

FINANCIAL INCLUSION ACCOUNT OPENING FORM

No.

Date

Product Code (Tick One) Indus Easy Indus Small

Name of the Branch

Village / Town Sub District/Block

District State

SSA Code/Ward No.

Photograph

(Latest photograph not older than six month. Customer to Sign across the photograph)

APPLICANT DETAILS

All fields marked with ** are mandatory

Full Name** Prefix First Name Middle name Last Name

Marital Status** Single Married Others Gender** Male Female Third Gender DoB**

Father/Spouse Name**

Mother's Maiden Name**

Communication Address**

City/Town/Village PIN

State Country

Tel No.** - Mobile**

Permanent Address

City/Town/Village PIN

State Country

PAN** MNREGA Job Card No.

Occupation/Profession*

Annual Income No of dependents

Details of Assets: Owning House Yes No Owning Farm Yes No No. of Animals Any Other Please specify

Existing Bank A/c. of family members / household Yes No If yes, No. of A/cs.

Aadhaar Number

I wish to seed my Aadhaar with NPCI mapper, enabling my account to receive Direct Benefit Transfer (DBT) benefits from Govt. of India. I do not wish to further receive DBT benefits in my previous account with Bank.

I voluntarily give my consent to IndusInd Bank to use my Aadhaar details to authenticate me from UIDAI, link the Aadhaar to my account and customer profile (CIF) with the Bank for the purpose of receiving DBT/ subsidy from Govt of India. I am aware of usage of Aadhaar number and this information submitted will not be used for any purpose other than specified above.

Declaration as per FATCA/CRS* Your Country of Birth India Other than India Tax Resident India Other than India

(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)

I request you to issue me a **Rupay Card**.

DECLARATION

I hereby apply for opening of a Bank Account. I declare that the information provided by me in this application form is true and correct. The terms and conditions applicable have been read over and explained to me and have understood the same. I shall abide by all the terms and conditions as may be in force from time to time. I declare that I have not availed any Overdraft or Credit facility from any other bank. I understand that as my account is a Basic Savings Bank Deposit (Small) Account, I/ we cannot hold any other account in this bank. I confirm that I am not having any other bank account in my name in this bank. Also if I have any other account I shall get the same closed within 30 days of opening of this account. In case of breach of any of the above requirements / limitations, the bank will be entitled to block / close my account.

Place

Date

Witness Signature in case of TI or signature in local language of the applicant

(Signature/ Thumb Impression of Applicant)

NOMINATION

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 want to nominate as under				
Name of Nominee	Relationship	Age	Date of Birth in case of minor	Person authorised in case to receive the amount of deposit on behalf of the nominee in the event of my /minor(s) death

Place

Date

(Signature/ Thumb Impression of Applicant)

Witness1 _____

(Name, Signature and Address)

Witness 2 _____

(Name, Signature and Address)

FORM NO. 60

1. Full Name of declarant	<input type="text"/>
2. Address	<input type="text"/>
3. Particulars of transaction: Opening of <input type="text"/> Account	
4. Amount of transaction (₹): <input type="text"/> (Rupees <input type="text"/> Only)	
5. Are you assessed to tax? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. If Yes	
a) Details of Ward/Circle. Range where the last return of income was filed?	<input type="text"/>
b) Reason for not having Permanent Account No/ GIR No?	<input type="text"/>
c) Details of document produced in support of address in Column (1)	<input type="text"/>
Verification	
I, <input type="text"/> do hereby declare that what is stated above is true to the best of my knowledge and belief. Verified today, the <input type="text"/> day of <input type="text"/> 20 <input type="text"/>	
Place <input type="text"/>	_____ (Signature of declarant)

<input type="checkbox"/> This is the left/right hand thumb impression of Mr./Mrs/Ms <input type="text"/> and has been placed on this form in my presence.
<input type="checkbox"/> The account holder Mr./Mrs/Ms <input type="text"/> has signed in my presence after the contents had been fully explained to the account holder in his/ her vernacular language and he /she admits the same.
_____ Name & Signature of Sourcer with ECN