

MINOR TO MAJOR CONVERSION FORM

Account Number:

CIF:

Date of Request:

GUARDIAN DECLARATION

I hereby declare that the minor, who is my (relation), has turned major on as per proof enclosed. I request IndusInd Bank to convert the status of the above Account from Minor to Major Account as per details below.

Guardian Name:

Guardian Signature

CHOOSE ACCOUNT VARIANT

Type of Product Indus Exclusive Indus Select Indus Maxima Indus Privilege Max Indus Diva
 Indus Privilege Indus Easy (Basic) Others:

If not chosen, account will remain in the existing variant post conversion

APPLICANT INFORMATION (All fields with * are mandatory)

Description		Description	
Salutation*	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Others	Edu. Qualifications	<input type="checkbox"/> Post Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Under Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Others <small>Please Specify</small>
First Name*	<input type="text"/>	Products Interested in	<input type="checkbox"/> Auto Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Gold Loan <input type="checkbox"/> Home Loan <input type="checkbox"/> Two-wheeler Loan <input type="checkbox"/> Credit Cards <input type="checkbox"/> Others <small>Please Specify</small>
Middle Name	<input type="text"/>	Occupation*	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Student <input type="checkbox"/> Self Employed Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Farmer <input type="checkbox"/> Others <small>Please Specify</small>
Last Name*	<input type="text"/>	Land Holding Details* <small>(Please provide details if occupation ticked above is Farmer)</small>	<input type="checkbox"/> 1 to 5 acre <input type="checkbox"/> 5 to 10 acre <input type="checkbox"/> > 10 acre <input type="checkbox"/> Contract Farming
DOB*	<input type="text"/>	Monthly Income*	<input type="checkbox"/> Upto ₹ 25,000 <input type="checkbox"/> ₹ 25,000 to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1 Lac <input type="checkbox"/> ₹ 1 Lac to ₹ 2.99 Lac <input type="checkbox"/> ₹ 3 Lac to ₹ 4.99 Lac <input type="checkbox"/> ₹ 5 Lac to ₹ 9.99 Lac <input type="checkbox"/> ₹ 10 Lac to ₹ 25 Lac <input type="checkbox"/> ₹ 25 Lac & Above
Differently Abled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Projected Cash Transaction (₹ per month)*	<input type="text"/>
Nationality*	<input type="checkbox"/> Indian <input type="checkbox"/> Other <small>Please Specify</small>	FATCA DECLARATION	
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender	Declaration as per FATCA/ CRS*	Your Country of Birth <input type="checkbox"/> India <input type="checkbox"/> Other than India Tax Resident <input type="checkbox"/> India <input type="checkbox"/> Other than India
Mother's Maiden Name*	<input type="text"/>	<small>(If answer of any of the above is 'Other than India' please submit the FATCA/CRS annexure for individuals. For T&C, visit www.indusind.com)</small>	
Father/Husband's Name*	<input type="text"/>		
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other		
Email ID* (To receive e-statement instead of physical statement)	<input type="text"/>		
Mobile No.* (To receive SMS alerts)	+ 9 1 <input type="text"/>		
PAN* (Please select Form 60, if no PAN)	<input type="text"/> Form 60 <input type="checkbox"/>		
Aadhaar Number	<input type="text"/> <small>Please input last 4 digits of your Aadhaar Number</small>		
Tel. No. Home	S T D <input type="text"/> - <input type="text"/>		
Tel. No. Office	S T D <input type="text"/> - <input type="text"/>		
Fax No.	S T D <input type="text"/> - <input type="text"/>		
Source of Fund*	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Investment <input type="checkbox"/> Gift <input type="checkbox"/> Professional <input type="checkbox"/> Others <small>Please Specify</small>		
Residence*	<input type="checkbox"/> Self/ Family Owned <input type="checkbox"/> Rented <input type="checkbox"/> Company Provided		

MODE OF OPERATION

- Singly - I want to operate this account in my name only
- I want to retain my guardian (name of existing guardian) as second holder in this account with MOP as below:
- Either or Survivor** Anyone or Survivor** Former or Survivor** Jointly Others (please specify)

For Term Deposits: The above mandate will be applicable to premature withdrawal at any point of time, including death of any one but not all holders.

