

Bar Code

IndusInd Bank



No cash to be handed over to account opening executive

Account No.

Branch /SOL ID

Customer ID
(For existing customers)

Choice Account Number:

I/We would like to subscribe to the "My Account My Number" program and would like to select the above account number based on the search criteria below.

Choice Criteria*: String OR Sum of Digits
(Select 1-10 digits of the 12 digit account number) (Mention sum of digits you want as account number)

Signature

I/We hereby agree to the terms and condition of "My Account My Number" program and understand that the allocation of account numbers shall be done on best effort basis subject to the availability of the requested number in the product mentioned above.

ACCOUNT OPENING FORM FOR NON INDIVIDUAL ENTITIES

DATE BRANCH

Use only **BLACK** ink pen for filling and signing. Please ensure all details are filled in **CAPITAL** letters.

ACCOUNT TITLE:

REGISTERED ADDRESS

*Address 1
*Address 2
*Address 3
*Landmark
*City *PIN
*State Country
Office S T D - Fax S T D -
 Owned Rented / Leased

COMMUNICATION ADDRESS Please tick if same as Registered address

*Address 1
*Address 2
*Address 3
*Landmark
*City *PIN
*State Country
Office S T D - Fax S T D -
 Owned Rented / Leased

*Key Contact Person: N A M E M I D D L E N A M E S U R N A M E
*Mobile no. of Key Contact Person (all alerts will be sent to this mobile number by default) tick if alerts are not required

*Email ID:
For e-statement preference Daily Monthly (Bank Intimations/Account Statements/ Trade advices will be sent on this ID by default)
Whether Physical Statement is required Yes No tick if e-statement is not required

Regn. Number of the Firm/ Society with Registrar/ Charity Commissioner/ MHA
Date of Incorporation/ Registration D D M M Y Y Y Y Date of Commencement of Business (in case of Public Limited Company) D D M M Y Y Y Y
*IE Code *PAN:

CONSTITUTION: (Please tick)

- HUF PROPRIETORSHIP PARTNERSHIP LIMITED LIABILITY PARTNERSHIP PUBLIC LTD. PRIVATE LTD.
- TRUST CLUB ASSOCIATION SOCIETY GOVT. ORG./DEPT. OTHERS _____

MODE OF OPERATIONS:

- SINGLY JOINTLY SEVERALLY As Per Board Resolution

*Mandatory fields *Mandatory for all Exim Accounts

TYPE OF BUSINESS: (Please tick)

Manufacturer Trader Retailer Service provider Export/ Import

INDUSTRY: (Please tick)

Airlines Call Centers/ BPO Electronics Medical/ Healthcare Retail Chain/ FMCG
 Automobiles Casinos Banking/ Financial Services Power/ Electricity Telecom
 Agriculture Charities/ NPO/ NGO Government Bodies Religious Institutions Textile
 Advertising/ Marketing Courier/ Cargo Hotels/ Restaurants Travel & Tourism Transportation
 Antique/ Art Dealers Construction/ Real Estate Infrastructure Money Changers/ Forex Dealers IT Services
 Arms Dealer Education/ School Entertainment/ Media Professionals (CA/ Lawyer/ Doctor)/ Consulting/ HR
 Bullion/ Gems & Jewellery Stock broking/ Share Brokers/ Share Commodity Traders Others (pls. specify) _____
(if traders please specify the nature of trade)

*No. of Employees 0 to 20 21 to 50 51 to 100 above 100

*Annual Turnover (in Lacs) <50 50 to 100 100 to 500 500 and above

*Expected value of transactions/ month (in Lacs) _____ Expected count of transactions/ month _____

IN CASE OF FIXED DEPOSIT:

Amount Rs. _____ Monthly Instalment for Recurring Deposit Rs. _____ Tenor _____ Days / Months / Years

Type: Cumulative Non cumulative Others _____

INTEREST PAYMENT DETAILS	DEPOSIT MATURITY INSTRUCTIONS
Mode: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Reinvest	<input type="checkbox"/> Renew maturity amount
<input type="checkbox"/> Credit my / our account no. _____ with you	<input type="checkbox"/> Remit proceeds by Pay order / DD to mailing address
<input type="checkbox"/> By Pay order / DD to be mailed to the mailing address	<input type="checkbox"/> Credit proceeds to account no. _____ with you
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

SWEEP INSTRUCTIONS

I/ We would like to link my/ our Fixed Deposit being opened now/ existing Fixed Deposit No. _____ to my/ our Savings/ Current Account being opened now/ existing Savings/ Current Account No. _____, towards fulfillment of any debit/s on the Savings/ Current Account, in case of insufficient balance in my/ our mentioned Savings/ Current Account.

