CMYK

IndusInd Bank

MOST IMPORTANT DOCUMENT

Barcode:

(Please quote this Barcode for any future reference)

I/We have received, read, understood and agreed to abide to

- The Schedule of Charges (SoC) & Terms and Conditions at www.indusind.com for the product variant & Account opened by me/us.
- All rules governing Account operations including the requirement to maintain minimum balance/undertake transactions and charges applicable for various services.
- Free limits offered on transactions and services is applicable only if the minimum balance/transaction requirement in the Account is met, else standard charges shall apply as per the SoC in addition to applicable non-maintenance charges.

I/We understand that the non-adherence to the above would levy charges as applicable.

Product Variant*	Minimum Balance/Transaction Requirement* Please Provide Complete Details, Example 1) AMB$ Requirement for Premier variant - ₹50,000 per month 2) QTP^ Requirement for EXIM Basic - USD20,000 equivalent	Non-Maintenance/ Transaction Charges* (₹)

*Mandatory Fields, $AMB-Average Monthly Balance, ^QTP-Quarterly Throughput

Initial Deposit Details

Source of Funds: ☐ Cheque@ ☐ Debit my/our Existing Account Number# | | | | | | | | | | | | |

IMPORTANT: No Cash to be handed over to the Sales Executive.

Cheque Details (In case of Cheque Payment)

☐ Cheque No. _____ Drawn on _____ Bank for ₹ _____ Date _____

@The Cheque should be crossed A/C Payee only and drawn payable to **'IndusInd Bank Ltd. A/C (Account Title)'**
#Existing Account should be of same person/Firm/Company only, debit to third party Account is not allowed

Signature with Stamp
(To be signed by any one Authorised Signatory)

SOURCING EXECUTIVE DECLARATION

I confirm that I have personally met _____ Proprietor/Partner/Director/Signatory of _____ and also confirm that the customer has completed all Account opening documentation formalities in my presence.

Branch Name:_____	Branch Code:_____	Customer Name:_____	
Employee Name:_____	ECN:_____	Designation:_____	
Mobile No.:_____		Mobile No.:_____	

Date: D D M M Y Y Y Y

Sales Executive Signature

Note: All Deposits are insured in accordance with the terms prescribed by Deposit Insurance and Credit Guarantee Corporation of India (DICGC), from time to time. For further details on the Deposit Insurance provided by DICGC, please visit/log on to www.dicgc.org.in. For more information on our Products & Services, please visit our website www.indusind.bank.in

IndusInd Bank

ACCOUNT OPENING FORM FOR NON-INDIVIDUALS

Application No.: Stick Bar Code

APPLICATION DETAILS*

Application Date*: D D M M Y Y Y Y Application Type*: ☐ New ☐ Update Existing

Branch Code*: Branch*:

Customer ID: *(For existing customers)* CKYC ID:

*A. All fields marked * are mandatory*
B. Tick '✓' wherever applicable
C. Please fill the date in DD-MM-YYYY format
D. Please fill the form in English and in block Letters
E. Please read section wise detailed guidelines/Instructions
F. Use Black/blue ink pen for filling and signing

CHOOSE ACCOUNT TYPE*

☐ Current Account ☐ Savings Account ☐ Term Deposit ☐ Cash Credit/Overdraft ☐ Collection Account

☐ EEFC/SFC/Others: (Please Specify) Choose Currency: ☐ USD ☐ GBP ☐ EURO ☐ Others (Please Specify)

(Applicable for Foreign Currency Account)

CHOICE ACCOUNT NUMBER

Choose your Account Number: *(Subject to availability)* x x *(Select the last 10 digits of your Account Number)*

OR

Sum of Digits: *(Mention the sum of digits you want as Account Number)*

My ACCOUNT My NUMBER

ENTITY DETAILS*

Entity Name*:

Account Title*: Same as Entity Name ☐ Yes ☐ No *(if No, please fill the details)*

Date of Incorporation*/Registration: D D M M Y Y Y Y

Entity Proof *:	Name of the Document	ID No.	Date of Issue	Date of Expiry
Address Proof *:	Name of the Document	ID No.	Date of Issue	Date of Expiry
Additional Document shared: (if any)	Name of the Document	ID No.	Date of Issue	Date of Expiry
	Name of the Document	ID No.	Date of Issue	Date of Expiry

REGISTERED ADDRESS*

Address 1*:
Address 2:
Landmark:
City*: PIN*:
State*: Country*:
Phone: S T D - Premises*: ☐ Owned ☐ Rented/Leased

BUSINESS ADDRESS* ☐ Please tick if same as Registered Address

Address 1*:
Address 2:
Landmark:
City*: PIN*:
State*: Country*:
Phone: S T D - Premises*: ☐ Owned ☐ Rented/Leased

COMMUNICATION ADDRESS* ☐ Please tick if same as Registered Address ☐ Please tick if same as Business Address

Address 1*:
Address 2:
Landmark:
City*: PIN*:
State*: Country*:
Phone: S T D - Premises*: ☐ Owned ☐ Rented/Leased

CONTACT DETAILS* (All communications/Alerts will be sent on provided Mobile & Email details)

Key Contact Person Name*: FIRST MIDDLE LAST

Mobile No.:* - (Country code) Tel. No.: CODE -

E-mail ID*:

(You will receive your e-statements/Trade advices and Fixed Deposit advices on this E-mail ID)

Optional Additional Email ID:

BUSINESS DETAILS*

PAN*: ☐ Form 60/49A **CIN/LLPIN:** (Applicable for Company/LLP/OPC)

GSTN: (For GSTN Invoice GSTN Registration is mandatory) ☐ Not Applicable ☐ Applicable **GSTN:**

I/We understand that IndusInd Bank Ltd will update the above GSTIN against my/our account.

Annual Turnover*: *(in INR)* **No. of Employees*:** ☐ 0 to 20 ☐ 21 to 50 ☐ 51 to 100 ☐ Above 100

Expected Monthly Transactions*:

Total No. of Transaction (Debit and Credit) Cash *(in INR)*

Cheque *(in INR)* NEFT/RTGS/Fund Transfer *(in INR)*

Source of Funds*: ☐ Business Income ☐ Donation/Grant ☐ From Group Companies ☐ Equity Investment ☐ Others (Please Specify)

Type of Entity - Constitution*

☐ Proprietorship ☐ HUF ☐ Partnership ☐ LLP ☐ Private Limited Company ☐ Public Limited Company

☐ One Person Company ☐ Trust ☐ Association ☐ Society ☐ Club ☐ Co-operative Banks

☐ PSU ☐ Govt Dept ☐ Foreign Entity ☐ Section 8/Section 25 Co. ☐ Others (Please Specify)

Non-Profit Organisation: ☐ Yes ☐ No **DARPAN ID:**

(For TASC and Section 25 or Section 8 Company only) (If Applicable)

Type of Business*

☐ Manufacturer ☐ Wholesaler ☐ Retailer ☐ Trader ☐ Service Provider ☐ E-commerce

Whether Involved in ☐ Export ☐ Import **IE Code*:**

Import Turnover: (in Crs) **Export Turnover:** (in Crs)

LEI Code: (If Applicable) **LEI Expiry Date:** DD MM YYYY

Industry Code*: (Bank use) **Industry Description*:**

Refer the Nature of Business Activity - Page no. 14

Place of Business*

☐ Residential ☐ SEZ/EOU ☐ Industrial Area ☐ Commercial Premises ☐ Govt Building/Premises

Website: (If Available)

MODE OF OPERATION*

☐ Singly ☐ Jointly ☐ Severally ☐ As per Board Resolution/Mandate Letter ☐ Others (Please Specify)

SERVICES REQUIRED

For e-statement preference*: ☐ Daily ☑ Monthly ☐ Tick if e-statement is not required SMS Alerts: ☐ Yes ☐ No

Retail Internet Banking: ☐ Yes ☐ No (if yes, please fill the annexure on Page 10)

Corporate Net Banking: ☐ Yes ☐ No (If yes, please fill the annexure on Page 11)

Cheque Book: ☐ Yes ☐ No

Balance Confirmation Advice: ☐ Via Email (Frequency) - ☐ Monthly ☐ Quarterly

Positive Pay Service: ☐ Yes ☐ No (If yes, please fill the annexure)

Merchant Services^: ☐ POS ☐ Payment Gateway ☐ QR Code ☐ Sound Box

(^to avail POS & Payment Gateway Services please sign and submit a separate application/agreement along with this AOF)

INITIAL DEPOSIT DETAILS*

IMPORTANT: No Cash to be handed over to the Sales Executive.

