MINOR TO MAJOR CONVERSION FORM

IndusInd Bank

Account Number: | | | | | | | | | | | | CIF: | | | | | | | | Date of Request: D D M M Y Y Y Y

☐ I wish to convert my account from Minor to Major ☐ I wish to close my Account

GUARDIAN DECLARATION

I hereby declare that the minor, who is my _____ (relation), has turned major on D D M M Y Y Y Y as per proof enclosed. I request IndusInd Bank to convert the status of the above Account from Minor to Major Account as per details below.

Guardian Name: _____

Guardian's Signature

BALANCE CONFIRMATION (*Mandatory to be filled)

I hereby confirm that the balance in my Savings Bank Account No. _____ with your Branch at the close of business on D D M M Y Y Y Y was ₹_____ (Rupees _____ only)

Yours faithfully,

Customer's Signature

Customer's Name: _____

Guardian's Signature

Guardian Name: _____

CHOOSE ACCOUNT TYPE

Type of Account ☐ Savings Account ☐ Salary Account

Type of Product

☐ PIONEER Private ☐ PIONEER ☐ Grandé ☐ Grandé Care ☐ Indus Care

☐ Indus Exclusive ☐ Indus Select ☐ Indus Maxima ☐ Indus Privilege Max ☐ Indus Privilege

☐ Indus Comfort Maxima ☐ Indus Comfort Optima ☐ Indus Easy *(Basic)* ☐ Others:_____

APPLICANT INFORMATION (All fields with * are mandatory)

Description	
Cust. ID *(Existing Customers)**	
Salutation*	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Others Please Specify
First Name*	
Middle Name	
Last Name*	
DOB*	D D M M Y Y Y Y
Differently Abled	☐ Yes ☐ No If ticked Yes, please fill annexure
Nationality*	☐ Indian ☐ Other Please Specify
Gender*	☐ Male ☐ Female ☐ Third Gender
Mother's Maiden Name*	
Father/Husband's Name*	
Marital Status*	☐ Married ☐ Single ☐ Other
Email ID* *(To receive e-statement instead of physical statement)*	
Mobile No.*	+ 9 1
PAN* *(Please select Form 60, if no PAN)*	Form 60 ☐
CKYC ID	
Driving License No. & Expiry Date	D D M M Y Y Y Y
Voter ID/ NREGA Job Card No.	
Passport No. & Expiry Date	D D M M Y Y Y Y

Description	
Other document description *(Any document notified by Central Govt)*	
Tel. No. Home	S T D -
Tel. No. Office	S T D -
Source of Fund*	☐ Salary ☐ Business ☐ Investment ☐ Gift ☐ Professional
Residence*	☐ Self/ Family Owned ☐ Rented ☐ Company Provided
Aadhaar Number	x x x x x x x x

Please input last 4 digits of your 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.

_____

Signature (Mandatory for Aadhaar Seeding)

Description	
AePS - Aadhaar enabled Payment Services	☐ No, I do not want to enable AEPS (Cash Withdrawal/Purchase/Funds-transfer) debit *#$ transaction services for my Savings/Current Account with the Bank ☐ Yes, I hereby confirm that I want to avail AEPS (Cash Withdrawal/Purchase/Funds-transfer) debit transaction services for my Savings/Current Account with the Bank. Signature *Cash deposit, balance enquiry and mini-statement services would remain enabled on AePS #In case of non-selection of either options, AePS would remain disabled $Customer can enable / disable AePS by visiting branch or through digital channels
Edu. Qualifications	☐ Post Graduate ☐ Graduate ☐ Under Graduate ☐ Professional ☐ Others Please Specify
Occupation*	☐ Salaried ☐ Self Employed ☐ Student ☐ Self Employed Professional ☐ Housewife ☐ Retired ☐ Farmer ☐ Others Please Specify

Description	
Land Holding Details* *(Please provide details if occupation ticked above is Farmer)*	☐ 1 to 5 acre ☐ 5 to 10 acre ☐ > 10 acre ☐ Contract Farming
Profession *(If Self Employed)*	☐ Doctor ☐ Engineer ☐ CA-CS ☐ Lawyer ☐ Architect ☐ IT Consultant ☐ Others Please Specify
Monthly Income*	☐ Up to ₹10,000 ☐ ₹10,001 to ₹25,000 ☐ ₹25,001 to ₹50,000 ☐ ₹50,001 to ₹1 Lac ☐ ₹1 Lac to ₹2.99 Lac ☐ ₹3 Lac to ₹4.99 Lac ☐ ₹5 Lac to ₹9.99 Lac ☐ ₹10 Lac to ₹25 Lac ☐ ₹25 Lac & Above
Projected Cash Transaction *(₹ per month)**	☐☐☐☐☐
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.bank.in)*

MODE OF OPERATION

☐ Singly - I want to operate this account in my name only

☐ I want to retain my guardian _____ (name of existing guardian) as second holder in this account with MOP as below:

☐ Either or Survivor** ☐ Anyone or Survivor** ☐ Former or Survivor** ☐ Jointly ☐ Others (please specify) _____

For Term Deposits: The above mandate will be applicable to premature withdrawal at any point of time , including death of any one but not all holders.

