



SOLITAIRE UPGRADE AND GROUPING FORM

CONSUMER BANKING

Date of Request: DDMMYYYY

Program/Group Type: Solitaire
Request Type: Grouping Only Upgrade Only Grouping & Upgrade

PRIMARY ACCOUNT DETAILS

Form fields for Primary Account Details: CIF ID, Account Number, Mobile No., E-mail ID, Account Name

ADD-ON ACCOUNT DETAILS

Table with 4 columns: Account Number, Account Holder Name, Relationship with Primary Account, Signature. Rows for Add-on 1 to Add-on 5.

- 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'.

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.

Signature boxes for Primary Account Holder/Authorised Signatory (1st, 2nd, 3rd)

BANK USE SECTION

Existing balance (ENR)/ Last month's AMB for existing A/Cs and initial funding amount for new Accounts (NTB)
Primary Account, Add-on 1, Add-on 2, Add-on 3, Add-on 4, Add-on 5, Group Value, Reference Code, Solitaire Grouping

Initiating Branch Details

Branch Code: Branch Name: Date: DDMMYYYY

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

Signature & Seal of Sourcer, Name of Sourcer, ECN of Sourcer, Signature & Seal of Supervisor, Name of Supervisor, ECN of Supervisor