| Bar Code |
|----------|
|----------|

**IDBI** BANK

|   |   |  |                     | SBAOF PART I                  |
|---|---|--|---------------------|-------------------------------|
| ACCOUNT OPENING   |   | HULI RETAIL FI)<br>ng & New Customers) | XED TERM D          | DEPOSIT (GRTD)                |
| Please fill the form in CAPITAL LETTE<br>for: Customer Aged between 55 year                     |   | enior citizen status dur               | ing the tenure of   | the deposit.                  |
| The Branch Manager,   |   |  |                     | Date:                         |
| DBI Bank Ltd.   |   |  |                     |                               |
|   |   | PART I                                 |                     | Pronch Col                    |
| lease open my GRTD Account at you   |   |  |                     | Branch, Sol                   |
| Title   | First Name  | S OF APPLICANT<br>Middle Nam           | e                   | Surname                       |
| st Applicant:   | 2nd Applica   |  | 3rd Applic          |                               |
|   | GODHULI RETAIL F  | IXED TERM DEPOSIT (GR                  | TD)                 |                               |
|   | Month Year  | uarterly Annual                        | At Maturity (C      | _                             |
|   | o be deducted at source - <b>PAN</b> /<br>ix to be deducted- Form 15G/15F | · · · · · · · · · · · · · · · · · · ·  |                     | OR                            |
|   | MATURITY/PA   | YMENT INSTRUCTIONS                     |                     |                               |
| By credit to 1st applicant's operative a  | iccount   |  |                     |                               |
| By Payorder / Demand Draft  |   |  |                     |                               |
| SMS Alerts : Hindi English  |   |  |                     |                               |
|   | INSTRUCTION FO  | OR ACCOUNT OPERATIO                    | N                   |                               |
| Single Either or survivo<br>*We jointly agree and authorize<br>deposit on written instruction f | IDBI Bank Ltd to, pay the pr  |  |                     |                               |
| 1st applicant   | 2nd applicant   | 3rd appl                               | licant              | 4th applicant                 |
|   |   |  |                     |                               |
| Signature<br>pplicant/guardian should also sign across photograpl                               | Signature<br>as well as in the space provided for s                       | Signatu<br>gnature.                    | lite                | Signature                     |
|   | INTROD  | UCTION DETAILS                         |                     |                               |
| Introduction by existing IDBI Bank  | Account holder (Document con  | firming mailing address ir             | n name of applican  | t to be provided)             |
| Name:   |   |  |                     |                               |
| Cust ID:  | IDBI Bank for over six months. I  | confirm that I personally ki           | now the applicant's | detailed herein for years and |
| confirm his/her identity and address  |   | ,,,                                    |                     | , 21.5 dire                   |
| Signature of introducer   |   | Signature verified (for ban            | k use)              | Signature & FIN No            |
|   |   |  |                     | JIPHALULE & FUN INO.          |