☐ Cheque No. _____ Drawn on _____ Bank for ₹ _____

(Favouring IndusInd Bank Ltd. A/C - Account Title)

Select the Option from which Account IP Cheque collected: ☐ Savings Account ☐ Current Account ☐ Cash Credit/Overdraft

☐ Debit my A/C for ₹ _____

PERSONAL DETAILS - 1 (*Fields are Mandatory)

Role Type* (tick any one): ☐ Authorised Signatory ☐ POA ☐ Beneficial Owner (if yes, provide ____[% Share]____)

Existing Customer: ☐ No ☐ Yes *(Mention CIF ID)* CKYC ID:

DIN/DPIN: *(Applicable for Pvt. Ltd./Ltd. Companies/OPC and LLPs)* Aadhaar: X X X X X X X X

Name*:

Gender*: ☐ Male ☐ Female ☐ Third Gender DOB*: D D M M Y Y Y Y

Nationality*: ☐ Indian ☐ NRI ☐ Foreign National ☐ Others (Please Specify) Differently Abled: ☐ No ☐ Yes (If yes, please fill the annexure)

Mothers Maiden Name*:

Father's/Spouse's Name:

Residential Address*:

PIN*:

PAN*: or ☐ Form60/49A Designation*:

Occupation*: ☐ Business ☐ Self-employed Professional ☐ Service ☐ Others (Please Specify)

Marital Status*: ☐ Married ☐ Single ☐ Other

Qualification*: ☐ Postgraduate ☐ Graduate ☐ Undergraduate ☐ Others (Please Specify)

Mobile No*.: C O D E - Tel. No*.: C O D E -

E-mail ID*:

KYC of the Individual*:

Identity Proof Document Type	ID No.	Date of Issue	Date of Expiry
Address Proof Document Type	ID No.	Date of Issue	Date of Expiry

Debit Card

Choose Card Type	☐ Business Platinum ☐ Other (Please Specify)
Name to be embossed	

Note: As per RBI guidelines, all New Debit Card issued by default will be enabled on Domestic ATM and Domestic POS only. Other Channel (Ecomm/ International / Contactless) Enablement/ Disablement can be done through IndusInd Bank website/Bank Branch/ Customer Care (IVR).

I/We hereby confirm that the above signature(s) have been signed in the presence of a Bank's official and represents mine/ours current signature and authorize the Bank to use them for all future banking transactions initiated by me/us related to the Account opened as part of this journey.

Signature with Stamp

Recent Passport Size Photograph to be signed across the photograph

PERSONAL DETAILS - 2 (*Fields are Mandatory)

Role Type* (tick any one): ☐ Authorised Signatory ☐ POA ☐ Beneficial Owner (if yes, provide ____[% Share]____)

Existing Customer: ☐ No ☐ Yes *(Mention CIF ID)* CKYC ID:

DIN/DPIN: *(Applicable for Pvt. Ltd./Ltd. Companies/OPC and LLPs)* Aadhaar: X X X X X X X X

Name*:

Gender*: ☐ Male ☐ Female ☐ Third Gender DOB*: D D M M Y Y Y Y

Nationality*: ☐ Indian ☐ NRI ☐ Foreign National ☐ Others (Please Specify) Differently Abled: ☐ No ☐ Yes (If yes, please fill the annexure)

Mothers Maiden Name*:

Father's/Spouse's Name:

Residential Address*:

PIN*:

PAN*: or ☐ Form60/49A Designation*:

Occupation*: ☐ Business ☐ Self-employed Professional ☐ Service ☐ Others (Please Specify)

Marital Status*: ☐ Married ☐ Single ☐ Other

Qualification*: ☐ Postgraduate ☐ Graduate ☐ Undergraduate ☐ Others (Please Specify)

Mobile No*.: C O D E - Tel. No*.: C O D E -

E-mail ID*:

KYC of the Individual*:

Identity Proof Document Type	ID No.	Date of Issue	Date of Expiry
Address Proof Document Type	ID No.	Date of Issue	Date of Expiry

Debit Card

Choose Card Type	☐ Business Platinum ☐ Other (Please Specify)
Name to be embossed	

Note: As per RBI guidelines, all New Debit Card issued by default will be enabled on Domestic ATM and Domestic POS only. Other Channel (Ecomm/ International / Contactless) Enablement/ Disablement can be done through IndusInd Bank website/Bank Branch/ Customer Care (IVR).

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Signature with Stamp

Recent Passport Size Photograph to be signed across the photograph

PERSONAL DETAILS - 3 (*Fields are Mandatory)

Role Type* (tick any one): ☐ Authorised Signatory ☐ POA ☐ Beneficial Owner (if yes, provide ____[% Share]____)

Existing Customer: ☐ No ☐ Yes *(Mention CIF ID)* CKYC ID:

DIN/DPIN: *(Applicable for Pvt. Ltd./Ltd. Companies/OPC and LLPs)* Aadhaar: X X X X X X X X

Name*:

Gender*: ☐ Male ☐ Female ☐ Third Gender DOB*: D D M M Y Y Y Y

Nationality*: ☐ Indian ☐ NRI ☐ Foreign National ☐ Others (Please Specify) Differently Abled: ☐ No ☐ Yes (If yes, please fill the annexure)

Mothers Maiden Name*:

Father's/Spouse's Name:

Residential Address*:

PIN*:

PAN*: or ☐ Form60/49A Designation*:

Occupation*: ☐ Business ☐ Self-employed Professional ☐ Service ☐ Others (Please Specify)

Marital Status*: ☐ Married ☐ Single ☐ Other

Qualification*: ☐ Postgraduate ☐ Graduate ☐ Undergraduate ☐ Others (Please Specify)

Mobile No*.: C O D E - Tel. No*.: C O D E -

E-mail ID*:

KYC of the Individual*:

Identity Proof Document Type	ID No.	Date of Issue	Date of Expiry
Address Proof Document Type	ID No.	Date of Issue	Date of Expiry

Debit Card

Choose Card Type	☐ Business Platinum ☐ Other (Please Specify)
Name to be embossed	

Note: As per RBI guidelines, all New Debit Card issued by default will be enabled on Domestic ATM and Domestic POS only. Other Channel (Ecomm/ International / Contactless) Enablement/ Disablement can be done through IndusInd Bank website/Bank Branch/ Customer Care (IVR).

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Signature with Stamp

Recent Passport Size Photograph to be signed across the photograph

PERSONAL DETAILS - 4 (*Fields are Mandatory)

Role Type* (tick any one): ☐ Authorised Signatory ☐ POA ☐ Beneficial Owner (if yes, provide ____[% Share]____)

Existing Customer: ☐ No ☐ Yes *(Mention CIF ID)* CKYC ID:

DIN/DPIN: *(Applicable for Pvt. Ltd./Ltd. Companies/OPC and LLPs)* Aadhaar: X X X X X X X X

Name*:

Gender*: ☐ Male ☐ Female ☐ Third Gender DOB*: D D M M Y Y Y Y

Nationality*: ☐ Indian ☐ NRI ☐ Foreign National ☐ Others (Please Specify) Differently Abled: ☐ No ☐ Yes (If yes, please fill the annexure)

Mothers Maiden Name*:

Father's/Spouse's Name:

Residential Address*:

PIN*:

PAN*: or ☐ Form60/49A Designation*:

Occupation*: ☐ Business ☐ Self-employed Professional ☐ Service ☐ Others (Please Specify)

Marital Status*: ☐ Married ☐ Single ☐ Other

Qualification*: ☐ Postgraduate ☐ Graduate ☐ Undergraduate ☐ Others (Please Specify)

Mobile No*.: C O D E - Tel. No*.: C O D E -

E-mail ID*:

KYC of the Individual*:

Identity Proof Document Type	ID No.	Date of Issue	Date of Expiry
Address Proof Document Type	ID No.	Date of Issue	Date of Expiry

Debit Card

Choose Card Type	☐ Business Platinum ☐ Other (Please Specify)
Name to be embossed	

Note: As per RBI guidelines, all New Debit Card issued by default will be enabled on Domestic ATM and Domestic POS only. Other Channel (Ecomm/ International / Contactless) Enablement/ Disablement can be done through IndusInd Bank website/Bank Branch/ Customer Care (IVR).

