IndusInd Bank

UPGRADE AND GROUPING FORM

CONSUMER BANKING

Date of Request: D D M M Y Y Y Y

Program/Group Type: ☐ Grandé ☐ Grandé Care ☐ Indus Care ☐ Exclusive ☐ Select ☐ Maxima ☐ _____

Request Type: ☐ Grouping Only ☐ Upgrade Only ☐ Grouping & Upgrade ☐ _____

PRIMARY ACCOUNT DETAILS

CIF ID			
Account Number		Mobile No	
E-mail ID			
Account Name	1st Account Holder		

ADD-ON ACCOUNT DETAILS

(In case of Current Account - Stamp is mandatory)

Account Number	Account Holder Name	Relationship with Primary Account	Signature
Add-on 1			
Add-on 2			
Add-on 3			
Add-on 4			
Add-on 5			

- For Current Account - Related Entities (Entities with common Authorised Signatory(s)) and family owned Current Accounts
- For Savings Account - Self/ Family Member of Primary Account Holder
- Family Members means: Parents/ Spouse/ Siblings/ Children/ Grandparents/ Grand Children/ Mother in law/ Father in law/ Son in law/ Daughter in law

Customer Consent & Declaration - Grouping

☐ I/ We hereby authorise IndusInd Bank Ltd. to group all my/our Account(s) linked to my/our customer ID's to/under the Program as indicated above. I/ We confirm that details mentioned herein by me/ us are correct including 'Relationship with Primary Account'. I/We understand that failure to maintain the prescribed relationship criterion across all of the Grouped Accounts, may lead to applicable balance non-maintenance charges or conversion of our accounts to a lower/previous variant. In scenario where Group is disbanded when Primary Account ceases to exist or is not part of the Group, add-on accounts may get converted to a lower/previous variant and may lead to applicable non-maintenance charges as per the SOC. I/We shall not raise any claim and/or dispute in this regard, of any kind. I have read and understood the features, eligibility criterion and complete information available on IndusInd Bank's Website under Terms & Condition, and agree to abide. I/We understand that we have to maintain a Group Quarterly Balance of _____ across all grouped accounts.

Customer Consent & Declaration - Upgrade

☐ I/ We hereby authorize IndusInd Bank Ltd. to upgrade my/ our Account(s) to/ under the Program as indicated above. I/ We have read, understood and concur to all Terms & Conditions (T&Cs), Schedule of Charges (SOC), features, offers, services, privileges, fees and charges associated with the upgrade of my/our account(s) under the Program and re-affirm that all details provided as per my/our consent stand true and factual. I/ We abide to maintain the minimum relationship value requirement related and specified to the account. I/ We understand that any/all account held by joint account holders will also be upgraded to the same variant as primary. I/We hold liability to pay all obligatory charges as prescribed by the bank for non-maintenance of the same, additionally refrain from raising any claim/ dispute in this regard. I/We agree to receive an upgraded personalized kit with international chip debit card at the communication address and authorize IndusInd Bank Ltd. to deactivate my/our existing Debit Card(s) issued on my/our account(s), 45 days post activation of new international Debit Card (For Select, Grandé & Exclusive Savings Account Only). I/We understand that the Average Quarterly Balance (AQB)/Average Monthly Balance (AMB) of my upgraded account has to be _____ (Applicable in case of upgrade only).

☐ **I choose to opt for Platinum Plus Debit Card (For Maxima Savings Account), issuance fee of INR 249 p.a.**

Note: Special Current Accounts like Dollar One, Exim Basic, Exim Advantage, EEFC, Indus Green, InfoTech and Custome Current Accounts will continue to run on existing Product SOC and not be upgraded to Program Variant, however their account balances will be considered for Group Balance.

Primary Account	Primary Account	Primary Account
Signature of 1st Account Holder/Authorised Signatory	Signature of 2nd Account Holder/Authorised Signatory	Signature of 3rd Account Holder/Authorised Signatory

BANK USE SECTION

Existing balance (ENR)/ Last month's AMB for existing A/Cs and initial funding amount for new Accounts (NTB)

Primary Account: Value | ENR/AMB/IP Add-on 1: Value | ENR/AMB/IP Add-on 2: Value | ENR/AMB/IP

Add-on 3: Value | ENR/AMB/IP Add-on 4: Value | ENR/AMB/IP Add-on 5: Value | ENR/AMB/IP

Group Value: _____ *(Sum of all above values)*

☐ Maxima Grouping ☐ Select Grouping ☐ Exclusive Grouping ☐ Grandé Grouping ☐ _____

Initiating Branch Details

Branch Code: _____ Branch Name: _____ Date: D D M M Y Y Y Y

I have verified the relationship of the Primary Account holder with the add-on Accounts and have also verified the Group Value (Sum of last month's AMB/ ENR/ Initial Funding) of all Accounts getting grouped from the system and confirm they meet the desired criteria.

Signature & Seal of Sourcer: _____ Signature & Seal of Supervisor: _____

Name of Sourcer: _____ Name of Supervisor: _____

ECN of Sourcer: _____ ECN of Supervisor: _____