| Amount Cash Transfer from a/c no.  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Amount   Cash   Transfer from a/c no.  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Cheque no.   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (All Cheques for initial payment amount, will be drawn in favour of "IDBI Bank Ltd Customer Name") ** will be accepted only with a self-signed cheque.   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Amount to be deposited in GRTD account ₹   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| OTHER DECLARATIONS   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sweep in savings Account: In case of insufficient balance in my savings account no.  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tax Saving FD & RD).   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Intimation of Address Change   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I/We, the undersigned propose to open a Savings/Current Account in your Branch, I/We hereby undertake that in the event of any change in my/our address due to relocation or any other reason, the new address details along with address proof will be submitted to the Branch within two weeks of such change.   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| LINKING OF AADHAR NUMBER TO MY ACCOUNT (DECLARATION)   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Please Link my Aadhaar No. to my account (In case of joint accounts, only the first holders Aadhaar number can be linked to the account, signature of all  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| other holders to be obtained mandatorily for their consent ) (Self attested copy of Aadhaar letter/ e-Aadhaar to be attached)  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1st Applicant Signature     2nd Applicant Signature     3rd Applicant Signature     4th Applicant Signature  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TERMS & CONDITIONS (Please tick in all boxes)  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I/ We agree that the rate of interest applicable to the account till the age of 60 years will be the contractual rate. On attainment of 60 years by the  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1st applicant, the additional rate of Senior Citizen shall be added. This additional rate will be the contractual rate.<br>I/ We agree to obtain a new COD after attainment of 60 years, which will contain the revised maturity amount.   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I/ We agree that new COD issued after attainment of 60 years will supersede the earlier issued COD.  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I/ We agree that the overdraft taken against my/our current FD shall also undergo a revision in its rate of interest viz-a-viz the change that shall be applicable to the FD on attainment of 60 years of the age by the 1st applicant.  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I/ We agree that Premature withdrawals are allowed, unless specified otherwise, at the rate of interest applicable for the period for which the deposit  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| has run or the contracted rate whichever is lower, subject to penalty, if any, prescribed by the Bank from time to time.   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| orgination -   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (please sign without the stamp)  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FOR BANK USE   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| To be processed on priority  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • We have complied with all the requirements of the KYC and AML policy, KYC & AML Master Circular of the Bank updated till now.  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • We have complied with all requirements, Circulars/instructions issued by the Bank till date with regard to the proposed Product.   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <ul> <li>We have complied with all requirements, Circulars/instructions issued by the Bank till date with regard to the proposed Product.</li> <li>All Statutory, Regulatory and Internal Guidelines issued up-to-date have been complied with regard to this AOF.</li> <li>"I here by certify that all the necessary KYC documents have been obtained/verified by me. I confirm that the documents are adequate to comply with KYC.</li> </ul>  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <ul> <li>We have complied with all requirements, Circulars/instructions issued by the Bank till date with regard to the proposed Product.</li> <li>All Statutory, Regulatory and Internal Guidelines issued up-to-date have been complied with regard to this AOF.</li> <li>"I here by certify that all the necessary KYC documents have been obtained/verified by me. I confirm that the documents are adequate to comply with KYC requirement of the Bank. I hereby confirm that I have verified UN list of terrorist groups &amp; GOI advices &amp; bank's guidelines &amp; confirm the applicant/s are not provide the second second</li></ul> |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <ul> <li>We have complied with all requirements, Circulars/instructions issued by the Bank till date with regard to the proposed Product.</li> <li>All Statutory, Regulatory and Internal Guidelines issued up-to-date have been complied with regard to this AOF.</li> <li>"I here by certify that all the necessary KYC documents have been obtained/verified by me. I confirm that the documents are adequate to comply with KYC requirement of the Bank. I hereby confirm that I have verified UN list of terrorist groups &amp; GOI advices &amp; bank's guidelines &amp; confirm the applicant/s are not included in caution advices/black list. Based on this account may be opened.</li> </ul> Name of the Branch Head/Acting Branch Head Employee Code Branch Branch Branch Branch DST code:1 Lable Code:2 Lable Code:2 SOM Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                        |                    |           |                |             |         | For     | n D      | A 1 -   | Nor      | nina   | ation   | Form    | 1                               |         |       |         |         |        |       |          |            |       |        |         |            |        |
|------------------------|--------------------|-----------|----------------|-------------|---------|---------|----------|---------|----------|--------|---------|---------|---------------------------------|---------|-------|---------|---------|--------|-------|----------|------------|-------|--------|---------|------------|--------|
| Noninction under Co    | ation 45 74 aft    | ho Doul   | ding Do        |             | . A at  |         |          |         |          |        |         |         |                                 |         | lomi  | n ati a |         | مار    | 100   | F in     |            |       | ef ha  | ام با م |            | 4.0    |
| Nomination under Se    | Clion 45 ZA of t   | пе бапк   | ang ke         | guiation    | 1 ACI,  | 1949    | and      | Kule 2  | 2(1) 0   | i the  | Бапк    |         | mpan                            | nes (r  | Nomi  | natio   | n) K    | uies,  | 190   | 5 IN     | resp       | ect c | лра    |         | eposi      | ls.    |
|                        |                    | (Name     | e)             |             |         |         |          |         |          |        |         |         |                                 |         |       |         | (N      | ame)   |       |          |            |       |        |         |            |        |
| Address                |                    |           |                |             |         |         |          |         |          | Add    | dress   |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
