

To be processed on priority

Account Opening Form for Resident Individuals/Sole Proprietorship Firms

The Branch Manager,
IDBI Bank Limited,

Date

(dd/mm/yyyy)

Please open my sole/our joint/sole proprietorship account at your branch

PERSONAL DETAILS

| | 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"/> |

Guardian's Name _____ (In case applicant is minor)

Relationship with minor Father Mother By court order (if yes please affix a copy) Others (please specify) _____

| | Date of birth (dd/mm/yy) | Sex M/F | Mother's maiden surname | Marital status | Relationship with first applicant | PAN/GIR * |
|---------------|-----------------------------|--------------------------|----------------------------|----------------------|--------------------------------------|----------------------|
| 1st applicant | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2nd applicant | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3rd applicant | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

*please fill form 60 in case of non-availability of pan/gir number

Firm name (for sole proprietorship)

| | Mobile no. | Office phone no. | Email id | Existing Customer ID |
|---------------|----------------------|----------------------|----------------------|----------------------|
| 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"/> |

Correspondence Address

Bldg./Road Name

Area City

Landmark (near/opposite) State Pin code

Country Phone(res): Fax no.

Permanent Address Same as above

Bldg./Road Name

Area City

Landmark (near/opposite) State Pin code

Country Phone(res): Fax no.

INTRODUCTION DETAILS

Introduction by existing IDBI Bank account holder and Document confirming mailing address in name of applicant

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) _____

Self introduction _____ Signature & EIN No. _____

ACCOUNT OPTIONS

SuperSavings Super Shakti Jubilee Plus Power Kids Powerplus Savings Salary Others (please specify) _____

INITIAL PAYMENT DETAILS (For Savings and Current Account)

Amount _____ Cash Transfer from a/c no Cheque no. _____

_____ dated _____ drawn on _____ bank, _____ branch

(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 Savings / Current account ₹ _____

DELIVERABLES

Statement by mail collect personally OR Passbook Chequebook

Preferred time of day for courier delivery 7 am to 9 am 10 am to 6 pm 7 pm to 9 pm Any Time

Channel Services

- Internet Banking
 Mobile Banking
 Phone Banking
 Statement by e-mail
 Debit cum Atm Card

Please indicate the name to be embossed on the card

Primary Card

1st Applicant

Add on Cards

2nd Applicant

3rd Applicant

Please Note:

- Internet Banking access will be provided only to the primary account holder It will not be provided if mode of operation is "jointly".
- Default Internet Banking transaction limits will apply. For higher transaction limits a limit enhancement request to be submitted at the Branch.
- Whenever you make a purchase at a Merchant Establishment or make a Cash Withdrawal at another bank's ATM the Primary Account (as specified by you) will be accessed.

Declaration for Channel Services and International Debit cum ATM Card

I/We authorise IDBI Bank to issue an IDBI Bank Debit cum ATM Card to me/us. I/We acknowledge that the issue and usage of the card is governed by the terms and conditions as in force from time to time and agree to be bound by the same. I/We accept that the terms and conditions are liable to be amended by IDBI Bank from time to time. I/We further unconditionally and irrevocably authorise IDBI Bank to debit my/our account with an amount equivalent to the annual fee and charges for use of the Debit cum ATM (wherever applicable/amended as per the schedule of charges/fees). I/We hereby confirm that in case of Joint Accounts the operating instruction will not be jointly by all.

I/We undertake to strictly utilise the card in accordance with the Exchange Control Regulations as laid down by Reserve Bank of India from time to time. I/We confirm that the foreign exchange which will be used will be within the limits of the Basic Travel Quota as per Foreign Exchange Management Act 1999. I/We will adhere to guidelines, which are issued by the Reserve Bank of India concerning the use of foreign exchange.

I/We have read and understood the Terms and Conditions (a copy of which I am in possession of) also hosted at www.idbi.com, governing the opening of an account with IDBI Bank and those relating to various channel services including but not limited to Debit cum ATM Cards/Phone Banking/Mobile Banking/Internet Banking/Bill Payment facility/Account Alerts. I accept and agree to be bound by the said Terms and Conditions including those excluding/limiting the Bank's liability. I/We authorize the applicant to access the accounts(s) via the channels selected and authorize IDBI Bank to link new accounts opened by the applicant to the channels selected.

I/We understand that the Bank may, at its absolute discretion, discontinue any of the services completely or partially without any notice to me/us. I agree that the bank may debit my account for service charges as applicable from time to time (wherever applicable/amended as per the schedule of charges/fees).