I/We hereby confirm that the above signature(s) have been signed in the presence of a Bank's official and represents mine/ours current signature and authorize the Bank to use them for all future banking transactions initiated by me/us related to the Account opened as part of this journey.

Signature with Stamp

Recent Passport Size Photograph to be signed across the photograph

CHOOSE ACCOUNT VARIANT*

CURRENT ACCOUNT

Indus One Business Account:	☐ T500	☐ T300	☐ T100	☐ T50	☐ T25
Program Variants:	☐ PIONEER Private	☐ PIONEER	☐ Indus Grandé	☐ Indus Exclusive	
	☐ Indus Select Plus	☐ Indus Select	☐ Indus StartUp Current Account		
Specialized Account:	☐ ESCROW	☐ Share Application Money Account	☐ RERA		
	☐ Indus Dollar One	☐ Indus EXIM	☐ Other_____ (Please Specify)		
Others:	☐ Sub FCRA Current Account	☐ TASC Current Account	☐ Govt. Account	☐ Other_____ (Please Specify)	

SAVINGS ACCOUNT

Variants: ☐ Indus TASC ☐ Indus Prime ☐ Another FCRA Savings Account ☐ Govt. Account ☐ Other_____ (Please Specify)

In case of Add-On Account: Primary Account Number*: _____ Group Type: _____

AMB - Average Monthly Balance, AQB - Average Quarterly Balance, HAB - Half Yearly Average Balance, HYC - Half Yearly Credits, QTP-Quarterly Throughput, NMC- Non Maintaince charges need to refer SoC - Schedule of Charges

FIXED DEPOSIT (FD)/ RECURRING DEPOSIT (RD)

☐ FD Callable ☐ FD Non-callable** ☐ RD ☐ RFC

RFC:	☐ USD ☐ GBP ☐ Euro
FD Instruction:	☐ Cheque No.: ☐☐☐☐☐☐ Amount: ☐☐☐☐☐☐☐☐☐☐☐.☐☐ ☐ Debit to linked Current/Savings Account Number#: ☐☐☐☐☐☐☐☐☐☐☐☐ Tenure: ☐☐ Months ☐☐ Days Rate of Interest: ☐☐ ☐☐ %
RD Instruction:	Amount: ☐☐☐☐☐☐☐☐☐☐☐.☐☐ Date of Monthly Debit: D D M M Y Y Y Y Tenure: ☐☐ Months

	OPTION 1	OPTION 2
Interest Payment Frequency$ *(Please fill only for deposits > 180 days):*	☐ Reinvestment	☐ Payout Quarterly ☐ Payout Monthly
Maturity Instructions^:	☐ Renew Principal and Interest ☐ Renew Principal and Pay Back Interest ☐ Do not Renew	☐ Renew Automatically ☐ Do not Renew
Interest Payment and Maturity Payment Instructions^:	☐ Credit to linked IndusInd Bank account# ☐ Others (DD) - Payable at Par	☐ For NEFT IFSC Code: ☐☐☐☐☐☐☐☐☐☐☐ Account No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐
Sweep-in Facility#:	☐ Yes ☐ No (Linking of Fixed Deposits with Current/ Savings Account for fulfillment of any shortfall(s) in the Current/ Savings Account)	

$Interest (simple) on Fixed Deposits with tenor less than or equal to 180 days will be only paid on the maturity date of such deposit.

#Linked Current/Savings Account will be applicable for initial payment, interest/maturity payment and sweep in facility, if selected. Nominee on the sweep FD will be same as updated in linked Current/Savings Account.

^By default the FD will be booked under Auto-Renewal (Principal + Interest) in both option 1 and 2. In case customer does not wish to renew his FD automatically, then the customer needs to select which maturity instructions and Interest Payment Frequency he/she needs.

For deposits booked under 'Premature Withdrawal Not Allowed' scheme - In case of renewal, these deposits will be rolled over to 'Premature Withdrawal Allowed' scheme at the prevailing rate of interest.If TDS is not to be deducted, please submit Income Tax Exemption letter along with this Form.

- In absence of specific request, existing Mode of Operations set up for your Non-Individual/ Individual Account stands applicable for all Term Deposit operations.
- The nomination on the Sweep fixed Deposit will be the same as that on the linked CASA account.The same is subject to modification/updation basis customer request.
- Fixed Deposits booked through Indus Smart Sweep, will automatically be linked for sweep-in facility. Also, any holder addition/deletion will lead to de-linking of the Existing FDs and Cancellation of the existing SweepFD setup instruction.
- In the event of death of the depositor, premature termination of term deposits would be allowed without any penal charge, even if the deposit is within the lock-in-period.
- **Pre-mature withdrawal is not allowed on non-callable FD. T&C applied.

CREDIT FACILITY DECLARATION*

I/We wish to open a Current/Collection/CC/OD account with IndusInd Bank and declare that

☐ We do not enjoy credit facilities from Banking System ☐ We enjoy aggregated Credit facility of _____ (Cr) from Banking System

I/We further undertake to inform IndusInd Bank of any changes to the above, within 7 days of the change occurring and to submit revised details.

Details must be provided in appended Annexure, including IndusInd Bank credit facility, if aggregated credit exposure is above prescribed limit.

Annexure A

Sr. No.	Name of the Bank & Branch Name	Type of Credit facilities (Fund based & non-fund based)	CC Facilities-Sanction Amount	Non-CC Facilities-Sanction Amount	Total Credit Facility-Sanction Amount

☐ Designated bank account details to be provided for collection account

Bank Name: _____ Branch Name: _____

Account No.: _____ IFSC Code: _____

Fund Transfer Frequency: ☐ Daily ☐ Every alternate day

Declaration:

The above information is true and correct. In case of any lapse in submitting the required details, IndusInd Bank reserves the right to block or close our account without any prior notice.

GENERAL DECLARATION

Terms and Conditions:

I. I/We are aware and hereby undertake to abide by the Terms and Conditions institutionalised by IndusInd Bank Ltd.**("Bank"),** its Citizens' Charter & Deposit Policy to carry out lawful banking through all its registered banking channels and affiliates; details of which are articulated on www.indusind.bank.in and I/We have understood & agreed to the same without any ambiguity.

ii. I/We have read the terms and conditions in this application form as well as displayed on the website www.indusind.bank.in pertaining to the current account, mobile banking, corporate internet banking/INDIE for Business, Debit/ATM cards and which may be amended by Bank from time to time and notified on the website of the Bank.

iii. I/We have clearly understood all information (benefits, charges, channels, clauses & procedures) provided to me/us, pertaining to the banking service.

Account Opening & Closure:

I. I/We hereby authorise the Bank to take all the required steps to facilitate me/us with banking services provided by the Bank.

ii. I/We understand that in case, the Current Account remains overdrawn on account of unrecovered charges, if any, for a period of 3 (three) months and above, the account will be closed without giving any advance intimation thereof.

iii. I/We have understood that if I/We do not operate the account for banking transactions in the Account for a period of two years, the Account shall be treated as dormant as per regulatory guidelines and that once the Account is classified as dormant, no further transaction will be allowed in this Account without submission of appropriate documents to the Bank for activation of the said Account as per Bank's Policy.

iv. I/We hereby authorize the Bank to close my account, with prior intimation to me, in case of such other instance which the Bank may decide or in compliance of any order, instructions, directions, guidelines issued by any Court/Statutory/ Regulatory authorities from time to time.

Compliance with Applicable Laws and Regulation:

I. I/We agree to abide by and be bound by all applicable rules/regulations/instructions/guidelines issued by the Reserve Bank of India, under the FEMA regulations, 2000, the Foreign Exchange Management Act, 1999, Foreign Account Tax Compliance Act, 2010 (to the extent applicable to India) and the Common Reporting Standards (CRS), in force from time to time, governing the Accounts.

ii. I/We are aware that the LEI is mandatory requirement for all non-individual remitter/beneficiary for NEFT and RTGS transaction of Rs. 50 crores and above.

iii. I/We hereby declare that the transactions relating to foreign exchange that may be routed through the Bank would not involve and would not be designed for the purpose of any contravention or evasion of the provisions of the applicable laws.

