Appendix I

INDUSIND BANK

Application for Pooling of Accounts (Cheque protect)

(Only for Individual, Self-employed & Sole Proprietorship Accounts)

IndusInd Bank Limited

……. Branch.

Request for Pooling of Accounts (cheque Protect)

New [ ] **Modifications in existing facility**: Addition [ ] Deletion [ ]

I/We wish to avail Pooling of Accounts (Cheque Protect) facility for my/our following Customer Ids/Accounts maintained with IndusInd Bank.

I/We hereby request you to do the pooling of savings, current & term deposit accounts in below mentioned customer IDs maintained with IndusInd Bank.

Product	Customer ID*	Account Number^	Authorised Signatory signatures# (Stamp required for Proprietorship Accounts)	Authorised Signatory signatures# (Stamp required for Proprietorship Accounts)	Authorised Signatory signatures# (Stamp required for Proprietorship Accounts)
SA					
CA					
TD$		NA			

Product	Customer ID*	Account Number^	Authorised Signatory signatures# (Stamp required for Proprietorship Accounts)	Authorised Signatory signatures# (Stamp required for Proprietorship Accounts)	Authorised Signatory signatures# (Stamp required for Proprietorship Accounts)
SA					
CA					
TD$		NA			

** To be filled in case all accounts under same customer Id need to be pooled*

^ To be filled in case selective accounts to be pooled

 # Signatures must be as per Mode of operation in all accounts under Customer Ids/Accounts

$ All terms deposits under same customer Ids will be linked

SA-Savings Account, CA-Current Account, TD-Term Deposit

I/We authorise IndusInd Bank Ltd. to transfer funds between all accounts in above mentioned customer Ids or between the mentioned accounts. I/We have read the terms and conditions related to pooling facility available on www.indusind.com and

I/We acknowledge that we will abide by the terms and conditions as in force from time to time and agree to be bound by the same. I/We accept that the terms and conditions are liable to be amended by IndusInd Bank Ltd. from time to time.

I/We further, unconditionally and irrevocably, authorise IndusInd Bank Ltd. to debit my/our account with an amount equivalent to the fees and charges if any.

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 using pooling of accounts facility .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 accounts/Customer IDs.

Note:

In case of term deposits with "Either or Survivor" or "Former or Survivor" mandate, premature withdrawal of the deposit by the surviving joint depositor is allowed in the event of any death incidence of other, only if, there is a joint mandate from the joint depositors to this effect.

The joint deposit holders may give the mandate either at the time of placing fixed deposit or anytime subsequently during the term/tenure of the deposit.

FOR OFFICIAL USE ONLY

Branch:

Branch Official Name, Signature and ECN

Date:

Branch Stamp