|                        |                    |           |                |             |         |         |          |         |          |        |         |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
| Nominate the follow    | wing person to     | whom      | in the         | e event     | t of m  | ny/ou   | /mir     | ors d   | eath,    | the    | amo     | int of  | dep                             | osit i  | n the | e aco   | cour    | nt(s), | par   | ticul    | ars v      | whe   | reof   | are     | giver      | n bel  |
| may be returned by     | IDBI Bank Limi     | ted       |                |             |         |         |          |         |          | k      | branch  |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
|                        | Nature of Depo     | sit       |                |             |         |         |          |         | A        | Acco   | unt N   | о.      |                                 |         |       |         | _       |        | A     | ddit     | ional      | l det | ails,  | if ar   | ny         |        |
|                        |                    |           |                |             |         |         |          |         |          |        |         |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
| Nominee                |                    |           |                |             |         |         |          |         |          |        |         |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
| Name                   |                    |           |                |             |         |         |          |         |          |        |         |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
| Mailing Address        |                    |           |                |             |         |         |          |         |          |        |         |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
|                        |                    |           | $\square$      |             |         |         | Т        |         |          |        |         | ТТ      |                                 |         |       |         |         |        |       |          |            |       |        | T       |            |        |
| City                   |                    |           | TT T           | TT          | 7       | State   | <u> </u> |         | ΤT       | T      |         |         |                                 |         | T     |         | T       |        | Ē     | N O      | Code       | e [   |        | Ť       |            |        |
| Country                |                    | <u> </u>  | <u> </u>       |             |         |         |          | _       |          |        |         |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
| Relationship with o    | depositor (if an   | v) ·      |                |             | 1 1     | -       |          | -       |          |        | -       |         |                                 |         |       |         | Δ       | 70 (I  | yrs): |          |            |       |        |         |            |        |
| Nominee Guardian       | •                  | ·         |                | Father      |         | 1other  |          | Cou     | rt An    | noin   | tod (   | uardia  |                                 |         |       | Rece    |         | _      | -     |          | 0 G1       | uard  |        |         | hers       |        |
|                        |                    | · · · · · | ·'             | auter       |         | IUTIEI  |          | Cou     | п др     | pom    | iteu c  | uarun   |                                 |         | Juit  | Nece    | ivei    |        |       | lacu     | U UI       | Jaiu  |        | 0       | ners       |        |
| Date of Birth (if no   |                    |           |                |             |         |         |          | _       |          |        |         |         | -                               |         |       | _       |         |        |       |          |            |       |        |         |            |        |
| *As the nominee is     | s a minor on th    | nis date  | ≥, I/W€        | e appoi     | int Sh  | iri/Sm  | t./Ku    | m       | <u> </u> | Ļ      |         | Ļ       | <u> </u>                        |         | _     |         | Ц       |        |       |          |            |       |        |         |            |        |
| Mailing Address        |                    |           |                |             |         |         |          |         |          |        |         |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
| City                   |                    |           |                |             |         | State   |          |         |          |        |         |         |                                 |         |       |         |         |        |       | PIN (    | Code       | e 🛛   |        |         |            |        |
| Country                |                    |           |                |             | ,to re  | eceive  | the      | amou    | int of   | f the  | depo    | sit in  | the a                           | iccou   | nt o  | ו bel   | half    | of tl  | he n  | omiı     | nee i      | in th | ie ev  | ent     | of m       | y/our  |
| minor's death durir    | ng the minority    | of the r  | nomin          | iee.        |         | _       |          |         |          |        |         |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
| Nominee name to b      | pe printed in Co   | onfirma   | tion of        | f Depos     | sit:    | Yes     |          | No      |          |        |         |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
| Please Note:- The Fixe | ed Deposits create | ed by wa  | ay of A        | uto Swe     | ep Ou   | it wou  | ld ca    | rry the | same     | e Nor  | ninatio | n as p  | rovid                           | ed in   | the L | inked   | l Sav   | ings/  | 'Curr | ent A    | lccou      | ınt.  |        |         |            |        |
| I do not wis           | h to avail non     | ninatio   | n faci         | ility       |         |         |          |         |          |        |         |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
|                        |                    |           |                |             |         |         |          |         | _        |        |         |         |                                 |         |       |         |         | 1 1    |       |          |            |       |        |         |            |        |
|                        |                    |           |                |             |         |         |          |         |          |        |         |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
| 1st Applicant          | Signaturo          | L         |                | 2nd Ap      | nlican  | t Signa | turo     |         |          |        |         | 3rd Ap  | nlica                           | at Sig  | otur  | 2       |         |        |       |          | 4th        | App   | lican  | t Sigr  | nature     |        |
|                        | Jighature          |           |                | znu Ap      | pricari | t Signa | uure     |         |          |        |         | ли др   | prica                           | it Jigi | ature | 7       |         |        |       |          | 401        | лрр   | incan  | t Jigi  | lature     |        |
| Witness(es)***         |                    |           |                |             |         |         |          |         | -        |        |         |         |                                 |         | -     |         |         |        |       |          | <u>г</u> т |       |        |         | <b>T</b> T |        |