INITIAL DEPOSIT DETAILS

IMPORTANT: Initial payment to be in Cheque only. No Cash to be handed over to the A/c opening Executive.

Mode of payment: Cheque / Amount Rs. _____ Cheque No. _____ Bank Name _____ Cheque has to be drawn on IndusInd Bank Ltd. A/c (Account Title)

Debit my existing a/c _____ For Rs. _____

AUTHORISED SIGNATORY - 1

Fields are Mandatory

(Fill this section if existing Cust ID does not have complete details)

*Existing Cust ID Yes No _____ (If Yes, please provide the Cust ID. If No, please fill the details below.)

*Name N A M E _____ M I D D L E N A M E _____ S U R N A M E _____

*Gender Male Female TG *DOB D D M M Y Y Y Y *Nationality Indian Others _____ Please Specify)

*Mother Maiden Name _____ Aadhar Number _____

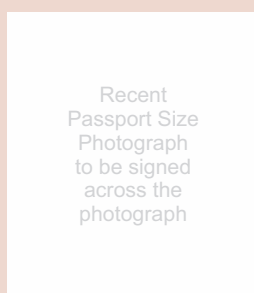
*Residential address _____ S T A T E _____

Marital Status Married Single Other Qualification Post Graduate Graduate Under Graduate Other

*Mobile No. _____ PAN No. _____ PIN _____

E-mail ID _____

Debit Card Access (Not available for joint mode of operation)	
Domestic:	<input type="checkbox"/> Gold <input type="checkbox"/> Platinum
International:	<input type="checkbox"/> Gold <input type="checkbox"/> Platinum
Internet Banking	
<input type="checkbox"/> View only (non-financial) <input type="checkbox"/> Transaction (financial)	
Phone Banking	
<input type="checkbox"/> Yes <input type="checkbox"/> No	



Signature with Stamp

Name

Designation

Signature Limit _____

RELATIONSHIP DETAILS (Please tick the Product / Variant you are choosing any one authorised signatory to sign)

<input type="checkbox"/> CURRENT ACCOUNT	<input type="checkbox"/> Grain Merchant Flexi (AMB 1,00,000) Signature with Stamp	<input type="checkbox"/> EEFC ACCOUNT	<input type="checkbox"/> SAVINGS ACCOUNT
<input type="checkbox"/> Freedom (Prepaid A/c) AMB Nil Signature with Stamp	<input type="checkbox"/> Grain Merchant (AMB 1,50,000) Signature with Stamp	<input type="checkbox"/> USD <input type="checkbox"/> Euro <input type="checkbox"/> Pound Signature with Stamp	<input type="checkbox"/> TASC (AMB 10,000) Signature with Stamp
<input type="checkbox"/> Blue (AMB 10,000) Signature with Stamp	<input type="checkbox"/> Indus Infotech Signature with Stamp	<input type="checkbox"/> Others Specify Currency _____ Signature with Stamp	<input type="checkbox"/> Prime (AMB 1,00,000) Signature with Stamp
<input type="checkbox"/> Silver (AMB 25,000) Signature with Stamp	<input type="checkbox"/> Dollar One (AMB 1,00,000) Signature with Stamp		<input type="checkbox"/> Govt. A/C (AMB Nil) Signature with Stamp
<input type="checkbox"/> Gold (AMB 50,000) Signature with Stamp	<input type="checkbox"/> Prestige (AMB 5,00,000) Signature with Stamp	<input type="checkbox"/> FCRA Current Account (AMB Nil) Signature with Stamp	<input type="checkbox"/> Fixed Deposit Signature with Stamp
<input type="checkbox"/> Textile (AMB 60,000) Signature with Stamp	<input type="checkbox"/> Indus Exim Basic Quarterly throughput USD 20000 equivalent Signature with Stamp	<input type="checkbox"/> FCRA Saving Account (AMB Nil) Signature with Stamp	<input type="checkbox"/> Others Signature with Stamp
<input type="checkbox"/> Gold Plus (AMB 1,00,000) Signature with Stamp	<input type="checkbox"/> Indus Exim Advantage Quarterly throughput USD 50000 equivalent Signature with Stamp		