Tax Compliance:

I. I/We have declared our status as per the rules applicable under section 285BA of the Income Tax Act, 1961 (the Act) as notified by Central Board of Direct Taxes (CBDT) in this regard and in the event of any change in the status, I/We hereby undertake to notify the same to the Bank promptly.

ii. I/We hereby authorise the Bank to undertake periodic checks, enquiries as and when deemed necessary in accordance with the applicable laws and regulatory guidelines.

Authorized Signatories & Documentation:

I. I/We confirm that Authorised Signatories as approved by me/our Board/Partners/Members of the HUF/Managing Committee are authorised to operate the Account. In the event of any change in the Authorised Signatory(ies) to the Account, I/We shall intimate the same to the Bank in writing along with the supporting documents as per Bank's Policy. In case of non-updation / incorrect updation of any documents from my/our end, the Bank shall not be responsible for any dispute among the stake holders/partners/signatories of the entity.

ii. I/We declare that no insolvency proceedings are initiated against me/us, nor I/We have been adjudicated insolvent, nor defaulted under any loan taken by me/us from any other bank/institution.

iii. I/We certify that all the information and documents submitted/furnished or to be submitted/furnished from time to time, by me/us shall be true, accurate and complete in all aspects. I/We agree to declare legitimate, factual and accurate information to the Bank at all times, during the course of obtaining lawful banking services; failing which, the Bank will be entitled to deny any banking services as it may deem fit and may take necessary action to safeguard its interest. In case any of the information/documents submitted by me/us is/are found to be false/untrue/misleading/misrepresenting or in case of any delay from my/our side to inform the Bank about any change in the information, I/We am/are aware that I/we shall be solely responsible and liable for all consequences arising therefrom.

Consent to share data/information:

I. I/We undertake, confirm, permit and authorise the Bank to use/disclose/exchange/share/part with, without notice to me/us, any/all the information/data furnished by me/us and/or my/our representative(s) including personal and business, from time to time through the application form(s)/related documents/tele calling services or any other mode with credit bureaus/statutory bodies/regulatory authority/law enforcement to comply with its obligations under Applicable Laws.

ii. I/We hereby further confirm that I/we have read, understood and agree to abide and be bound by the privacy policy as displayed on https://www.indusind.bank.in/in/en/personal/privacy-policy.html as amended and modified from time to time by the Bank.

iii. I/ We undertake and authorise the Bank and its agents/representatives use the information that I/we have registered/shared and may register/share at any time in future, for the purpose of (a) making references/enquiries as may be deemed necessary by the Bank; and (b) disclosing/exchanging/sharing/parting with, without notice to me/us, any/all the information/data furnished/may be furnished by me/us and/or our representatives including personal and business, from time to time through the application form(s)/related documents/tele calling services or any other mode with any parent/subsidiary/affiliate/associate of the Bank, any agent /service providers/professional advisors of the Bank or other such persons as may be deemed necessary or appropriate by the Bank for providing services(s) to me/us.

iv. I/We shall not hold the Bank and/or its agents/representatives liable for using/sharing information provided herein for the said purpose(s).

v. I/We waive the privilege of privacy & privity of contract.

vi. I/We authorise the Bank to authorise any of its agents/representatives to exercise/do all such acts, deeds and things for which I/we have/may give/give my/our authorisation/consent to the Bank. This consent shall be deemed as specific waiver on any DNC registration that I/we may done, for contacting me pertaining to the information shared by me/us. ☐ Yes ☐ No

vii. I/We hereby indemnify and keep the Bank indemnified and harmless from and against all and any costs, charges, claims, damages, disputes and consequences howsoever and whatsoever arising out of banking services, issuance and use of the Debit Card/ Mobile Banking/Corporate Internet Banking/Net Banking ,

viii. I/We declare that all the details provided on the above form are correct and I/We undertake to inform the Bank of any subsequent changes in the above information including documents provided or KYC details within 30 days of such updates.

CKYC Declaration:

I. I/We hereby declare that the details and documents submitted/ furnished or to be submitted/furnished from time to time, by me/us and/or my/our representative(s) the Bank shall be complete, accurate and true to the best of my/our knowledge and belief. I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting or in case of any delay from my/our side to inform the Bank about any change in the information, I/we am/are aware that I/we may be held liable for all consequences arising therefrom.

Aadhaar Updation of Authorized Signatory/Beneficial owner:

i. I submit my Aadhaar number and voluntarily give my consent and authorise the Bank for the following actions:
a) Fetch and use my Aadhaar Details to authenticate the same from UIDAI; and
b) Use my Mobile Number provided for sending SMS alerts to me.
I have been explained about the nature of information that may be shared upon authentication. I have been given to understand that my information submitted to the Bank herewith shall not be used for any other purpose than the purposes mentioned above, or as per requirements of law.

ii. I hereby declare that all the above information and documents voluntarily submitted/furnished or to be submitted/furnished from time to time, by me to the Bank shall be accurate, true, correct and complete.

iii. I hereby state that I have no objection in authenticating myself with Aadhaar based authentication system and I voluntarily consent to providing my Aadhaar number/VID number, Biometric Information and/or One Time Pin (OTP) data (and/or any similar authentication data) for the purpose of CA application.

iv. I confirm that I have been informed in my local language about the alternatives to submission of identity information and I have agreed to authenticate myself through Aadhaar based authentication system with full understanding of alternatives to submission of identity information.

v. I understand that the Bank shall ensure security and confidentiality of my personal identity data provided for the purpose of Aadhaar based authentication.

vi. I further authorize Bank to share my Aadhaar related details/information with regulatory/statutory bodies as and when required.

GST guidelines:

I. I/We am/are aware that the state of GSTIN and the state mentioned in communication address should be same at all times, for correct invoicing. In case of a difference, I/We shall modify the communication address appropriately before submission of GSTIN details to the Bank and submit the required documents.

ii. I/We authorise and give consent to the Bank to register my/our GSTIN & Aadhaar Number with my/our Account.

iii. In case GST becomes applicable I/we shall submit the GSTIN details promptly, abide by GST guidelines. I/We understand and acknowledge that Bank may take necessary action as deem fit if GSTIN detail is not submitted which may include but not limited to discontinuation of banking services.

Related Party Declaration: As per provision of GST any services between related parties needs to be valued at fair market value of the services. Therefore I/We are aware that even if any services are rendered to me/us at concessional rate, the GST would be payable as applicable to the fair market value of such services.

Consent to Use, Share and Disclose Registered Communication Contact Details

I/We hereby **ACCEPT, AUTHORISE, CONFIRM AND PERMIT** IndusInd Bank Limited ("Bank") to **USE, SHARE AND DISCLOSE** any/all of my/our registered communication contact addresses/details (postal, e-mail, mobile number, social media platforms/channels etc.), that I/we have willingly registered/shared with the Bank for the purpose of **(A)** receiving information, either from the Bank, Central KYC Registry and/or through any of the Bank's authorised Service Providers/Agency(ies)/Professional Advisors related to the operations of my/our account(s)/services availed by me /us from the Bank; and/or **(B)** API based authentication where my/our details are being auto fetched/populated to process my banking requests/applications on/throughthe Bank's Web Applications/Systems; and/or **(C)** any kind of promotional/research/feedback based exercise about the Bank's products/services that I/we must/may be made aware for general consumption or to provide feedback as an existing customer of the Bank; until such time I request/notify the Bank to stop sending communication to any/all of my/our registered communication addresses/details as per the Bank's defined process and knowing that the Bank will ensure security and confidentiality to all my communication contact details provided by me/us. If I am/we are or become a Non-Resident Indian (NRI)/ foreign national, I confirm that the following consent is well within my capacity as a Non-Resident Indian and by doing so I do not violate or breach in any manner the regulations or statutes of the country of my residence as are applicable to me.

Notwithstanding anything contained herein above, in case I/we opt out from the aboveand tick 'NO' below, the Bank shall be entitled to use/share/disclose my communication contact addresses/details to send me/us all communication either through select/mandated communication channels, those that are deemed necessary for the **(A)** smooth processing of my/our account operations/service request(s) **(B)** for general awareness and/or **(C)** any statutory action required to be undertaken by me/us as per the applicable laws and guidelines/regulations/directions/notifications prescribed by the Reserve Bank of India, Ministry of Finance India, government/quasi-government authorities and any other authorities governing the financial and banking operations whether in India or outside India.