**In case of joint term deposits having operating instructions as 'Either or Survivor', 'Anyone or Survivor' or 'Former or Survivor', the Bank shall repay the deposit/s before maturity of the deposit/s without any penal charges for deceased claim settlement in case such a request is received in accordance with the operating instructions of the respective deposit/s, along with relevant documents as may be specified by the Bank from time to time. The same would be applicable even in the event of death of the joint depositors prior to maturity of the deposit. Any such repayment before maturity shall constitute a valid discharge of the Bank's obligations against all concerned including, but not limited to, the nominee/legal heirs of the depositors or anyone claiming under them. For bulk deposits, please refer to the deposit policy at our website for T&C on your fixed deposits.

ADDRESS DETAILS - 1st APPLICANT

Communication Address* *(Please Tick any one)* ☐ Permanent ☐ Residence ☐ Office

Permanent Address

Address Line 1 _____

Address Line 2 _____

Nearest Landmark _____

City _____ State _____ Pin ☐☐☐☐☐☐

Residence Address Same as permanent address ☐ Yes ☐ No

Address Line 1 _____

Address Line 2 _____

Nearest Landmark _____

City _____ State _____ Pin ☐☐☐☐☐☐

Office Address

Address Line 1 _____

Address Line 2 _____

Nearest Landmark _____

City _____ State _____ Pin ☐☐☐☐☐☐

☐ *Please tick the check box if the communication address of the Joint Account Holder (2nd Applicant) is different from the Primary Account Holder (1st Applicant). Please fill communication address details in a separate form.*

DIRECT BANKING

Debit Card

Details	Holder 1	Holder 2
Choose Card Type	☐ Classic ☐ Titanium Delights ☐ Platinum ☐ RuPay Classic ☐ Titanium ☐ Indus Zoom ☐ Other_____ (To be filled by the Bank Staff Only)	☐ Classic ☐ Titanium Delights ☐ Platinum ☐ RuPay Classic ☐ Titanium ☐ Indus Zoom ☐ Other_____ (To be filled by the Bank Staff Only)
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. To enable Ecommerce, International and Contactless (Tap & Pay) transactions on Debit Card, please visit IndusInd Bank Mobile App / IndusInd Bank Net Banking / IndusInd Contact Center / IndusInd Bank ATM.

ACCOUNT CLOSURE (To be filled only at the time of account closure)

The balance lying in the mentioned account can be remitted in the name (minor turned major mandatory) of

Balance lying in the account can remitted by way of ☐ DD ☐ RTGS ☐ NEFT ☐ IMPS (cancelled cheque required in case of RTGS, NEFT, IMPS selected)

☐ Attached are self-attested copies of Minor turned Major Identity and Address proof for your records

Customer's Signature

Customer's Name:

Guardian's Signature if joint holder

Guardian Name:

NOMINATION FORM

☐ 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)**

ACKNOWLEDGEMENT TO CUSTOMER

Customer Name:

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

Name of Branch Official:

ECN of the Branch Official:

Signature of Bank Official

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.

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.

Name of Bank Official:

Employee ECN:

Signature of Bank Official with Seal

DECLARATION

RESIDENT INDIVIDUALS

a) I/We understand that the deposits are accepted in accordance with the directives laid down by the Reserve Bank of India from time to time. I/We understand that these deposits and their payments are governed by the laws in force from time to time in India and are payable at the branch of IndusInd Bank in India where the deposits were made. The Bank has discretion to allow withdrawal of the deposits, either at the branch of deposit or at any other branch in India. (b) I/We further unconditionally and irrevocably authorise IndusInd Bank Ltd. to debit my/our account with an amount equivalent to the fees and charges applicable for the services enjoyed by me/us. (c) I/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 the third party which is in any way the result of availing of services by me/us. (d) In case of joint accounts, instruction received from one of the account holders to stop operations will be deemed to be sufficient notice to the Bank to act upon such instructions. Further operations would be allowed only upon receipt of fresh instructions from all the account holders. (e) I/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 documents. In case any of the above information is 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. (f) I/We confirm having read the rules of the Bank regarding the conduct of the account and the rules and regulations pertaining to Phone Banking, Debit Card, Doorstep Banking, Anywhere Banking, Net Banking, Mobile Banking, Video Banking & Utilities Pay Facilities. I/We accept and agree to comply with the terms & conditions or any rules of the Bank that may be in force from time to time. I/We acknowledge that it is my/our responsibility to obtain a copy of and read the same. (g) In case the account remains overdrawn on account of unrecovered charges, if any for a period of 3 months and above, the account will be closed and the Bank will not be responsible for giving any advance intimation thereof. (h) I/We also understand that the continuation of the account is at IndusInd Bank's sole discretion and in case IndusInd Bank is dissatisfied with the conduct of the account, IndusInd Bank has the right to close the account after giving me/us 15 days notice or withdraw the concessions in all or any service charges granted to me/us or charge IndusInd Bank's applicable rates for such services. (i) I/We understand that as my/our accounts is a Basic Savings Bank Deposit Account (Small) under Simplified KYC Process, at any point of time if the total balance or the total yearly turnover in all my/our account exceed ₹50,000/- and ₹1 lac respectively, or the aggregate of all withdrawals and transfers in a month exceed rupees ten thousand, unless I/We complete the required KYC requirement, the Bank will be entitled to close the account. (j) For BSBDA and BSBDA (Small) account: I/ We understand that as my/our account is a Basic Savings Bank Deposit Account/Basic Savings Bank Deposit (Small) Account, I/we cannot hold any other account in this Bank. I/We confirm that I/we are not having any other bank account in my/our name in any other Bank. Also if I/we have any other account I/we shall get the same closed within 30 days of opening of this account. (k) I/We undertake and authorise the Bank to store/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. In the event of the death of the depositor, premature termination will be allowed without levy of penal charge. The following will be applicable on demise of all or sole deposit holders With nomination: The nominee will have the right to seek premature termination of term deposit account, Without nomination: Premature termination will be permitted on joint request by all legal heirs (or any of them as mandated by all the legal heirs) and upon verification of the authority of the legal heirs. Following will be applicable on demise of one of the joint deposit holders: If the specific instructions for premature withdrawal are other than jointly, then in the event of death of one of the depositors, premature termination and payment of Term Deposits shall be allowed to survivor/(s) i.e In the event of the death of any of the deposit holders, the survivor, if he/she so requests the Bank , to prematurely withdraw the deposit without seeking the concurrence of the legal heirs of the deceased joint deposit holder, the Bank is entitled to honour the same. Such payment to survivor/s shall give valid discharge to the Bank. I/We have obtained, read, understood and agree the terms and conditions governing the opening of an account with IndusInd Bank Ltd. (the Bank), and those relating to various services including but not limited to a) ATM b) Mobile Banking c) Debit Card d) Net Banking e) Payment Gateway f) Bill Pay g) SMS Banking h) Alert Services i) Fixed Deposits/Recurring Deposits, available at Bank's website www.indusind.com I/We certify that all the information furnished by me/us is true. (l) I/We undertake and authorise the Bank and its agents/representatives (a) to make references/enquiries as may be deemed necessary by the Bank; and (b) to store/disclose/exchange/share/part with, without notice to me/us, any/all the information/data 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. I also authorise the Bank to disclose the information relating to Bank Guarantee/Letter of Credit facility if any availed by me/us. I/We shall not hold the Bank and/or its agents/representatives liable for using/sharing information provided herein for the said purpose(s). I/We waive the privilege of privacy & privity of contract. My personal/KYC details may be shared with Central KYC Registry. I/We acknowledge that, as per Prevention of Money Laundering Rules, 2005, in case of any update in the documents submitted by me/us after CIF/account opening, I/We shall submit the updated documents to the Bank within 30 days to be updated in the Bank records. I/We confirm that I/we have read and understood the Schedule of Charges associated with my Savings Account Product. I/We understand the detailed charging structure is available on IndusInd bank's Website as Schedule of Charges document. If applicable, I hereby declare that the Mobile Number being used to open the account belongs to my family member/relatives.

Consent to Use, Share and Disclose Registered Communication Contact Details and to Avail Value-added Services

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, 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.

☐ Yes

Notwithstanding anything contained herein above, in case I/we opt out from the above and tick'NO' ☐ No , 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. I/We hereby confirm that, I/We have given voluntary consent to avail certain value-added services provided by Bank through third party Service Provider(s). I/We hereby agree and declare that, I/We have read relevant terms and conditions of the product/services offered under value added services and shall not held Bank liable for any loss/damage caused to me/us by availing such value added services or for any defect/deficiency in such value added services.

1st Applicant Recent Passport Size Photograph (Sign Across)	1st Applicant Signature 1st Applicant Name: Date: D D M M Y Y Y Y	2nd Applicant Recent Passport Size Photograph (Sign Across)	2nd Applicant Signature 2nd Applicant Name: Date: D D M M Y Y Y Y

** 2nd Applicant Photograph not required in case of Existing Customer*

FOR BANK USE ONLY

SOL/ Branch Code: ☐☐☐☐ Request No.: ☐☐☐☐☐☐☐☐☐☐☐☐

Request Received on: D D M M Y Y Y Y Is this customer a PEP (Politically Exposed Person)? ☐ Yes ☐ No

Customer Met in Person Declaration by Branch Official

I confirm having met the customer in person and I hereby confirm that I have verified the copies with the original documents and the form has been filled up in my presence. I confirm that all KYC documents are complete and match with the details provided in the form. I hereby certify that the above information is true. Later if it is found to be incorrect and Bank suffers any loss due to fraud or otherwise, I may be held accountable and shall be liable for any loss suffered by the Bank.

Declaration in case the customer has not filled Nomination form

☐ 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 Signature, ECN

Deputy Branch Manager or Branch Manager Signature, SS No. or ECN & Branch Round Stamp