IndusInd Bank

ANNEXURE FOR DIFFERENTLY ABLED CUSTOMER DETAILS

Customer Name:

In case of existing customer:

Customer ID:

Account Number:

I hereby declare that I am a differently-abled person and below are the details of my disability.

Type of Impairment:

- ☐ Blindness
- ☐ Low Vision
- ☐ Hearing Impairment
- ☐ Locomotor Disability
- ☐ Leprosy cured
- ☐ Cerebral Palsy
- ☐ Intellectual Disability
- ☐ Mental Illness
- ☐ Muscular Dystrophy
- ☐ Parkinson's Disease
- ☐ Acid Attack Victims
- ☐ Sickle Cell Disease
- ☐ Hemophilia
- ☐ Thalassemia
- ☐ Speech & Language Disability
- ☐ Multiple Sclerosis
- ☐ Specific Learning Disabilities
- ☐ Chronic Neurological Conditions
- ☐ Autism Spectrum Disorder
- ☐ Dwarfism

Percentage of Impairment:

UDID No:

☐ I have attached the UDID Certificate

Customer Signature / Thumb Impression

Date: D D M M Y Y Y Y

Witness(es)

Name:

Address:

Signature of Witness

Name:

Address:

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. Right thumb impression for females and left thumb impression for males.