To be filled for corporate salary accounts only (if applicable)

Corporate label:

Corporate name:

Signature of the authorised company official:

Name of designated official of the co.:

Designation of the official:

Company seal:

Insurance form attached YES NO NA

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

Fixed Deposits (FD) / Recurring Deposit (RD)

simple
 reinvestment
 recurring deposit
 period _____
 installment _____ (for RD) others (please specify) _____

please recover installment for the recurring deposits from my savings bank account.

interest payout : Quarterly
 Monthly Discounted
 At maturity (Cumulative)

Senior citizens : No
 Yes (please attach proof)

Overdraft Against FD Account (minimum amount of FD is 50,000, available only on deposit of tenure 6 months and above)

MATURITY/INTEREST PAYMENT INSTRUCTIONS

On maturity of Fixed Deposit

A) renew principal and interest*
 renew principal only
 issue dd/pay order

B) await renewal instructions post maturity
 (In case of absence of specific instructions for renewal, interest will be paid at the applicable savings bank rate, if the deposit is not renewed thereafter)

credit to account no.

For regular interest payment (fill only in case of monthly/quarterly interest payout and on maturity if the interest is not to be renewed with the principal)

Credit to account no. issue dd/pay order

*In case of automatic renewal, if the customer thereafter decides to prematurely close the term deposit/renew it for a period shorter than the remaining period of the contract, premature penalty will be applicable as per Bank's extant policy.

For NEFT/RTGS Transfers

Credit to account no. Beneficiary Name:

Beneficiary Account Type Savings Account
 Current Account
 Loan Account
 Cash Credit
 NRE Account

Bank Name: Branch IFSC Code:

Sweep in Savings Account : in case of insufficient balance in my savings account no. please clear my cheque/allow withdrawal by transferring funds to my savings account by breaking units of my/our fixed deposits.

Minor Account : I shall represent the minor in all future transactions of any description in the above account till the said minor attains majority. I shall fully indemnify the bank against any claim of the above minor for any withdrawal/transaction made by me in his/her account.

I/We wish to nominate existing Savings Account nominee for my FD/RD also.

Current Account

I/We declare that

I/We do not enjoy any credit facilities with any other bank/s

I/We enjoy credit facility/have current accounts with other bank/s (please attach details of such facilities separately)

| Name of bank | Account No. | Facility | Amount |
|--------------|-------------|----------|--------|
| | | | |
| | | | |

Sole Proprietorship Account

I/We refer to the account opened by you in the name of

and declare as under, I the undersigned, am the sole proprietor of the firm and solely responsible for liabilities thereof. I shall advise you in writing of any change that may take place in the constitution of the firm and i will be liable to you for any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.

yours faithfully,

Name

Signature
(please sign without the stamp)

Form DA 1 - Nomination Form

Nomination Registration No.

Nomination: Nomination under Sec 45ZA of the Banking Regulations Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits. (From DA 1).

I/We _____ (names) nominate the following person whom, in the event of my/our/minor's death, the amount of the deposit in the amount may be returned by IDBI Bank _____ Branch.

| Name & Address of the Nominee | Relationship with the Depositor if any | Age | If Nomine is a minor his/her Date of Birth |
|-------------------------------|--|-----|--|
| | | | |

* As the nominee is a minor on this date, I/We appoint _____

_____ (Name, Address, Age & Relationship with depositor, if any) to receive the amount of the deposit/Insurance claim amount in the account on behalf of the nominee in the event of my/our minor's death during the minority of the nominee.

Signature (Depositors) _____, _____, _____

Personal Details & Signature of the Witness:

(1) Name: _____

(2) Name: _____

Address: _____

Address: _____

Signature: _____

Signature: _____

I do not wish to nominate

Signature: _____

Form Serial No. IN _____ Branch Copy
Name of the customer _____
Forwarded to CPU / RPU on _____

Form Serial No. IN _____ Customer Copy
(Please note this number till you get your customer ID)
Ack. date _____ Signature of bank official _____

ACCOUNT OPERATION & DECLARATION

"I/We confirm that I am/We are Residents of India. I/We hereby declare that the information furnished above is true & correct & to the best of my/our knowledge."

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

1st applicant

2nd applicant

3rd applicant

Signature

Signature

Signature

Signature

Signature

Signature

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

For Bank Use

Risk Level (Customers Profile) Level 1 Level 2 Level 3

"I hereby 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 the account may be opened."

Name of the Branch Head/SOM _____

Employee Code _____

Branch _____

Date _____

Signature _____

DST code : 1 _____ DST code : 2 _____

Cust. id 1

Employee Code _____ Scheme Code _____

Cust. id 2

Lable Code : 1 _____ Lable Code : 2 _____

Cust. id 3

Name of Vertical _____

A/c no

FORM 60* (see third provisio of rule 114 B)

Form of declaration to be filled by a person who does not have either a PAN or GIR number and who makes payment in cash in respect of transactions specified in clauses (a) to (h) of rule 114B.

