

Bar Code



IDBI BANK

Bar Code

SBAOF PART I

ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUALS/SOLE PROPRIETORSHIP FIRMS

Please fill the form in CAPITAL LETTERS and BLACK INK only

☐ Welcome kit account

Savings Account/ Current Account/ Suvidha Fixed Deposits (FD)

Date:

The Branch Manager, IDBI Bank Limited

CKYCR ID

PART I

Please open my Sole/Our Joint/Sole Proprietorship Account at your Branch, Sol

ACCOUNT OPTIONS

☐ Royale Plus ☐ Royale ☐ Preferred ☐ Super Savings ☐ Super Shakti ☐ Jubilee Plus ☐ Power Kids ☐ Suvidha FD ☐ Power Plus ☐ Salary ☐ Flexi Current

☐ Family A/c-Linked Salary A/c ☐ Pension A/c (Cen.Govt. Emp.) ☐ Other (Please Specify)

DETAILS OF APPLICANT

	Title	First Name	Middle Name	Surname
1st Applicant:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd Applicant:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd Applicant:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4th Applicant:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Existing Cust.ID: 1st Applicant 2nd Applicant 3rd Applicant
 4th Applicant

Firm name (for sole proprietorship)

ACCOUNT IN THE NAME OF MINOR (Strike off if not applicable)

	Title	First Name	Middle Name	Surname
Guardian's Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth (of minor): Date of birth (of guardian): Relationship with minor: ☐ Father ☐ Mother ☐ By court order (If yes please affix a copy) ☐ Other (Please specify)

I shall represent the minor in all future transaction of any description in the above account till the said minor attains majority. I shall indemnify the bank against any claims of the above minor of any withdrawals/transactions made by me in his/her account.

Signature of Guardian

INSTRUCTION FOR ACCOUNT OPERATION

☐ Single ☐ Either or survivor* ☐ Former or survivor* ☐ Anyone or survivor* ☐ Jointly by all ☐ Others (please specify)

☐ *We jointly agree and authorize IDBI Bank Ltd to, pay the principal along with interest and permit premature withdrawals of the fixed deposit on written instruction from any one of us, any day before the maturity date.

1st applicant

2nd applicant

3rd applicant

4th applicant

Signature

Signature

Signature

Signature

Applicant/guardian should also sign across photographs as well as in the space provided for signature.

INTRODUCTION DETAILS

☐ Introduction by existing IDBI Bank Account holder (Document confirming mailing address in name of applicant to be provided)Name: Cust ID: Account No.

I confirm that I am an account holder with IDBI Bank for over six months. I confirm that I personally know the applicant's detailed herein for _____ years and confirm his/her identity and address

Signature of introducer

Signature verified (for bank use)

Signature & EIN No.

☐ Self introduction

SUVIDHA FIXED DEPOSITS (FD)

Tenure of Deposit: Day Month Year

Suvidha FD Interest Rate Payout: ☐ Monthly (Discounted Basis) ☐ Quarterly ☐ Annual ☐ At Maturity (Cumulative)

Senior citizens: ☐ No ☐ Yes (Please attached proof)

☐ **Non-Callable FD** (Premature withdrawal not allowed)

For TDS (please tick as applicable): ☐ Tax to be deducted at source - **PAN/GIR No.** **OR**
☐ No tax to be deducted- Form 15G/15H enclosed

MATURITY/PAYMENT INSTRUCTIONS

<input type="checkbox"/> Auto renew* principal <input type="checkbox"/> Auto renew* principal & interest <input type="checkbox"/> Auto renew* ₹ <input type="text"/>	Auto renew for period : <input type="text"/> year(s) <input type="text"/> month(s) <input type="text"/> day(s) *Renewal will be done at the then prevailing interest rate	<input type="checkbox"/> Pay principal & interest <input type="checkbox"/> Pay principal
<input type="checkbox"/> By credit to 1st applicant's operative account Or <input type="checkbox"/> By Payorder / Demand Draft Or <input type="checkbox"/> Other Bank		
Bank Name* <input type="text"/>	Type of Account <input type="text"/>	
Account No. <input type="text"/>	IFSC code <input type="text"/>	
#Other than IDBI Bank Account, one cancelled cheque is mandatory.		

FOR CORPORATE PAYROLL ACCOUNT - To be filled for corporate salary accounts only (if applicable) -

Corporate Name


Corporate Label

Name of designated official of the Co.

Designation of the official

Reimbursement account: Yes ☐ No ☐

Signature of the authorized Company official



Company seal

Note: # Account opening amount in cash, to be deposited at IDBI Bank (Home Branch) only.