| Name                   |                    |           |                | ╧┷┷         |         |         |          |         |          | Na     | ime     |         |                                 |         |       |         |         |        |       | <u> </u> |            |       |        |         |            |        |
| Signature ***          |                    |           |                |             |         |         |          |         |          | Sig    | nature  | ***     |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
|                        | <u> </u>           |           |                | <u>_</u>    |         |         |          |         | _        | 0      |         |         |                                 |         | 1 1   |         |         |        | -     |          |            |       |        |         |            |        |
| Address                |                    | <u> </u>  | ┿┿             | <u>+</u> ++ |         |         | -        |         | 4        | Add    | dress   | -       |                                 | _       |       | _       | _       | +      | +     |          |            | +     |        | -       |            |        |
|                        |                    | $\square$ | $\perp$        | <u> </u>    |         |         |          |         | _        |        |         |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
|                        |                    |           |                |             |         |         |          |         |          |        |         |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
| Place                  |                    |           |                |             |         |         |          |         |          | Plac   | ce      |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
| Date                   |                    |           |                |             |         |         |          |         |          | Dat    | e       |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
| * Strike out if nom    | inee is not a mi   | nor. **   | • Whe          | re the c    | deposi  | it is m | ade      | in the  | nam      | ne of  | minc    | r , the | non                             | ninati  | on s  | houl    | d be    | sig    | ned   | by a     | per        | son   | lawf   | ully    | entit      | led to |
| act on behalf of the   | e minor.*** Tł     | numb i    | mpress         | sion(s)     | shall   | be att  | este     | d by t  | wo v     | vitne  | esses.  |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
| Registration No. (T    | o be filled in by  | the bar   | nk)            |             |         |         |          |         |          |        |         |         |                                 |         |       |         |         |        | ]     |          |            |       |        |         |            |        |
|                        |                    |           |                |             |         |         |          |         |          |        |         |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
|                        |                    |           |                |             |         | ACKN    | OW       | LEDGN   | леnt     | FOR    |         | INATI   | ON                              |         |       |         |         |        |       |          |            |       |        |         |            |        |
| We acknowledge your №  | Nomination Form D  | )A1 relat | ing to:        |             |         |         |          |         |          |        |         |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
| Nature of Ac           |                    |           |                | Account     | t Num   | ber     |          |         |          |        |         |         |                                 | Add     | ition | al D    | etail   | s, if  | any   |          |            |       |        |         |            |        |
|                        |                    |           |                |             |         |         |          |         |          |        |         |         |                                 |         |       |         |         | ,      | ,     |          |            |       |        |         |            |        |
|                        |                    |           |                |             |         |         |          |         |          |        |         |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
|                        |                    |           |                |             |         |         |          |         |          |        |         |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
| In the name of         |                    |           |                |             |         |         | he       | ld with | n us. F  | Please | e quot  | e the N | omin                            | ation   | Num   | ber_    |         |        |       |          |            |       |        | in a    | ll you     | r futu |
| correspondence with u  | us in this regard. |           |                |             |         |         |          |         |          |        |         |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
|                        |                    |           |                |             |         |         |          |         |          |        |         |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
|                        |                    |           |                |             |         |         |          |         |          |        |         |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
|                        |                    |           |                |             |         |         |          |         |          |        |         |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
| For IDBI Bank Li       | mited              |           |                |             |         |         |          |         |          |        |         |         |                                 |         |       |         |         |        |       |          |            | Aut   | norise | d Sig   | nator      | v      |
| . or to or build LI    |                    |           |                |             |         |         |          |         |          |        |         |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
|                        |                    |           |                |             |         |         |          |         |          |        |         |         |                                 |         |       |         |         |        |       |          |            |       |        |         |            |        |
|                        | ACKNOWLE           | DGEM      | FNT            |             |         |         |          |         |          | F      |         |         | ACKNOWLEDGEMENT ACKNOWLEDGEMENT |         |       |         |         |        |       |          |            |       |        |         |            |        |
|                        |                    |           | - <b>3 - 1</b> |             |         |         |          |         |          |        |         |         |                                 |         | A.    | K NL    | 1 1 1 1 |        |       |          |            |       |        |         |            |        |
| App. Form No.          |                    |           |                |             | ]       | Branc   |          |         |          |        |         | Form    |                                 |         | AC    | KNC     | J VV L  |        |       |          |            |       | -      |         |            | Сору   |

