

MODIFICATION FORM

For Branch Use Only (Encircle count of Service Request)

1 2 3 4 5 6 7 8 9

A/C No.: CIF ID: Date: I/We

Request you to update your records as per the details provided below:

Updation will be done for all accounts linked to Customer ID (wherever applicable)

CONTACT DETAIL UPDATE

☐ Update Mobile No.: ☐ Update Fixed Line No: - ☐ E-mail ID: *E-mail ID provided will be updated to receive e-statement. In case e-statement is activated, physical statement will be deactivated. For NR customers, wherever email ID is being updated, similar changes will also be made applicable to the email registered for email indemnity.*Register for E-statement: ☐ Yes ☐ NoDifferently Abled: ☐ Yes ☐ No

ADDRESS UPDATE (Address proof to be submitted)

☐ Update Communication Address:Address 1: Address 2: Address 3: City: State: PIN: Country: Landmark:

PAN UPDATE (PAN proof to be submitted)

☐ Update PAN:

DOB UPDATE (DOB proof to be submitted)

☐ Update DOB:

BASE BRANCH CHANGE

☐ I/We request to transfer my/our Account as per details below. I/We understand that the existing operating Instructions will apply for my/our account.

Existing Branch Details (From Branch)	New Branch Details (To Branch)	Reason for transfer of Account

CIF ID MERGER

CIF ID 1: CIF ID 2: CIF ID (to be retained):

CHANGE IN TERM DEPOSIT MATURITY INSTRUCTIONS

Change in maturity instruction for Term Deposit a/c number: Tick any one: ☐ Auto renew principal & interest ☐ Auto renew principal & pay interest ☐ Close on maturity

Payment instructions:

Credit my/our IndusInd Bank Account Number: Pay by Demand Draft payable at to my/our mailing address registered with the Bank

MODE OF OPERATIONS CHANGE (All holders to sign)

☐ Singly ☐ Either / Survivor ☐ Jointly ☐ Anyone / Survivor *All holders to sign

NAME UPDATION & CORRECTION (Proof to be submitted)

I/We request you to update the name of my/our account. Necessary documents supporting the change in name are enclosed for your records.

Individual New Name*:	Mr/Ms	First Name	Middle Name	Last Name
Entity New Name*:				

Declaration by Customer:

I/We confirm that

All cheques issued by me with the old name have been paid • All Postdated Cheques/ECS mandate issued with the old name shall be cancelled by me and re-issued with the new name. • Cheques drawn with the old name, if presented in the future, will be returned by the Bank. • All cheques collected and paid in future by the Bank in this account will be drawn in the same name as given in this request form. • The Name Changes will be done at Customer ID level and will be applicable to all linked accounts.

SIGNATURE CHANGE / UPDATE (Signature proof to be submitted)

I hereby state, confirm, declare and undertake that,

- All cheques issued by me with the old signature have been paid
- All Post dated Cheques / ECS mandate issued with old signature shall be cancelled by me and re-issued with new signature.

*Signature proof to be submitted

DECLARATION

I have read all Terms and Conditions applicable and understood the schedule of Charges (SOC) at www.indusind.bank.in

(In case of
Current Account,
rubber stamp
required)

Customer Signature /
Authorised Signatory

(In case of
Current Account,
rubber stamp
required)

Customer Signature /
Authorised Signatory

(In case of
Current Account,
rubber stamp
required)

Customer Signature /
Authorised Signatory

(In case of
Current Account
rubber stamp
required)

Customer Signature /
Authorised Signatory

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/through the 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 above and 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

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FOR BANK USE ONLY

Request accepted / Customer met in person by

Employee Name: _____

ECN No.

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 Signature: _____

Request No.																				
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Signature Verified by: Employee Name

ECN No.

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 Signature: _____

Request Verified by: Employee Name _____

[illegible]

CUSTOMER ACKNOWLEDGEMENT

Date

D	D	M	M	Y	Y	Y	Y
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Employee Name:

Request No.

[illegible]

ECN Stamp & Signature

Branch Seal