☑ Yes ☐ No

DISCLAIMER: This material is for general informational purposes only and is not investment advice nor does it constitute an offer, recommendation or solicitation to buy or sell a particular financial instrument. It does not have regard to the specific investment objectives, financial situation, risk profile or the particular needs of any specific person who may receive this material. No representation is made that the information contained herein is accurate in all material respects, complete or up to date. Recipients of this document are to contact the representative in their local jurisdiction or contact details given in this document with regard to any matters or questions arising from, or in connection with, the document. The information contained herein is not intended for distribution to, or use by, any person in any jurisdiction where such distribution or use would be contrary to applicable law or regulation or which would subject IndusInd Bank to additional licensing or registration requirements. It may not be copied, reproduced, posted, transmitted or redistributed in any form without the prior written consent of the Bank. This publication is for general information only, without addressing any particular needs of any individual or entity, and should not be relied upon without obtaining specific advice in the context of specific circumstances.

FATCA - CRS DECLARATION FORM*

Entity Type: ☐ Financial ☐ Non-Financial

GIIN 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) *(Not applicable for active Non-financial entity)*

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 _____ Father's 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 ☐ Govt. ID Card ☐ Other

FATCA-CRS Terms and Conditions: 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 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 confirm that I have read and understood the **General Declaration and FATCA-CRS Terms and Conditions** with regard to Account opening and hereby accept the same.

Date: D D M M Y Y Y Y

Place: _____

Signature with Stamp	Signature with Stamp	Signature with Stamp

Note: To be signed by Authorised Signatories as per mandate of Account operation with rubber stamp.

DECLARATION FOR SOLE PROPRIETORSHIP (without rubber stamp)

I, the undersigned, am the sole proprietor of the firm, M/S _____ for which I am submitting this application to open an Account with IndusInd Bank. I declare that I have an existing CA/CC/SB Account No. _____ with _____ Bank in the name of _____ for the last _____ years.

I agree that all the information disclosed in this document is factual & correct. I agree to indemnify in writing and inform IndusInd Bank of any changes in the constitution of the firm, including information provided in this form or in related documents. I agree to 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 in any way is a result of the services I have availed for. I will be liable to IndusInd Bank for any obligation standing in the firm's name in the Bank's books, until all such obligations shall have been liquidated. I have furnished to the Bank the Power of Attorney authorising the person(s) as indicated hereinbefore for operating the Account. I/We are aware and abide by the Terms and Conditions institutionalised by IndusInd Bank Ltd., its Citizens' Charter & Deposit Policy to carry out lawful banking through all its registered banking channels and affiliates; details of which are articulated on www.indusind.bank.in and have been understood & agreed to without any ambiguity.

Signature with Stamp

DECLARATION FOR EMAIL AND FAX INDEMNITY (If applicable)

1. The Customer hereby requests and authorises the Bank to, from time to time (at the Bank's discretion), rely upon and act in accordance with the instruction which may from time to time be or purport to be given in connection with or in relation to the said Account(s) by facsimile/email by the Customer or the person(s) authorised by the Customer to act on the Customer's behalf ("Authorised Persons").
2. The Customer hereby agrees and undertakes to send/ receive instructions to/ from the Bank by email from the email address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ and facsimile number ☐☐☐☐☐☐☐☐☐☐☐.
3. The Customer acknowledges the inherent risks involved in sending the instructions/ communications/ documents to the Bank via facsimile, untested telexes and faxes, telegraph, cable or emails and hereby agree and confirm that all risks shall be fully borne by them and assume full responsibility for the same, and undertake to indemnify the Bank and keep the Escrow Agent indemnified from and against all claims by any third party or any other, actions, demands, liabilities, costs, charges, damages, losses, expenses and consequences of whatever nature (including legal fees on a full indemnity basis) and howsoever arising which may be brought or preferred against the Bank or that the Bank may suffer, incur or sustain by reason or on account of the Bank having so acted whether wrongly or mistakenly or not, or of the Bank failing to act wholly or in part in accordance with the instructions so received which could be a result of any miscommunication, or technological error beyond the control of the Bank considering the mode in which the same was conveyed.

Signature with Stamp	Signature with Stamp	Signature with Stamp

NOMINATION FORM (Only for Sole Proprietorship)

☐ I/ We require nomination facility.

Nomination under Sections 45-ZA, 45-ZC and 45-ZE read with Section 56 of the Banking Regulation Act, 1949 and rules 2 to 4 of the Banking Companies (Nomination) Rules, 2025 in respect of the bank deposits

☐ I/We confirm the I/We have been explained about the benefits of Nomination facility to my/our account by IndusInd Bank official. However I/We state that inspite of explanation of the said benefits, I/We do not wish to nominate any person to my/our deposit account. I/We hereby confirm that I/We do not require any nomination facility^.

Signature | Signature

I/We, the undersigned, hereby nominate the following individual(s) to receive the amount of the deposits(s) in respect of the Deposit particulars mentioned below in the event of my/our death:

1. Deposit Particulars

Deposit(s) Particulars			
Name of the Depositor	**Nature of Deposit**	**Account/FD No./Distinguishing No.**	**Additional Details (If Any)**

2. Nomination Details

Serial Number	Name of Nominee	Address	Email/Mobile No. of Nominee	Relationship with bank customer, if any.	Age	Order of priority in case of successive nomination	Proportion of amount in percentage (%) in case of bank deposit
(A)	**(B)**	**(C)**	**(D)**	**(E)**	**(F)**	**(G)**	**(H)**
1.							
2.							
3.							
4.							

Please read the Important Information below for complete details and Terms and Conditions

3. Guardian Details (if any nominee is a minor)

Serial Number	Name of Nominee	Name of Guardian	Relationship with Nominee	Address	Email/Mobile No. of Guardian, if any
1.					
2.					
3.					
4.					

I/We declare that the information provided above is true to the best of my/our knowledge and belief. I/We understand that this nomination will supersede any previous nominations for the above-mentioned accounts(s)

	Name of the Depositor(s):-	Signature/*Thumb impression of the depositor(s) (E- authentication date)
1.		
2.		
3.		

Witness(es)

Name: ..... Name: .....

Address: ..... Address: .....

Signature of Witness | Signature of Witness

In case of individual who cannot read and /or write, the signature means thumb-impression of such individual, which should be attested by two witnesses

Important Information:

1. Simultaneous nomination refers to nomination of one more nominee but not exceeding four, with defined percentage and total amounting to 100%.
2. Successive nomination refers to nomination in favour of one individual in order of priority and is also limited to four nominees; and the nominee lower in the order shall become effective only after the death of the nominee in the higher order.
3. In respect of the deposits, out of column (G) and (H), only one column is to be filled.
4. Total percentage across all nominees in column (H) must equal 100%.
5. If more than one individual is nominated, the order of priority shall be deemed to be in order in which names appear in column (B) in case the details not provided in Column (G).
6. Where deposit is made in the name of a minor, the nomination must be signed by a person lawfully entitled to act on behalf of the minor.
7. Strike out if nominee is not a minor.
8. Thumb impression(s) shall be attested by two witnesses.

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 or otherwise as sought by the Bank from time to time , are/shall be true, correct and appropriate in all respects..

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.

All the documents as provided by us to the Bank have been duly stamped under applicable law, and we thereby undertake, jointly and severally, to indemnify and keep indemnified the Bank, its employees, officers or personnel ("Indemnified Parties") from and against any and all direct and indirect claims, damages, fines, penalties, losses, costs and expenses, including attorney's fees which may be incurred by the Indemnified Parties as a result thereof. We 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 and 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 over any monies then and thereafter standing to the firm's credit and securities pledged, hypothecated or held in the firm's 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 any one 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 in authorised signatory section 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) 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.

Please Note: In case of LLP Signature of minimum 2 designated partners are required.