Branch Head Verification

FOR BANK USE

☐ To be processed on priority ☐ For customer ID Creation only

- 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.
- All Statutory, Regulatory and Internal Guidelines issued up-to-date have been complied with regard to this AOF.
- "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 & GOI advices & bank's guidelines & confirm the applicant/s are not included in caution advices/black list. Based on this account may be opened.

Name of the Branch Head/Acting Branch Head

Date Employee Code Branch

DST code:1 Lable Code:1

DST code:2 Lable Code:2

UCIC Code:

SchemeCode BSR Code:

Name of Vertical

A/c No.

Signature

Cust. Id 1

Cust. Id 2

Cust. Id 3

Cust. Id 4

ACKNOWLEDGEMENT

App. Form No. **Branch Copy**

Name of the customer

Forwarded to CPU / RPU on

ACKNOWLEDGEMENT

App. Form No. **Customer Copy**

(Please note this number till you get your customer ID)

Acknowledgment Date:

Signature of bank official

Form DA 1 - Nomination Form

Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits.

I/We <input type="text"/>	<input type="text"/>
(Name)	(Name)
Address <input type="text"/>	Address <input type="text"/>
<input type="text"/>	<input type="text"/>

Nominate the following person to whom in the event of my/our/minors death, the amount of deposit in the account(s), particulars whereof are given below, may be returned by IDBI Bank Limited branch.

Nature of Deposit <input type="text"/>	Account No. <input type="text"/>	Additional details, if any <input type="text"/>
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Nominee

Name

Mailing Address

City State PIN Code

Country

Relationship with depositor (if any) : Age (yrs):

Nominee Guardian (if nominee is minor): ☐ Father ☐ Mother ☐ Court Appointed Guardian ☐ Court Receiver ☐ Defacto Guard ☐ Others

Date of Birth (if nominee is minor)

*As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum.

Mailing Address

City State PIN Code

Country , to receive the amount of the deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Please Note:- The Fixed Deposits created by way of Auto Sweep Out would carry the same Nomination as provided in the Linked Savings/Current Account.

☐ I do not wish to avail nomination facility

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1st Applicant Signature	2nd Applicant Signature	3rd Applicant Signature	4th Applicant Signature

Witness(es)***

Name <input type="text"/>	Name <input type="text"/>
Signature *** <input type="text"/>	Signature *** <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Place <input type="text"/>	Place <input type="text"/>
Date <input type="text"/>	Date <input type="text"/>

* Strike out if nominee is not a minor. ** Where the deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor. *** Thumb impression(s) shall be attested by two witnesses.

Registration No. (To be filled in by the bank)

ACKNOWLEDGMENT FOR NOMINATION

We acknowledge your Nomination Form DA1 relating to:

Nature of Account	Account Number	Additional Details, if any

In the name of _____ held with us.
Please quote the Nomination Number _____ in all your future correspondence with us in this regard.

SBAOF PART II

Customer Type		<input type="checkbox"/> Individual	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Staff	<input type="checkbox"/> Ex-Staff	<input type="checkbox"/> EIN	<input type="checkbox"/> Others
Customer Constitution:		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Proprietary Concern			
Name		Title	First Name	Middle Name	Surname		
		Date of birth (DD/MM/YYYY)	Sex M/F/T	Marital Status M/S/O	Relationship with First Applicant	Mother's Maiden Surname	
*PAN/GIR		<input type="checkbox"/> or <input type="checkbox"/> Form 60 attached (Please ✓)					
Passport No.		Date of Issue		Date of Expiry			
Passport Details							
CKYCR ID:		Yes <input type="checkbox"/> CKYCR No. <input type="checkbox"/>		No <input type="checkbox"/>			
If "Yes" then mandatory to fill CKYCR No. / If "No" then fill CKYCR Registration Form							
Aadhaar Reference Key (ARK)		Link: Yes* <input type="checkbox"/> No <input type="checkbox"/>		*For Direct Benefit Transfer linking			
Firm name (for sole proprietorship)							
Mobile No.		Office Phone No.					
Email ID							
Correspondence Address							
Bldg./Road No.		Area		Village			
City/Town/Taluka		Landmark (near/opposite)					
District		State		Pin Code			
Country		Phone (Res)		Fax No			
Area Code: State		District		Sub-District (Taluka)		Village	
Permanent Address		<input type="checkbox"/> Same as above					
Bldg./Road No.		Area		Village			
City/Town/Taluka		Landmark (near/opposite)					
District		State		Pin Code			
Country		Phone (Res)		Fax No			
Existing Customer ID		Please update above contact details, address, Mobile/Phone no., email id etc.					
		Only in new account		For all account tagged under my/our Cust ID			