Acknowledgment Date:

-3-

Name of the customer

Forwarded to CPU / RPU on .

Signature of bank official

IDBI BANK LTD.

## Most Important Terms and Conditions (MITCs)

To be handed over to the applicant

BRANCH

Please obtain a copy of BCSBI Codes available with the Branch. Godhuli Fixed Retail Term Deposit (GRTD)

1.No penalty for premature withdrawal on all the above deposits opened / renewed with effect from 1st Jan. 2011. In case the customer prefers to prematurely withdraw the deposit (FD booked before 1st Jan 2011) from the Bank, the then prevailing penalty norms will be applicable.

2. In case of premature withdrawal of deposits before 15 days, by any category of depositors including senior citizen/staff and retired staff, the savings bank interest rate shall be applicable. No interest is paid if the deposit is held for the tenure of below 7 days, the minimum period for Term Deposits as per RBI guidelines.

3. Interest payable on prematurely withdrawn deposits will be the contracted rate or the rate applicable for which the deposit remained with the Bank (rate applicable for that tenure on the original date of the deposit) whichever is lower. The above interest payment clause on premature withdrawal of Term Deposits is applicable on all Fixed Deposits.

4. The premature withdrawal allowed, unless specified otherwise, at the rate applicable for the period for which the deposit has run or the contracted rate whichever is lower, subject to penalty, if any, prescribed by the Bank from time to time.

5. Interest rates applied on Retail Term Deposits will be as per the prevailing rates of interest. Discounted rate will be applied in case of monthly interest payouts. Annual Interest Payout is calculated on Simple Interest basis. 6. Interest rate on Godhuli Term Deposits shall be applied separately across two deposit periods as illustrated below :

a). Period 1- From the date of booking till attainment of senior citizenship- In this period, the rate of interest applicable for the deposit would be the regular deposit rate applicable to non-senior citizen category and shall be applied on the original deposit amount.

b). Period 2-From the date of attainment of senior citizen.status till the date of maturity of the deposit - In this period, the rate of interest on senior citizen deposits prevailing at the time of booking the Godhuli deposit for the tenure corresponding to the residual tenure of the godhuli deposit (tenure from the date of attainment of senior citizen.status till the date of maturity of the deposit) shall be applied. The interest shall however be reset on the fixed deposit balance outstanding at the time of attainment of senior citizen status and not on the original deposit amount.

7. Please Note:- The minimum residual tenure of the deposit after attainment of senior citizen status should be more than or equal to the minimum tenure applicable for senior citizen deposits at the point of time of booking the Godhuli deposit.

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IDBI Bank Limited, Regd. Office: IDBI Tower, WTC Complex, Cuffe Prande, Mumbai – 400 005. Toll Free Numbers reachable from any landline/Mobile phones: 1800-200-1947/1 1800-22-1070, Non-Toll Free Number: 022-66937000. Visit us: www.idbi.com