**In case of joint term deposits having operating instructions as 'Either or Survivor', 'Anyone or Survivor' or 'Former or Survivor', the Bank shall repay the deposit/s before maturity of the deposit/s in case such a request is received in accordance with the operating instructions of the respective deposit/s, along with relevant documents as may be specified by the Bank from time to time. The same would be applicable even in the event of death of the joint depositors prior to maturity of the deposit. Any such repayment before maturity shall constitute a valid discharge of the Bank's obligations against all concerned including, but not limited to, the nominee/legal heirs of the depositors or anyone claiming under them. For bulk deposits, please refer to the deposit policy at our website for T&C on your fixed deposits.

ADDRESS DETAILS - 1st APPLICANT (All communication will be sent to the communication address of the 1st Applicant.)

Communication Address*
(Please Tick any one)

Permanent Residence Office

Proof Submitted
(Tick all applicable)

Permanent Residence Office

Permanent Address

Address Line 1 _____

Address Line 2 _____

Nearest Landmark _____

City _____ State _____ Pin _____

Residence Address

Same as permanent address Yes No

Address Line 1 _____

Address Line 2 _____

Nearest Landmark _____

City _____ State _____ Pin _____

DIRECT BANKING

Debit Card

Details	Holder 1	Holder 2
Choose Card Type	<input type="checkbox"/> World/ Signature <input type="checkbox"/> Platinum <input type="checkbox"/> Titanium Plus <input type="checkbox"/> Titanium/ Gold <input type="checkbox"/> RuPay <input type="checkbox"/> Other _____	<input type="checkbox"/> World/ Signature <input type="checkbox"/> Platinum <input type="checkbox"/> Titanium Plus <input type="checkbox"/> Titanium/ Gold <input type="checkbox"/> RuPay <input type="checkbox"/> Other _____
Choose Variant	<input type="checkbox"/> Go Domestic (Card access enabled for all Point of Sale (POS) terminals and ATM machines within India) <input type="checkbox"/> Go Online (Card access enabled for all online establishments & standing instructions dealing in INR currency only) <input type="checkbox"/> Go Contactless (Card access enabled for all 'Tap & Pay' terminals & payment using SamsungPay, JioPay etc in INR currency only) <input type="checkbox"/> Go International (Card access enabled for all ATM, POS, Tap & Pay terminals, wallets, standing instructions & online establishments outside India) <input type="checkbox"/> All of the above	<input type="checkbox"/> Go Domestic (Card access enabled for all Point of Sale (POS) terminals and ATM machines within India) <input type="checkbox"/> Go Online (Card access enabled for all online establishments & standing instructions dealing in INR currency only) <input type="checkbox"/> Go Contactless (Card access enabled for all 'Tap & Pay' terminals & payment using SamsungPay, JioPay etc in INR currency only) <input type="checkbox"/> Go International (Card access enabled for all ATM, POS, Tap & Pay terminals, wallets, standing instructions & online establishments outside India) <input type="checkbox"/> All of the above
Name to be embossed	_____	_____

Digital Banking

Mobile Banking Banking on WhatsApp Phone Banking* Net Banking**

*Phone Banking PIN will be issued only if Debit Card is not being applied. **NetBanking PIN will be sent to your registered communication address, if you have not opted for Debit Card.

Balance Notifications

Do you require balance notifications to be sent to your mobile? Yes No **Frequency:** Daily Weekly

For charges & fees related to balance notification and Debit Card, please refer to our Schedule of Charges (SoC) available on www.indusind.com. Terms and conditions apply.