Residential status	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident	
Education	<input type="checkbox"/> Illiterate <input type="checkbox"/> Under Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional	
Occupation	<input type="checkbox"/> Service in State Govt.	<input type="checkbox"/> Other Professional
	<input type="checkbox"/> Service in Central Govt.	<input type="checkbox"/> Business-Manufacturing / Industrialist
	<input type="checkbox"/> Service in Public Sector Undertakings (PSU)	<input type="checkbox"/> Business-Service
	<input type="checkbox"/> Service in Defence	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Service in Private Sector	<input type="checkbox"/> Student
	<input type="checkbox"/> Self Employed Professional-Doctor/Medical Profession	<input type="checkbox"/> Artists/Writers etc.
	<input type="checkbox"/> Self Employed Professional-Lawyer/Legal Profession	<input type="checkbox"/> Capital Market Maker
	<input type="checkbox"/> Self Employed Professional-CA/ICWA/Taxation/Finance Profession	<input type="checkbox"/> Business-Trading
	<input type="checkbox"/> Self Employed Professional-Engineer/Technical Consultants	<input type="checkbox"/> Retired
	<input type="checkbox"/> Artisan / Craftsman	<input type="checkbox"/> Agriculture
	<input type="checkbox"/> Journalist	<input type="checkbox"/> Self Employed-Real Estate
	<input type="checkbox"/> Self Employed	
	If in service Name of organization	<input type="text"/>
If self employed-nature of business	<input type="checkbox"/> Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> Services <input type="checkbox"/> Agriculture <input type="checkbox"/> Real estate <input type="checkbox"/> Line of Activity _____ (Mandatory)	
Since when in business specify Year	Since <input type="text"/> (Years)	
If self employed professional	<input type="checkbox"/> CA <input type="checkbox"/> Doctor <input type="checkbox"/> Lawyer <input type="checkbox"/> Stock broker <input type="checkbox"/> Consultant <input type="checkbox"/> Line of Activity _____ (Mandatory)	
Sources of Income	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Inheritance <input type="checkbox"/> Investment <input type="checkbox"/> Others please specify <input type="text"/>	

Annual Income (Pl attach copy of latest IT return / form16 / salary slip)	<input type="checkbox"/> < ₹60,000 <input type="checkbox"/> ₹60,000 - ₹1 Lakh <input type="checkbox"/> > ₹1 Lakh - ₹5 Lakh <input type="checkbox"/> > ₹5 Lakh - ₹15 Lakh <input type="checkbox"/> > ₹15 Lakh
Religion	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Other please specify
Category	<input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST
Transaction profile i.e. value of transactions likely to be routed through the account in a month/ quarter/ half year. In case of new firm sales tax return of the previous quarter or projected sales may be accepted:	
<input type="checkbox"/> < ₹50,000 <input type="checkbox"/> < ₹1,00,000 <input type="checkbox"/> < ₹10 lakh <input type="checkbox"/> < ₹100 lakh <input type="checkbox"/> > ₹100 lakh	
Details of branch offices/allied associate concerns and nature of their business	
Details of foreign collaboration if any	
Residence	<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Others Please specify
Risk Level (Customer Profile)	
Basis of level categorization	

Signature

MY WORK LIFE

Office address City Pin

Type of Organisation : ☐ Public Ltd. ☐ Private Ltd. ☐ Public Sector ☐ Proprietary

MY FAMILY & ME

Name of Spouse - Mr / Mrs:

Date of birth of spouse: Marriage anniversary :

Other dates important to me : 1. Occasion Date
2. Occasion Date

Details of children:

Name	M/F/T	DOB	Marital Status (M/S/O)

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 Banking

Details of Investments:

Annual household income : % Saved/Invested

No. of earning members in my family:

My other bankers: 1) 2)

My credit cards: No. of cards 1) 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 Insured by

I am advised on finances by ☐ Self ☐ Chartered Accountant ☐ Financial Advisor ☐ Other Banker ☐ Others

Present Portfolio: Equity Markets %, Mutual Funds %, Property %, Bonds %, Bank FD %, Others %

MY LIFESTYLE

I like: ☐ Traveling ☐ Vacationing ☐ Reading ☐ Partying ☐ Sports/Games ☐ Eating out ☐ Yoga/Meditation ☐ Shopping
☐ Performing Arts ☐ Photography ☐ Collection ☐ Fine Arts ☐ Others

The Vehicle I drive:

My 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

My preferred music: ☐ Vocal ☐ Pop ☐ Remix ☐ Ghazals ☐ Western ☐ Traditional ☐ Religious
☐ Instrumental ☐ Others

Books/Newspapers I read: Language in which I Prefer to read

Preferred topics: ☐ Personalities ☐ Literature ☐ History ☐ Inspirational ☐ Fiction ☐ Others

I normally travel for ☐ Business ☐ Leisure ☐ Both

My favourite airline: Within India Abroad

DECLARATION OF BENEFICIAL OWNER IN THE CASE OF NON-PERSONAL ENTITIES (PROPRIETORSHIP ACCOUNT)

We submit that we have read and understood the definition of beneficial owner as per guidelines issued by Government of India (as given below) and hereby advise that the following person / entity is the beneficial owner of our entity. We also provide the Identity details of the said beneficial owner for your records

Name of Beneficial owner

Address

Phone Number

E-Mail

As per enclosure Proof for Identity of beneficial owner

We hereby declare that the above information is true and request you to open our account as propose. We also undertake to intimate you about any changes in the beneficial owner of our entity.