DECLARATION FOR INDUSNET FACILITY FOR COMPANIES/ TRUSTS/ CO-OPERATIVE SOCIETIES/ ASSOCIATION OF PERSONS/ CLUBS/ PARTNERSHIPS/ LIMITED LIABILITY PARTNERSHIPS

In order to facilitate the operation of the said account, we hereby request IndusInd Bank to allow us, to operate the said account through "IndusNet" the bank's Netbanking facility by using the customer /user ID and the IndusNet Login password, on the terms and conditions detailed hereunder which have been read and understood by us. We acknowledge that the same are in addition to and not in derogation of the terms and conditions relating to the said account and "IndusNet" facility.

- M/s. _____ (Entity name) will be solely entitled to receive the customer/ user id and the IndusNet Login password to access the IndusNet facility and to acknowledge the same.
- The customer/ user id and the IndusNet Login password shall be kept totally secret and confidential by the authorized signatory whosoever is using it.
- All transactions carried on in the said account through use of the IndusNet facility shall be binding on the Company/ Trust/ Co-operative Society/ Association of person/ Club/ Partnership/ Limited Liability Partnerships and IndusInd Bank shall at all times be kept saved and harmless from all actions, claims, demands, proceedings, losses, damages, costs, charges and expenses whatsoever which IndusInd Bank may at any time incur, suffer or sustain or to be put to as a consequence of or by reason of or arising out of transactions carried out through the IndusNet facility.
- IndusInd Bank shall at all times be informed of any changes in the operating instructions for IndusNet facility by furnishing necessary documents and writings and in such event to change the IndusNet password forthwith.
- IndusInd Bank shall not be responsible and liable to monitor the nature of expenses incurred by the use of the said IndusNet facility.
- All the provisions of the Foreign Exchange Management Act, 1999 and the Rules made thereunder and the regulations of the Reserve Bank of India relating to foreign exchange, in force from time to time shall be complied with by us.
- I/ We have read the terms and conditions in this application form as well as displayed on the website www.indusind.com pertaining to Indusnet facility.

Default Transaction Limit: ₹ 10 lakhs of NEFT/ RTGS/ Funds Transfer to self & Third Party/ Bill Payment/ Online shopping/ VISA Credit Card Bill payment per day using OTP)

Place: _____

Signature

Signature

Signature

Signature

DECLARATION FOR SOLE PROPRIETORSHIP FIRMS (without rubber stamp)

I refer to the account opened by you in the name of M/s. _____ and declare as under:
 I, the undersigned, am the sole proprietor of the firm and am solely responsible for the liabilities thereof. I shall advise you in writing of any change that takes place in the constitution of the firm and I will be liable to you for any obligation which may be standing in the firm's name in your books on the date of receipt of such notice and until all such obligations shall have been liquidated. I declare that I have an existing account with CA / CC / SB No. _____ with _____ Bank in the name of _____ for the last _____ years.
 I 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 me.
 I agree that all the information disclosed in this document is correct and agree to inform you of any change in the information provided in this form or in related documents.
 I have furnished to the Bank the Power of Attorney authorising the person(s) as indicated hereinbefore for operating the account
 I confirm having read the rules of the Bank regarding the conduct of the account as per deposit rules attached and the Citizens' Charter & Deposit Policy of the Bank.
 I 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 & Utilities Pay Facilities. I 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. I acknowledge that it is my responsibility to obtain a copy of and read the same. I have received the deposit rules annexed to this account opening form and agree to abide by the same.
 Yours faithfully,