FORM 60/61

FORM NO. 60	FORM NO. 61
<p>[See second proviso to rule 114B]</p> <p>Form of declaration to be filled by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B</p> <p>1. Full name and address of the declarant _____</p> <p>2. Particulars of transaction _____</p> <p>3. Amount of the transaction _____</p> <p>4. Are you assessed to tax? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. If Yes, (i) Details of Ward/Circle/Range where the last return of income filed: _____</p> <p>(ii) Reasons for not having permanent account number: _____</p> <p>6. Details of the document being produced in support of address in column (1) _____</p>	<p>[See proviso to clause (a) of rule 114C (1)]</p> <p>Form of declaration to be filled by a person who has agriculture income and is not in receipt of any other income chargeable to income-tax in respect of transactions specified rule 114 B</p> <p>1. Full name and address of the declarant _____</p> <p>2. Particulars of transaction _____</p> <p>3. Details of the document being produced in support of address in column (1) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I hereby declare that my source of income is from agriculture and I am not required to pay income-tax on any other income, if any.</p> <p>Date: _____</p> <p>Place: _____</p> <p style="text-align: right;">Signature of the declarant _____</p>

VERIFICATION (To be filled along with Form 60/61)

I, _____, do hereby declare that what is stated above is true to the best of my knowledge and belief. Verified today, the _____ day of _____,

Date: _____

Place: _____

Signature of the declarant _____

NOMINATION FORM DA1 (Please choose one of the available options)

I/We hereby confirm that I/We do not require any nomination facility.

I/We require nomination facility.

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) - Required only if the depositor is giving thumb impression and not signature.

Name: _____ Address: _____ Signature***	Name: _____ Address: _____ Signature***
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NOMINEE MODIFICATION FORM - FORM DA 3

Variation of Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2(6) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits.

I/We (name(s) and address(es)) _____ hereby cancel the nomination made by me/us in favour of (name and address) _____

and hereby nominate the following person to whom in the event of my/our/minor's death the amount of deposit, particulars whereof are given below may be returned by (give details of deposit) _____

Deposits			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

Print Nominee Name# Yes No

*Depending upon the option selected here, nominee name will get printed / not printed on statements, passbook etc.

As the nominee is a minor on this date, I/We appoint Shri/Smt/Kum. (name & address) _____ to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.*

Witness(es) - Required only if the depositor is giving thumb impression and not signature.

Name: _____ Address: _____ Signature***	Name: _____ Address: _____ Signature***
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*In case of existing nomination to be cancelled and new nomination not required, use separate DA2 form



ACKNOWLEDGEMENT FOR NOMINATION

We acknowledge your nomination relating to Account Number _____ in the name held with us.

Ref.No. _____

Date of Registration

D	D	M	M	Y	Y	Y	Y
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Branch Official Name _____

Branch Round Stamp/ Seal

DECLARATION

RESIDENT INDIVIDUALS

a) I/ We understand that the deposits are accepted in accordance with the directives laid down by the Reserve Bank of India from time to time. I/ We understand that these deposits and their payments are governed by the laws in force from time to time in India and are payable at the branch of IndusInd Bank in India where the deposits were made. The Bank has discretion to allow withdrawal of the deposits, either at the branch of deposit or at any other branch in India. (b) I/ We further unconditionally and irrevocably authorise IndusInd Bank Ltd. to debit my/ our account with an amount equivalent to the fees and charges applicable for the services enjoyed by me/ us. (c) I/ 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 the third party which is in any way the result of availing of services by me/ us. (d) In case of joint accounts, instruction received from one of the account holders to stop operations will be deemed to be sufficient notice to the Bank to act upon such instructions. Further operations would be allowed only upon receipt of fresh instructions from all the account holders. (e) I/ 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. (f) I/ We confirm having read the rules of the Bank regarding the conduct of the account and the rules and regulations pertaining to Phone Banking, Debit Card, Doorstep Banking, Anywhere Banking, Net Banking, Mobile Banking, Video Banking & Utilities Pay Facilities. I/ We accept and agree to comply with the terms & conditions or any rules of the Bank that may be in force from time to time. I/ We acknowledge that it is my/ our responsibility to obtain a copy of and read the same. (g) 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. (h) I/ We also understand that the continuation of the account is at IndusInd Bank's sole discretion and in case IndusInd Bank is dissatisfied with the conduct of the account, IndusInd Bank has the right to close the account after giving me/ us 15 days notice or withdraw the concessions in all or any service charges granted to me/ us or charge IndusInd Bank's applicable rates for such services. (i) I/ We understand that as my/our accounts is a Basic Savings Bank Deposit Account (Small) under Simplified KYC Process, at any point of time if the total balance or the total yearly turnover in all my/our account exceed ₹ 50,000/- and ₹ 1 lac respectively, or the aggregate of all withdrawals and transfers in a month exceed rupees ten thousand, unless I/ We complete the required KYC requirement, the Bank will be entitled to close the account. (j) For BSBDA and BSBDA (Small) account: I/ We understand that as my/ our account is a Basic Savings Bank Deposit Account/ Basic Savings Bank Deposit (Small) Account, I/ we cannot hold any other account in this bank. I/ We confirm that I/ we are not having any other bank account in my/ our name in this bank. Also if I/ we have any other account I/ we shall get the same closed within 30 days of opening of this account. (k) 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.