|  |   |           |       | PART II (PERSONAL DETAILS)  |  |       |          |              |                          |       |       |            |                         |       |       | Bar Code<br>SBAOF PART II |          |        |          |                                     |       |       |        |       |          |        |      |          |      |     |      |      |     |      |
|--|---|-----------|-------|---|--|-------|----------|--------------|--------------------------|-------|-------|------------|-------------------------|-------|-------|---------------------------|----------|--------|----------|-------------------------------------|-------|-------|--------|-------|----------|--------|------|----------|------|-----|------|------|-----|------|
|  | TO BE SEPARATELY FILLED BY EACH APPLICANT IN PART -II |           |       |   |  |       |          |              |                          |       |       |            |                         |       |       |                           |          |        |          |                                     |       |       |        |       |          |        |      |          |      |     |      |      |     |      |
| Customer Type  | In  | divid     | ual   | [   |  | Sta   | ff-EI    | N            |                          |       | T     |            | T                       |       |       |                           |          | Cu     | stor     | ner                                 | Con   | stitu | itior  | 1:    | N        | ∕lale  |      | Fe       | mal  | e   | Т    | hird | Ger | nder |
|  | Title   | 2         |       |   |  |       |          | Fire         | t Na                     | ame   |       |            |                         |       |       |                           |          | N      | ۱idd     | lle N                               | lame  | 2     |        |       | _        |        |      | Su       | rnar | ne  |      |      |     |      |
| Name   |   |           |       |   |  |       |          |              |                          |       |       |            |                         |       |       |                           |          |        |          |                                     |       |       |        |       |          |        |      |          |      |     |      |      |     |      |
|  |   |           | te o  |   |  |       |          | Se           |                          | Μ     |       | tal S      |                         | us    |       |                           |          | atio   |          |                                     |       | 1     |        |       |          |        | ٨    |          |      |     | aide | en   |     |      |
|  |   | (DD       | )/MN  | 1/YY  | (  |       |          | M/I          | F/ I                     |       |       | Л/S/(      | J                       | Г     |       |                           | FI       | irst / | Арр      | DIICa                               | int   |       |        | 1     | _        |        |      |          | Surr | nam | ie   | -    |     |      |
|  |   |           |       |   |  |       |          |              |                          |       | L     |            |                         | l     |       |                           |          |        |          |                                     |       |       |        | ]     |          |        |      | <u> </u> |      |     |      |      |     |      |
| *PAN/GIR   |   |           |       |   |  |       |          |              |                          | 0     | r     |            | Fo                      | rm 6  | 60 a  | attac                     | hed      | (P     | leas     | ie √                                | )     |       |        |       |          |        |      |          |      |     |      |      |     |      |
| Passport No.   |   |           |       |   |  |       |          |              | C                        | Date  | e of  | lssu       | ıe                      |       |       |                           |          |        |          |                                     |       | I     | Dat    | e of  | Ex       | piry   |      |          |      |     |      |      |     |      |
| Passport Details   |   |           |       |   |  |       |          |              |                          |       |       |            |                         |       |       |                           |          |        | Aa       | dha                                 | ar N  | No.   |        |       |          |        |      |          |      |     |      |      |     |      |
| Firm name ( for so   | e propr   | rietor    | ship  | )   |  |       |          |              |                          |       |       |            |                         |       |       |                           |          |        |          |                                     |       |       |        |       |          |        |      |          |      |     |      |      |     |      |
| Mobile No.   |   |           |       |   |  |       |          |              |                          | 0     | offic | e Ph       | one                     | No.   |       | Т                         |          |        |          |                                     |       | Т     | Т      | Т     |          |        |      |          |      |     |      |      |     |      |
| Email ID   |   | T         |       |   |  |       |          |              |                          |       |       |            |                         |       |       |                           |          |        |          |                                     | 1     |       |        |       |          |        |      |          |      |     |      |      |     |      |
| Correspondence   | Addres  | <b>SS</b> |       |   |  |       |          |              |                          |       |       |            |                         |       |       |                           |          |        |          |                                     |       |       |        |       |          |        |      |          |      |     |      |      |     |      |
| Bldg./Road No.   |   |           |       |   |  |       |          |              |                          |       |       |            |                         |       |       |                           |          |        |          |                                     |       |       |        |       |          |        |      |          |      |     |      |      |     |      |
|  |   |           |       |   |  |       |          |              |                          | Are   | ea    |            |                         |       |       |                           |          |        |          |                                     |       | ) v   | 'illag | ge    |          |        |      |          |      |     |      |      |     |      |
| City/Town/Taluka   |   |           |       |   |  |       |          |              |                          |       |       |            |                         |       |       | Lar                       | ndm      | nark   | near/op  | pposite)                            |       |       |        |       |          |        |      |          |      |     |      |      |     |      |
| District   |   |           |       |   |  |       |          |              |                          |       |       | Sta        | ite                     |       |       |                           |          |        |          |                                     |       |       |        |       |          | Pin    | n Co | ode      |      |     |      |      |     |      |
| Country  |   |           |       |   |  |       |          |              | Pho                      | ne(F  | Res)  |            |                         |       |       |                           |          |        |          |                                     |       |       | Fax    | No    |          |        |      |          |      |     |      |      |     |      |
| Area Code: State   |   | Dis       | trict |   |  |       | Su       | b-D<br>(Talı | istri<br><sub>ika)</sub> | ct    |       |            |                         |       |       |                           | Vil      | lage   |          |                                     |       |       |        |       |          |        |      |          |      |     |      |      |     |      |
| Permanent Addre  | as al   | bove      |       |   |  |       |          |              |                          |       |       |            |                         |       |       |                           |          |        |          |                                     |       |       |        |       |          |        |      |          |      |     |      |      |     |      |
| Bldg./Road No.   |   |           |       |   |  |       |          |              |                          |       |       |            |                         |       |       |                           |          |        |          |                                     |       |       |        |       |          |        |      |          |      |     |      |      |     |      |
|  |   |           |       |   |  |       |          |              |                          | Are   | ea    |            |                         |       |       |                           |          |        |          |                                     |       | ) v   | 'illag | ge    |          |        |      |          |      |     |      |      |     |      |