Date: D D M M Y Y Y Y

Place:_____

Signature	Signature	Signature

HUF DECLARATION

I, _____ am the karta of the HUF and the other signatories are adult coparceners of the said HUE. We request the Bank to open an account in the name of HUF. In the event of the account being opened, we the undersigned with the intention of binding all present and future members of the family and also all persons entitled to a share therein in the joint family property as well as our separate estates, agree and undertake to give notice to the bank, at once in writing whenever.

a) Any change occur in Karta or
b) On death of a coparceners
c) There is partition (partial or otherwise of the family) or
d) If any minor member of the family attain majority

The liability of the joint family and our undertaking and liability as aforesaid shall continue notwithstanding.
We all undertake that claims due to the bank from the said HUF shall be recoverable personally from all or any of us and also from the entire family properties of which the first signatories is the Karta, inducing the share of minor coparceners.
We request and authorize you to honor operations and instructions under the signatures (s) of the karta in respect of the operations of the said ccount including thru channels by the HUF with the Bank and all cheques, guarantees or other orders, which may be drawn or bills accepted or notes or negotiable instruments passed on the HUF's behalf or receipts for money owning by bank to the HUF and debit such cheques, guarantee, orders, bills notes or negotiable instruments to the HUF's account with bank whether such accounts be for the time being in credit or overdrawn or may become overdrawn debit, in consideration of which we agree to be jointly and severally responsible for payment of the overdraft and interest.
Declaration: We confirm having read the Terms & Conditions application to Net Banking, Debit Card and other services & accept the same.

Name of Karta: _____ Signature: _____

Adult Coparcener Details

Name	Age	Signatures

Minor Coparcener Details

Name	Age	Signatures

DECLARATION FOR TRUSTS/ASSOCIATIONS/SOCIETIES/CLUBS/SECTION 8/SECTION 25 COMPANIES (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/Act 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 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 document. 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.

☐ For opening 'Another FCRA Account', we shall submit approval from Ministry of Home Affairs (MHA) for our 'FCRA Account' held with SBI New Delhi Main branch & for opening 'FCRA Utilization Account' we shall submit MHA approval for 'FCRA Account' held with SBI New Delhi Main branch and 'Another FCRA Account', if opened, in compliance with Foreign Contribution (Regulation) Act, 2010 and any guidelines, rules and regulations made thereunder.

☐ We certify that this is the only 'Another FCRA Account' being opened and we do not hold any other 'Another FCRA Account'.

☐ No remittance/Foreign Contribution will be credited to the 'Another FCRA Account' opened with IndusInd Bank and all credits will come from 'FCRA Account' held with SBI New Delhi Main branch. In case of 'FCRA Utilization Account' opened with IndusInd Bank, all credits will be either from 'FCRA Account' held with SBI New Delhi Main branch or 'Another FCRA Account'.

Signature & Stamp	Signature & Stamp	Signature & Stamp

Trustee Name	Trustee Name	Trustee Name

INDIE FOR BUSINESS – USER ACCEPTANCE FORM

☐ Bulk Payments*

(*)-These features will be provided only after necessary due diligence by the Bank.

Authorized Signatory Details (to be left blank if customization NOT required. By default, all the Authorized Signatories will be given access with a Maker+Checker role for a New Setup. The approval workflow, rights and privileges will be configured as per Board Resolution (if applicable) or MOP of the account)

Name of Authorised Signatory	User Role (Tick Anyone)	
	B1	B2 (If role - Maker & Checker)
	☐ Viewer Only	☐ Authorize own Transaction
	☐ Viewer Only	☐ Authorize own Transaction
	☐ Viewer Only	☐ Authorize own Transaction

Additional Users (other than Authorized Signatory) For user deletion, onli fill user name, Mobile no. & email ID should be unique for all users including checkers.

	1	2	3
Name of User:			
Mobile Number:			
Email ID:			
Action Needed for User:	☐ Add ☐ Delete ☐ Modify	☐ Add ☐ Delete ☐ Modify	☐ Add ☐ Delete ☐ Modify
Role:	☐ View Only ☐ Maker ☐ Collector ☐ Reviewer ☐ Releaser	☐ View Only ☐ Maker ☐ Collector ☐ Reviewer ☐ Releaser	☐ View Only ☐ Maker ☐ Collector ☐ Reviewer ☐ Releaser
Services to enabled:	☐ Payment	☐ Payment	☐ Payment

Additional Information:

- New Products, as an when offered, will be enabled for the registered users | Bank reserves the right to add/delete default payment modes at any time
- Limits defined in Board Resolution will be the default limits on Indie for Business | Bank reserves the right to reset the default limits of the portal at any time
- **User Roles** - "Collector" role is applicable only for Merchant Services | "Reviewer", "Releaser" role is applicable only for payment services
- **Payments** - Default payment modes to be enabled (provided access is given): NEFT - National Electronic Fund Transfer, RTGS - Real Time Gross Settlement, IFTI - Internal Fund Transfer Inward, IFTO - Internal Fund Transfer Onward, IMPS - Immediate Payment Service, CHO - Corporate Cheque, DD - Demand Draft, FD - Fixed Deposit, Tax Payments, BBPS - Bharat Bill Pay system, Bulk Payment (if applicable)
- **Trade** - Default services to be enabled (provided access is given): BG - Bank Guarantee, SG - Shipping Guarantee, REMIT - Outward Remittances
- Adding/deleting authorized signatories as users would require a revised Board Resolution or Authority Letter (as applicable), mentioning the same
- Enabling internet Banking for Business (Indie for Business) will lead to revocation of any access on the Corporate Internet Banking (Indus Direct)

General Declaration:

I/We have read the terms and conditions and all such documents in respect of the aforesaid Internet Banking for Business displayed on www.indusind.bank.in. 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 and confirms that such terms & conditions shall form as an integral part of this form. I/We hereby indemnify and keep indemnified the Bank against any costs, charges, claims, disputes and consequences howsoever and whatsoever arising out of any act/omission/ breach on our part whilst availing the Internet Banking for Business.

Authorized Signatory 1	Authorized Signatory 2	Authorized Signatory 3	Authorized Signatory 4

RM Declaration:

I declare that, I have understood the customer's online and mobile banking needs and current set of facilities they need.
I further declare that I have informed customer of the facility available on Indie for Business along with the transaction limits currently applicable on the channel post which the customer has opted to sign up for it.

Currrent Payment Limit:

Per Transaction	Minimum of: i) 25 Lacs ii) As defined in the Board Resolution
Per Day	Pegged to the Turnover of the Entity with following slabs: i) Less than 50 Lacs - 25 Lacs ii) 50 Lacs to 1 Crore - 50 Lacs iii) 1 Crore to 5 Crore - 2.5 Crore iv) 5 Crore to 10 Crore - 5 Crore v) 10 Crore to 50 Crore - 5 Crore vi) 50 Crore to 100 Crore - 5 Crore vii) 100 Crore and Above - 5 Crore

Additionally, the one of the following features has been requrested by the customer:

Bulk Payment ☐ EDD Process triggered (If Applicable)	Bulk Payment EDD to be raised with respective branches **Approvals as per Delegation of Authority - DOA (BU zonal head & CMS Sales Head approval)/EDD/Client letter for bulk upload enablement are mandatory. Kindly attach the same in I-works.**

INDUS DIRECT (All fields given below are mandatory)

(A). Maker + Checker with authorization rights for Self-Initiated Transactions* ☐ Payment ☐ Trade ☐ FX Deal

*All Authorized Signatories as per account opening form will get access.

OR

(B). Please fill the below section in case only specific Authorised Signatory require internet banking.

Authorised Signatories**	User Role for Payments & Trade (Tick as per requirement)			
Authorised Signatory 1	☐ Maker & Checker*	☐ Checker	☐ View only	☐ FX Deal Booking
Authorised Signatory 2	☐ Maker & Checker*	☐ Checker	☐ View only	☐ FX Deal Booking
Authorised Signatory 3	☐ Maker & Checker*	☐ Checker	☐ View only	☐ FX Deal Booking
Authorised Signatory 4	☐ Maker & Checker*	☐ Checker	☐ View only	☐ FX Deal Booking

*Maker & Checker role if ticked will enable the user for authorization rights on self-initiated transaction.
** Authorized signatories as per account opening form will get access

Please fill the below section for additional Maker {Mandatory field if Section (B) is opted as Checker only}.