In the event of the death of the depositor, premature termination will be allowed without levy of penal charge. The following will be applicable on demise of all or sole deposit holders With nomination: The nominee will have the right to seek premature termination of term deposit account, Without nomination: Premature termination will be permitted on joint request by all legal heirs (or any of them as mandated by all the legal heirs) and upon verification of the authority of the legal heirs.

Following will be applicable on demise of one of the joint deposit holders:

If the specific instructions for premature withdrawal are other than jointly, then in the event of death of one of the depositors, premature termination and payment of Term Deposits shall be allowed to survivor(s) i.e. In the event of the death of any of the deposit holders, the survivor, if he/she so requests the Bank, to prematurely withdraw the deposit without seeking the concurrence of the legal heirs of the deceased joint deposit holder, the Bank is entitled to honour the same. Such payment to survivor/s shall give valid discharge to the Bank.

- I/ We consent/ do not consent to receive information/ service updates and product updates etc. for Marketing purposes through Telephone/ Mobile/ SMS/ Email by the Bank/ its agents. I/ We hereby give consent to receive information from Central KYC Registry through SMS/Email on the above registered contact number/ Email address. I/ We confirm that I/ We have read and understood the above Declaration, and that the contact details provided on the form are correct.
- I/ We have read, understood and agree the terms and conditions & schedule of charges (SOC) governing the opening of an account with IndusInd Bank Ltd. (the Bank), and those relating to various services including but not limited to a) ATM b) Mobile Banking c) Debit Card d) Net Banking e) Payment Gateway f) Bill Pay g) SMS Banking h) Alert Services i) Fixed Deposits/ Recurring Deposits, available at Bank's website www.indusind.com
- 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 waive the privilege of privacy & privity of contract.
- I/ We agree to maintain Average Monthly/ Quarterly Balance of _____ in this account.

1 st Applicant Recent Passport Size Photograph (Sign Across)	1 st Applicant Signature 1 st Applicant Name: _____ _____ Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2 nd Applicant Recent Passport Size Photograph (Sign Across)	2 nd Applicant Signature 2 nd Applicant Name: _____ _____ Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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* 2nd Applicant Photograph not required in case of Existing Customer

FOR BANK USE ONLY

SOL/ Branch Code:

Request No.:

Request Received on:

Customer Met in Person Declaration by Branch Official

I confirm having met the customer in person and I hereby confirm that I have verified the copies with the original documents and the form has been filled up in my presence. I confirm that all KYC documents are complete and match with the details provided in the form. I hereby certify that the above information is true. Later if it is found to be incorrect and Bank suffers any loss due to fraud or otherwise, I may be held accountable and shall be liable for any loss suffered by the Bank.

Branch Official Signature & ECN

DBM or BM Signature, ECN & Round Stamp



ACKNOWLEDGEMENT TO CUSTOMER

Customer Name: _____

Date of Request Received:

Name of Branch Official: _____

ECN of the Branch Official:

Signature of Bank Official