| City/Town/Taluka   |   |           |       |   |  |       |          |              |                          |       |       |            |                         |       |       | Lar                       | ndm      | nark   | near/op  | pposite)                            |       |       |        |       |          |        |      |          |      |     |      |      |     |      |
| District   |   |           |       |   |  |       |          |              |                          |       |       | Sta        | ite                     |       |       |                           |          |        |          |                                     |       |       |        |       |          | Pin    | n Co | ode      |      |     |      |      |     |      |
| Country  |   |           |       |   |  |       |          |              | Pho                      | ne(F  | Res)  |            |                         |       |       |                           |          |        |          |                                     |       |       | Fax    | No    |          |        |      |          |      |     |      |      |     |      |
| Existing   |   |           |       |   |  |       |          |              |                          |       |       |            |                         |       |       |                           | act<br>1 |        |          |                                     |       |       |        |       |          | ıo., € |      |          |      |     | -    |      |     |      |
| Customer ID  |   | CI        | ICT   |   | ED I   |       |          | E / A        | DD                       |       |       | in ne      |                         |       |       |                           |          |        |          |                                     |       |       | 00     |       |          | my/c   |      |          | : ID |     |      |      |     |      |
| Residential status   |   |           | 7210  |   | MER PROFILE (ADDITIONAL INFORMATION OF INDIVIDUALS/SELF EN   |       |          |              |                          |       |       |            |                         |       |       |                           |          |        | =/VIP    |                                     |       |       |        |       |          |        |      |          |      |     |      |      |     |      |
| Education  |   |           |       | ╠   | Under Graduate Graduate Post Graduate Professional   |       |          |              |                          |       |       |            |                         |       |       |                           |          |        |          |                                     |       |       |        |       |          |        |      |          |      |     |      |      |     |      |
| Occupation   |   |           |       | ╠   | Service Business Line of Business/Industry (Pls. provide detail)   |       |          |              |                          |       |       |            |                         |       |       |                           | -        |        |          |                                     |       |       |        | _     |          | _      |      |          |      |     |      |      |     |      |
| Occupation   |   |           |       | ╠   |  |       | empl     | _            | _                        | _     | etire | , _        |                         | Hou   |       | _                         |          | Oth    |          |                                     |       |       | fv     |       | <u> </u> |        |      |          |      |     |      | +    |     | =    |
| If in service Name o                                       | forgani   | zatio     | n     | ╞   |  |       |          | - / -        |                          |       |       |            |                         | 104.  |       |                           | -        | _      |          |                                     |       |       |        |       |          |        |      |          |      |     |      |      |     | ╡    |
| If self employed-nati                                      |   |           |       | ╠   |  | radir | <br>ησ [ |              | Aani                     | ifact | urir  |            |                         | orvi  |       |                           | Aσ       | ricul  | ture     |                                     |       | عا م  | tate   |       | Oth      | ners p |      |          | neci | fv  |      | _    |     | 4    |
| Since when in busin  |   |           |       | Trading Manufacturing Services Agriculture Real estate Ot Since (Years) |  |       |          |              |                          |       |       |            |                         |       |       |                           |          | Ou     | icis k   | 5100                                | 150 5 | Jeer  | ' y [  |       |          |        |      |          |      |     |      |      |     |      |
| If self employed pro                                       | fessiona  | ıl        |       |   | C  | A     |          | Doct         | or                       | L     | .aw   | yer        |                         | Stoc  | k bro | oker                      |          | Co     | nsu      | ltant                               |       | ] Ot  | ther   | s ple | ease     | spec   | cify |          |      |     |      |      |     |      |
| Sources of Income  |   |           |       |   | S  | alary | / [      | В            | usin                     | ess   |       | Agri       | cult                    | ture  |       | Inh                       | erit     | ance   | <u>}</u> | In                                  | vest  | men   | t      | Ot    | hers     | s plea | ase  | spec     | ify  |     |      |      |     |      |
| Annual Income (Pl a latest IT return / form                |   |           |       | <₹60,000 ₹60,000 - ₹1 Lakh >₹1 Lakh - ₹5 Lakh > ₹5 Lakh - ₹             |  |       |          |              |                          |       |       |            |                         |       |       |                           |          | ₹1     | 5 Lak    | kh [                                | :     | >₹    | 15 L   | .akh  |          |        |      |          |      |     |      |      |     |      |
| latest IT return / form16 / salary slip)<br>Religion       |   |           |       |   | Лн   | lindu | , [      |              | ∕lusl                    | im    |       | Chr        | istia                   | an [  |       | Sikh                      |          |        | ther     | plea                                | ase s | spec  | ifv    |       |          |        |      |          |      |     |      |      |     | _    |
| Category   |   |           |       |   |  |       |          | ОВ           |                          |       | lsc   | Г          | ייי ויי <u>ר</u><br>רצר | _     |       |                           |          |        |          |                                     | 1.00  | -1    |        |       |          |        |      |          |      |     |      |      |     |      |
|  |   |           |       |   | General OBC SC ST<br>ctions likely to be routed through the account in a month/ quarter/ half year. In case of |       |          |              |                          |       |       |            |                         |       |       |                           |          |        | se of    | of new firm sales tax return of the |       |       |        |       |          |        |      |          |      |     |      |      |     |      |
| previous quarter or p                                      |   |           |       |   |  |       |          | _            | _                        | ₹50   |       | - <u>-</u> | _                       | :₹1,( |       |                           |          |        |          | lakh                                |       |       | 100    |       | _        | _      |      | 0 lak    |      | an  | ctar | 01   | the |      |
| Details of branch offi                                     | ces/allie   | ed as     | socia | te c  | once   | erns  | and      | nati         | ire o                    | fthe  | ir b  | usine      | ess                     |       |       |                           |          |        |          |                                     |       |       |        |       |          |        |      |          |      |     |      |      |     |      |
| Details of foreign co                                      | llaborat  | ion i     | f any |   |  |       |          |              |                          |       |       |            |                         |       |       |                           |          |        |          |                                     |       |       |        |       |          |        | Ţ    |          |      |     |      |      |     |      |
| Residence  |   |           |       |   | 0  | wne   | ed [     |              | eas                      | ed    |       | Oth        | ers                     | Plea  | se s  | peci                      | fy       |        |          |                                     |       |       |        |       |          |        |      |          |      |     |      |      |     | Ť    |
| <b>Risk Level (Custome</b><br>Basis of level categorizatio |   | e)        |       |   |  |       |          |              |                          |       |       |            |                         |       |       |                           |          |        |          |                                     |       |       |        |       |          |        |      |          |      |     |      |      |     | 1    |