Yours faithfully

---sd---

IDBI BANK LTD. _____ BRANCH

Most Important Terms and Conditions (MITCs)

To be handed over to the applicant

Please obtain a copy of BCSBI Codes available with the Branch. Also requested to retain a copy of Schedule of Facility (SOF) signed by you.

SAVINGS BANK RULES

1. SB accounts may be opened for the purpose of savings and not for doing any business transactions. The object of the savings bank account is to encourage private individuals to deposit their savings with the bank, allowing them interest on the sums so deposited and at the same time permitting the facility of certain limited withdrawals on demand. Hence firms/companies are not allowed to open SB account. Transactions of commercial nature are not permitted. If the Bank at any stage finds that the Savings Bank Account is being used either for the purpose for which it is not allowed or for the purpose of routing transactions which are dubious or undesirable, the Bank reserves the right to close such Savings Bank Account.
2. A minimum balance shall always be maintained in the account. Non-maintenance of minimum balance will attract charges as prescribed from time to time.
3. Applicable charge for closure of the account from time to time would be collected. .
4. Interest is calculated on the balance maintained in the SB account on daily balance method and credited to the account on last working day of every March and September. The rate of interest payable is subject to the directives that may be issued by RBI from time to time.
5. As per extant Reserve Bank of India (RBI) guidelines, an account would be treated as inoperative / dormant if there are no customer induced transactions in the account for over a period of two years. Operation in such inoperative accounts would be resumed / restarted /allowed after obtaining the revised KYC document as per the extant guidelines of the Bank.
6. The Bank reserves the right to alter service charges for which the customer will be duly notified through Bank's website and/or branch notice board. Any changes in the schedule of charges or the terms and conditions will be communicated to the customers 30 days in advance. During the notice period, the charges for facilities would be the same as applicable prior to the notice period.

CURRENT ACCOUNT RULES

1. Current accounts are meant for customers who have to carry out business and/ or large number of transactions in the account every day.
2. There are no restrictions on the number of transactions in current accounts.
3. No interest is paid on the balances in current accounts,
4. Free Facilities would vary every month based on Monthly Average balance (MAB) maintained during the previous/current month.

RETAIL TERM DEPOSIT RULES

1. In case of premature withdrawal of deposits before 15 days, by any category of depositors including senior citizen / staff and retired staff, the applicable interest rate shall be applied (No premature Penalty). 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.
2. Interest rates applied to your FD will be as per the prevailing rates of interest. Discounted rate will be applied in case of monthly interest payouts.
3. Interest on prematurely/Partially withdrawn/Sweep-in deposits shall be paid at the rate applicable to the amount and period for which the deposit remained with the Bank (and not at the contracted rate), less penalty of 1%.
4. Premature/Partial withdrawal /Sweep-in is not permitted for non-Callable deposits.

FLOATING TERM DEPOSIT RULES

1. Interest rates applied to your Floating term Deposit will be as per the prevailing rates of interest. The interest is anchored to average yield at 91-Days Treasury Bills Auctions during the immediately preceding three months unInterest rates applied to your Floating term Deposit will be as per the prevailing rates of interest. The interest is anchored to average yield at 91-Days Treasury Bills Auctions during the immediately preceding three months undertaken by RBI. This would be reset every calendar quarter.
2. Floating Rate Fixed Deposit has a minimum lock in period of One Year and Premature Withdrawal is not allowed for One Year from the Date of Booking.

IDBI BANK OFFERS THE FOLLOWING PRODUCTS AND SERVICES

Savings Account



Flexi Current Account



Fixed & Floating Term Deposits



Recurring Deposits



NRI Services



International Debit Card



Preferred Banking



Gift Card



World/Global Currency Card



Credit Card

Special Accounts for Kids/ Youth/
Women/ Salaried/ Senior Citizen



Capital Gains Account Scheme



Capital Market Products



Home Loan



Education Loan



Auto Loan



Loan Against Property



Home Loan Interest Saver



Locker Facility



IDBI Bank Limited, Regd. Office: IDBI Tower, WTC Complex, Cuffe Parade, Mumbai – 400 005.

Toll Free Numbers: 1800-209-4324 / 1800-22-1070, **Non- Toll Free Number:** 022-67719100.

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