Signature _____

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 & 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 or any monies then and thereafter standing to the firm's credit and securities pledged, hypothecated or held in the firms 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 anyone 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 above to operate the account and confirm that each of us will be jointly/ severally be 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) mentioned above 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.
 Place: _____ Date: _____

Signature _____

Signature _____

Signature _____

Signature _____

DECLARATION FOR TRUSTS / ASSOCIATIONS / SOCIETIES / CLUBS (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.
 We shall submit prior permission communication from Ministry of Finance for accepting foreign contribution within 3 months and you may not accept any foreign contribution till such time we submit the communication.
 We certify that this is the only FCRA Account opened and held by the Trust and that the foreign contributions received by the Trust will be strictly in accordance with FCRA Act and Rules.
 Name of Trustees _____ Signature _____

- | | |
|--|--|
| 1. _____
2. _____
3. _____
4. _____
5. _____
6. _____ | _____

_____ |
|--|--|

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

I hereby confirm that I do not require any nomination facility on my bank deposit.
 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.

Details of Deposit		Nominee				If nominee is a minor, his / her date of birth
Nature of Deposit & Distinguishing No.	Additional details, if any	Name	Address	Relationship with Depositor, if any	Age	

**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.

Witness(es)

*Signature/Thumb impression of the depositor

Name: _____ Signature***: _____ Address: _____	Name: _____ Signature***: _____ Address: _____
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*Where 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.

GENERAL DECLARATION (to be signed by all authorised signatories with rubber stamp)

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, internet banking, Indus Direct Services, Debit /ATM card which are in force now. 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 for the account. I/ We confirm that the authorized 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 in writing by me/us. I/ We understand that the above account will be opened on the basis of the declaration made by me/ us. I/ We further agree that any false/misleading information given by me/ us or suppression of any material fact will render my/ our account liable for closure and further action. I/ We further agree to indemnify IndusInd Bank and their successors or assignees if any of the representation and declarations mandatory hereunder by me / us is incorrect, false or misleading in any of its particulars. We further unconditionally and irrevocably authorise IndusInd Bank Ltd. to debit our account with an amount equivalent to the fees and charges applicable for the services enjoyed by us. I/ We declare, confirm, agree: a) That all particulars and information given in the application form are true, correct, complete and up-to-date in all respects and I/ We have not withheld any information. b) I/ We have had no insolvency initiated against me / us nor have I/ We ever been adjudicated insolvent. c) I/ We have not at any time defaulted under any loan taken by me / us from any other bank / institution. d) I/ We have read and understood that charges are applicable to the current account facility and hereby agree to bear the charges as revised from time to time by IndusInd Bank at its sole discretion. I/ We have read and understood the facilities available under IndusInd Bank Current Account as detailed on the website. I/ We have also gone through the schedule of charges and understood that to be eligible for the concessions, I/ We have to maintain the minimum average balance as indicated in the schedule of charges. 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 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/ 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. 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 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 to the Company. We shall at no point of time raise any objection or claim on the said transactions and the Bank is well within the law to deem the said transactions so effected as valid, binding transactions conducted by the firm/ company represented by all its Directors/ Authorised Signatories on the said account.

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

FATCA - CRS Declaration Form

Entity Type: Financial Non-Financial GIN 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)

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 _____ Fathers 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 Gov ID Card Other

FATCA CRS Terms and Condition

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 Rules 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 confirms that I have read and understood the FATCA-CRS Terms and Conditions above and hereby accept the same.

Place: _____
 Date: _____ Signature _____ Signature _____ Signature _____ Signature _____

FOR BANK USE ONLY

Account No. _____ Existing A/c No. _____
 Account Sourcing Date: _____ Lead Generator Code: _____ Promo Code: _____
 Sourcer Name/ Code: _____ NAME / CODE Segment Code: _____ Others: _____

 Name / Signature
 Sourcing Executive
 Name & Signature

 Manager-CSOP or Branch Manager
 Signature, SS No. or Employee No. & Branch Round Stamp