Maker 1	Name:	
	Email ID:	Mobile Number:
Maker 2	Name:	
	Email ID:	Mobile Number:
Maker 3	Name:	
	Email ID:	Mobile Number:
Maker 4	Name:	
	Email ID:	Mobile Number:

Corporate Internet Banking Setup Guidelines

In case both Section A and B is selected the default setup will get processed as mentioned in Section A. Default User id's will be created subject to the policies and processes of the Bank. Limits for authorised transaction/s by users will be set up as per the details updated in the account. 'Maker' shall mean person/s who will be able to only input a transaction and 'Checker' shall mean person/ s who will only be able to authorize a transaction. Maker & Checker will be able to undertake both Input and authorize own/other's transaction. If Payment Service is opted, all payment products will be enabled by default. If Trade service is opted, all trade products will be enabled by default. If FX deal booking is opted, the user will have access to book Forex Deal via CIB **(Portal & Mobile App)**. Daily transaction limits will setup as per Client Segment & Constitution as a default for all payment modes and IndusInd Bank Ltd ("Bank") reserves the right to modify default transaction limits and availability of specific products in Corporate Internet Banking. New Products and features as and when rolled out will be enabled for all users at the discretion of the Bank.

General Declaration for Corporate Internet Banking Facility (to be signed by all authorized signatories with rubber stamp)

I/We have read the terms and conditions and all such documents in respect of the aforesaid Corporate Internet Banking facility displayed on www.indusind.bank.in. 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 and confirm that such terms & conditions shall form as an integral part of this form. I/We understand that in case users are both Maker and Checker rights are assigned, they can singly initiate and authorise the transaction. I/We understand and accept the risks arising out of granting such access to users. I/We hereby indemnify and keep indemnified the Bank against any costs, charges, claims, disputes and consequences howsoever and whatsoever arising out of access granted by Bank as per my/our request herein and/or any act/omission/breach on my/ our part whilst availing the Corporate Internet Banking facility.

Signature with Stamp	Signature with Stamp	Signature with Stamp

BENEFICIAL OWNERSHIP DECLARATION (Not applicable for Sole proprietorship account)

Name:

Tick the box as applicable.

☐ We hereby declare that following persons owns 10% / 15% (*Refer notes A & B) or more interest in the _____entity.

Sr. No.	Name and Address of Beneficial Owners**	Beneficial Owner Type (Refer Note C)	DOB/ Date of Incorporation	Unique No. of an identification document (PAN/ Voter ID/ Aadhaar number etc.)*	Nationality	% of interest/ ownership in the entity

☐ As persons possessing 10% / 15% or more interest in the entity are not identified / the BO identified above is a non-Individual entity, we hereby declare that no natural person is identified as beneficial owner, the details of senior managing official is/are as follows:

Sr. No.	Name and Address of Beneficial Owners/ Senior Managing Official/s **	DOB	Unique No. of an identification document (PAN/ Voter ID/Aadhaar number etc.)	Nationality

**Note: Please submit PAN/Form 60 and acceptable Proof of Identity and address as applicable to identify the beneficial owner/s along with latest photograph.*

Photograph	Photograph	Photograph	Photograph
Beneficial Owner Name	Beneficial Owner Name	Beneficial Owner Name	Beneficial Owner Name

***Note: If the beneficial owner exercises control through other means like voting rights, agreements, arrangement etc. or Where no natural person is identified, the beneficial owner is the relevant natural person who holds the position of senior managing official in that entity. The "Control" also includes the right to control the management or policy decision. This needs to be specified in the BO declaration.*

We certify that the facts stated above are true and correct. We undertake and agree that we will notify IndusInd Bank Ltd. without delay of any changes in the controlling persons, person exercising control or having controlling ownership interest as declared in the table above

Signature & Stamp	Signature & Stamp	Signature & Stamp
Authorized Signatory 1	Authorized Signatory 2	Authorized Signatory 3

(Refer note D for Signature requirement)

Refer # Notes A, B, C and D.

#Notes

A. Controlling ownership interest means:

I. Ownership of/entitlement to more than 10% of share capital of the juridical person, where the juridical person is a company or Trust;

II. Ownership of/entitlement to more than 10% of the capital or profits of the juridical person where the juridical person is a partnership, LLP;

III. Ownership of/entitlement to more than 15% of the property or capital or profits of the juridical person where the juridical person is an unincorporated association or body of individuals. (Term 'body of individuals' includes societies)

Where no natural person is identified under (I) or (II) or (III) or (IV) above, the beneficial owner is the relevant natural person who holds the position of senior managing official in that entity.

B. Beneficial Ownership Declaration is not required for the following entities:

a) Individual accounts
b) Sole Proprietorship accounts
c) Government Departments
d) Public Sector Undertaking
e) Local Government Bodies (Municipal Corporation, Gram Panchayats etc.)
f) Company listed on a recognized stock exchange
g) Majority owned subsidiary of a Company listed on a recognized stock exchange

C. Beneficial Ownership Declaration to provide details of following

I. In case of Partnership Firm/ LLP:- natural persons/ partners
II. In case of Trust:- Trustees/ Settlor/ Author/ Protector, if any/ Beneficiary
III. In case of Foundation:- Founder managers/ Directors/ Beneficiary
IV. In case of Society:- Members/ authorised signatories/ Beneficiary
V. In case of Club:- Members/ authorised signatories/ Beneficiary
VI. In case of association:- Members/ authorised signatories/ Beneficiary
VII. In case of Pvt Ltd companies and Unlisted Public Ltd Companies:- Share holder/ Directors/ Other Beneficiaries
VIII. In case of Foreign Entity:- Shareholder/ Director/ Other Beneficiaries

D. Signature on Declaration Form

I. In case of Partnership Firm/ LLP/ Trust/ Foundation Society, Club:- Any two Authorised Signatories or as per Mode of Operations should sign
II. In case of Association:- All Authorised Signatories should sign
III. In case of Pvt Ltd companies and Unlisted Public Ltd Companies:- Any two Directors or Company Secretary should sign
IV. In case of Foreign Entity:- All Authorised Signatories should sign

SENIOR MANAGEMENT DECLARATION* (For All companies - listed & unlisted , trusts, partnership firms and LLP)

Name:

Tick the box as applicable.

We hereby declare that:

☐ Following are the persons holding senior management position in the company.

☐ Following are the details of Trustees, Settlor, Authors, Authorised Signatories of the trust.

☐ Following are the details of partners of the firm.

Sr. No.	Name	Address	Nationality	Designation

Signature with Stamp	Signature with Stamp	Signature with Stamp

Note:

- **Senior Management** means those natural persons of the company who exercise executive functions/members of its core management including Functional Heads and who are responsible, and accountable to the management body, for the day-to-day management of company. Senior management officials normally include the chief executive officer, chief financial officer, chief operational officer, chief information officer, executive directors, presidents, vice presidents, and in some cases senior general managers
- Any two Directors / Company Secretary/ authorised signatory to sign the declaration by company, any two partners in case of LLP/partnership firm and any two trustees in case of Trust.
- Please submit Officially Valid Documents (Passport/Driving License / Aadhaar/Voter ID/job card issued by NREGA duly signed by an officer of the State Government / letter issued by the National Population Register containing details of name and address) for those discharging role as trustee and authorised to transact on behalf of the **trust.**
- Principal place of business (Place of Business) if different from Registered address of the entity, proof of the same to be submitted.

FOR BANK USE ONLY

Account Number:

Existing A/C Number:

Account Sourcing Date: D D M M Y Y Y Y

Promo Code:

Segment Code:

Lead Generator Code:

Any of the related party# is PEP : ☐ Yes ☐ No

If yes, name of the PEP _____

#*Proprietor, Partners, Authorised Signatory, Members, Trustees, Beneficial Owners, etc.*

Sourcer Name: _____

Sourcer Code:

Declaration by the Branch

☐ I hereby certify that this account opening form is complete in all respects and relevant documents have been obtained as per the KYC guidelines of the Bank and performed due diligence to verify the genuineness of the customer. The Account may please be set up in Finacle. In case of signature mismatch, I certify that the customer has personally met and has signed in my presence. Kindly process the request. We have made best efforts to identify the beneficial owner(s) of the said entity. The details furnished above have been verified from information, wherever available, in public domain.

☐ I hereby certify that the beneficial owner(s) of the said Company/Firm/Trust has/have been identified based on the declaration provided by the entity, and the information furnished has been verified to the extent possible from public domain.

Declaration in case the customer has not filled Nomination form (Only for Sole Proprietorship)

☐ I confirm that I have explained the benefits of the nomination facility to the customer, but the customer has refused to provide written consent on either opting-in or opting-out of the Nomination facility.