Signature

| MY WORK LIFE   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Office address City Pin Pin  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Type of Organisation : Public Ltd. Private Ltd. Public Sector Proprietary MY FAMILY & ME   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Spouse - Mr / Mrs:   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of birth of spouse:   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other dates important to me : 1. Occasion         Date        2. Occasion         Date   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Details of children:   | Status |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name M/F/T DOB (M/S/   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ]      |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MY BANKING AND FINANCE   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| My relationships with IDBI Bank: Savings Bank Account Fixed Deposits Current Account Personal Loan Home Loan   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Salary Account Pension Account Demat Loan Against Securities   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| My preferred channels for banking: ATM Internet Banking Phone Banking Mobile Banking Branch Banki  | ng     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Details of Investments:  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Annual household income: % Saved/Invested  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| No. of earning members in my family:   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| My other bankers: 1)   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| My credit cards: No. of cards 1) Issuer Name 2) Issuer Name 2) Issuer Name   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Loans: Education Loan Home Loan Loan Against Security  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| My Insurance: My car is insured by Due date for renewal  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| My Life Insurance Cover  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| am advised on finances by Self Chartered Accountant Financial Advisor Other Banker Others  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Present Portfolio: Equity Markets %, Mutual Funds %, Property %, Bonds %, Bank FD %, Others %  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TELL ME MORE   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I am interested in knowing more about the following:         Banking       Deposits       Pension accounts       Savings   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cards     Cash Card     Gift Card     Global Currency Card     World Currency Card   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Insurance General Insurance Life Insurance   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| nvestment Bonds Demat IPOs Mutual Funds Tax Saving Investment  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Loans Education Loan Home Loan Loan Against Security Personal Loan   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Others Foreign currency Travellers Cheques MY LIFESTYLE  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MY LIFESTILE         I like:       Traveling       Vacationing       Reading       Partying       Sports/Games       Eating out       Yoga/Meditation       Shopping   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Performing Arts   Photography   Collection   Fine Arts   Others   Image: Arts   Image: Arts< |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| The Vehicle I drive:   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ay favourite cuisine: Indian Chinese Thai French Italian Mexican Home cooked food  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| My preferred vacation site: Hills Coastal Cruise Religious trip Wild life Health Resorts Ancestral home  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ay preferred music: Vocal Pop Remix Ghazals Western Traditional Religious  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Instrumental Others  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Books/Newspapers I read:   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Preferred topics: Personalities Literature History Inspirational Fiction Others  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| normally travel for Business Leisure Both  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| My favourite airline: Within India   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |