitaire Grouping

I have verified the relationship of the Primary Account holder with the add-on Accounts and have also verified the Group Value (Sum of last month's AMB/ ENR/ Initial Funding) of all Accounts

Signature & Seal of Supervisor:____

Name of Supervisor:_

ECN of Supervisor:

Initiating Branch Details

Signature & Seal of Sourcer:_

Branch Code:

Name of Sourcer:

ECN of Sourcer:

Branch Name:

getting grouped from the system and confirm they meet the desired criteria.



Date: D D