Sourcing Executive Name & Signature	Deputy Branch Manager or CCSTL/Member Signature, SS No. or Employee No. & Branch Round Stamp	Branch Manager or Manager - CSOP Signature, SS No. or Employee No. & Branch Round Stamp

NATURE OF BUSINESS ACTIVITY

Code	Nature of Activity
AD	ARMS DEALER
AG	AGRICULTURE AND ALLIED SERVICES
AI	AIRLINES / AVIATION
AM	ADVERTISING / MARKETING
AT	AUTOMOBILES
BC	BUSINESS CORRESPONDENCE
BF	BANKING / FINACIAL SERVICES
BG	BULLION / GEMS & JEWELLERY
CF	ELECTRONICS AND EQUIPMENTS
CG	TELEMARKETER
CH	INTERNET CAFÉ / IDD / PHONE CARDS / PHONE CENTRE
CJ	PAWN SHOPS (INDIVIDUAL OFFERING SECURED LOANS)
CK	AUCTIONEER / AUCTION HOUSE
CL	NOTARIES / LAW FIRMS / SECRETARIAL FIRMS / ACCOUNTANTS
CP	CLIENTS ACCOUNT MANGED BY PROFESSIONALS
CR	GAMING
CU	PRECIOUS METAL
DP	DEALERSHIP
EC	EMBASSIES / CONSULATES
ETM	ENTERTAINMENT / MEDIA
FA	BPO / KPO / CALL CENTRE
FX	MONEY CHANGERS / FOREX DEALERS
GB	GOVERNMENT BODIES
GO	COURIER / CARGO
HO	AGRICULTURE / HOUSING / CO-OP SOCIETY
IH	INVESTMENT AND SECURITIES
IN	INFRASTRUCTURE / URBAN DEVELOPMENT (WATER SUPPLY, SANITATION, URBAN TRANSPORT ETC.)
IT	IT/ITES SERVICES
LS	PRIVATE EQUITY FUNDS
LT	CHIT FUNDS
LU	REAL ESTATE BROKERS
LV	CASINOS
MA	TRAVEL AGENTS NON IATA MEMBER
MH	MEDICAL / HEALTHCARE
MT	CONSTRUCTION / REAL ESTATE
NA	EDUCATION INSTITUTES (SCHOOL / COLLEGE / UNIVERSITY)
NG	CHARITIES / NPO / NGO
PE	POWER / ELECTRICITY
PP	POLITICAL PARTIES
QB	HOTELS / RESTAURANTS
RF	RETAIL CHAIN / FMCG
RL	RELIGIOUS / SPIRITUAL INSTITUTIONS
SB	STOCK BROKING / SHARE BROKERS / SHARE COMMODITY TRADERS
TC	TOBACCO AND OTHER RELATED PRODUCTS
TE	TELECOM
TT	TRAVEL & TOURISM
TX	TEXTILE AND APPARELS
VEC	VENTURE CAPITAL
XT	PETROLEUM AND RELATED PRODUCTS
EM	EVENT MANAGEMENT COMPANY
DS	DIGITAL / SOCIAL MARKETING AND PROMOTION
IM	INSURANCE AND MUTUAL FUNDS
AN	CONSULTANTS / AGENTS
IS	INSURANCE AGENTS
AC	CONSULTANTS / AGENTS (FINANCIAL)
HS	HR / MANAGEMENT / SALES CONSULTANTS
AU	AUTO COMPONENTS
SG	SERVICE CENTRE / GARAGE SERVICES
DA	AUTOMOBILE DEALERSHIP
SR	SUSTAINABILITY (RENEWABLE) ENERGY
HD	HOSPITALS / NURSING HOME / DISPENSARY
VS	ANIMAL / PET CARE / VETERNIARY SERVICES
TL	TRANSPORTATION AND LOGISTICS
NC	NIGHT CLUB
FD	FISHERIES / POULTRY / DAIRYING
ML	MONEY LENDERS / HIRE PURCHASE & LEASING

Code	Nature of Activity
FF	CONFECTIONARY / BAKERY / EATERIES / FAST FOOD CHAIN
FB	FOOD AND BEVERAGES
WD	LIQUOR / WINE DEALERS / BAR & RESTUARANTS
HP	HOSPITALITY (HOTELS / AIRBNB / GUEST HOUSE / VACATION HOME)
IC	COACHING INSTITUTE
PG	PETROL PUMPS / GAS STATION
MK	CAPITAL MARKET RELATED TRANSACTIONS
ER	COMPUTER ACCESSORIES / ELECTRICAL ITEMS
MP	MOBILE PHONES & ACCESSORIES
AF	CA / CS / AUDIT FIRMS
PL	PROFESSIONALS (LAWYER / DOCTOR / CONSULTING / HR / ARCHITECT)
DN	DEFENSE
HC	CUSTOM HOUSE-CLEARING / FORWARDING AGENTS / SERVICES
EO	EDIBLE OILS / GELATIN, GLUES & ADHESIVES
AE	ASSET MANAGEMENT / RESTRUCTURE COMPANIES
AS	ARTISIANS (CARPTENTER / COBBLER / CRAFTSMEN / POTTERY ETC.)
AV	ANIMATION / VFX
AZ	AMUESEMENT PARK / ZOOLOGICAL PARK / BOTANICAL GARDEN
BB	BOITECH / BIOTECHNOLOGY
BD	BATTERIES / DRY CELLS
DH	FILM PRODUCTION / DISTRIBUTION HOUSE / MOVIE THEATRE
DU	CONSUMER DURABLES
DY	DYES / PAINTS AND PIGMENTS
ED	CEMENT AND CEMENT RELATED PRODUCTS
EG	ENGINEERING / CAPITAL GOODS
GG	GLASS AND GLASS PRODUCTS
EL	OPTICAL (EYEWEAR / LENSES)
FH	FURNITURE / HOME DECORE
FK	MATCHES / FIREWORKS
FR	FORESTRY RESOURCES
FT	FINTECH
PM	PAYMENT AGGREGATOR
IJ	IMITATION JEWELLERY
JC	CARPET / RUGS / JUTE
LD	LAUNDRY / DRY CLEANERS
LF	LEATHER / FOOTWEAR
LM	LOGGING & SAWMILLS
LW	ANTIQUE / ART DEALERS
MD	MANUFACTURING OF BONE CARVINGS OR FAUX FUR, ETC.
MG	MARBLE / GRANTITE
MM	METALS & MINERALS
MQ	MINING AND QUARRYING
MR	MUSEMS / ART GALLERIES
PH	PRINTING / PUBLISHING / STATIONARY
PN	PACKAGING
PS	PHARMACEUTICALS / CHEMIST
PT	PERSONAL CARE AND TOILETERIES
SL	SALOON / SPA / BEAUTY PARLOR
RD	CHEMICALS AND RELATED PRODUCTS
RP	RUBBER AND PLASTIC PRODUCTS
RS	REFINERIES
SA	CHARCOAL / COAL / SODA ASH
ST	SPORTS / SPORTS GOODS / TOYS
SC	CATERING SERVICES
TM	TRADITIONAL MEDICINE
TU	TRADE UNION
TV	CABLE TV OPERATOR / DISTRIBUTORS
WI	WELLNESS INDUSTRY (GYM / YOGA CENTRE / HEALTH CLUB / SPA)
WO	WAREHOUSE AND OTHER SUPPORTING SERVICES
WR	WASTE MANAGEMENT / RECYCLING
WT	WILDLIFE TRADE
PO	PORTFOLIO MANAGEMENT SERVICES
LL	LUXURY AND LIFESTYLE
SM	SCRAP METAL DEALERS
SS	SHELTER SERVICES
TS	TICKETING SERVICES
PW	PLYWOOD

Customer Copy

ACKNOWLEDGEMENT FOR NOMINATION FORM

We Acknowledge your nomination details submitted with us relating to Account No(s) in the names of

1:

2:

3:

4: held with us

Strike off whichever is not applicable.

ACKNOWLEDGEMENT FOR CUSTOMER

Application No.

Customer Name Amount (INR) Cheque No.

drawn on Average Monthly Balance requirement (Please refer applicable schedule of charges)

Product Variant:

Name of Bank Official:

Signature of Bank Official with Seal

Employee ECN:

Date: D D M M Y Y Y Y

Turn over to view Schedule of Charges

Please scan QR Code to view Schedule of Charges

INTENTIONALLY KEPT BLANK