Are you assessed to tax ? Yes/No

If yes,

(i) Details of Ward/circle /range where the last return of income was filed ?

(ii) Reasons for not having PAN/GIR ? _____

Details of the document being produced in support of address _____

Verification : I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

year _____ Place : _____

*In case Form 61 is applicable, please submit the same.

Signature of the applicant

Duplicate Form 60

Form of declaration to be filled by a person who does not have either a PAN or GIR number and who makes payment in cash in respect of transactions specified in clauses (a) to (h) of rule 114B.

Are you assessed to tax ? Yes/No

If yes,

(i) Details of Ward/circle /range where the last return of income was filed ?

(ii) Reasons for not having PAN/GIR ? _____

Details of the document being produced in support of address _____

Verification : I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

year _____ Place : _____

*In case Form 61 is applicable, please submit the same.

Signature of the applicant

FORM NO. 61 [provisio to clause (a) of rule 114C(1)]

Form of declaration to be filed by a person who has agricultural income and is not in receipt of any other income chargeable to income-tax in respect of transactions specified in clauses (a) to (h) of rule 114B

1. Full name and address of the declarant _____

2. Particulars of transaction

3. Details of documents being produced in support of address in column(1)
Yes/No

I hereby declare that my source of income is from agriculture and I am not required to pay income-tax on any other income if any.

Date: _____

Place: _____

Signature of the declarant

Verification : I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

year _____ Place : _____

Signature of the declarant

Duplicate Form 61

Form of declaration to be filed by a person who has agricultural income and is not in receipt of any other income chargeable to income-tax in respect of transactions specified in clauses (a) to (h) of rule 114B

1. Full name and address of the declarant _____

2. Particulars of transaction

3. Details of documents being produced in support of address in column(1)
Yes/No

I hereby declare that my source of income is from agriculture and I am not required to pay income-tax on any other income if any.

Date: _____

Place: _____

Signature of the declarant

Verification : I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

year _____ Place : _____

Signature of the declarant

CUSTOMER PROFILE FORMAT (INDIVIDUALS/SELF EMPLOYED)

| | |
|---|---|
| Residential status | <input type="checkbox"/> Resident <input type="checkbox"/> Non resident |
| Occupation | <input type="checkbox"/> Service <input type="checkbox"/> Retired <input type="checkbox"/> Self employed <input type="checkbox"/> Housewife <input type="checkbox"/> Others PI specify _____ |
| If in service Name of organization | _____ |
| If self employed-nature of business Since when in business specify Year | <input type="checkbox"/> Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> Services <input type="checkbox"/> Agriculture <input type="checkbox"/> Real estate <input type="checkbox"/> Other pl specify _____ |
| 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"/> Others pl specify _____ |
| Sources of Income | <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Others pl specify _____ |
| Annual Income (PI attach copy of latest IT return/form16/salary slip) | _____ |

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. :

< ₹ 50,000 < ₹ 1,00,000 < ₹ 10 lakh ≤ ₹ 100 lakh > ₹ 100 lakh

Details of branch offices/allied associate concerns and nature of their business :

Details of foreign collaboration if any.

Residence Owned Leased Others PI specify _____

Marital Status Married Single

Signature

Signature

My Family & Me

Name of Spouse - Mr/Mrs: _____

Date of birth of spouse: Marriage anniversary :

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

Mother Tongue: _____

Details of children :

1. Name _____ Male/Female DOB: __/__/____ Resident / Non-resident Married / Single
2. Name _____ Male/Female DOB: __/__/____ Resident / Non-resident Married / Single
3. Name _____ Male/Female DOB: __/__/____ Resident / Non-resident Married / Single

My Work Life

Office address : _____ City : _____ Pin :

Type of organisation : Public Ltd. Private Ltd. Public Sector Proprietary Partnership

My lifestyle

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

The Vehicle I drive : _____

My favourite cuisine : Home cooked food Indian Chinese Thai French Italian Mexican

My preferred vacation site : Hills Coastal Wild life trip Cruise Religious trip Health Resorts Family home

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

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

Preferred topics : Fiction History Personalities Inspirational Literature Others _____

No. of times I travel in a year : Within India _____ Abroad _____

My favourite airline : Within India _____ Abroad _____ I normally travel for Business Leisure Both

Education & Accomplishments

Academic Qualification : Graduate Post Graduate Professional Other _____

University/College last attended _____ Batch _____

For Bank Use

RM Name: _____ RM EIN No.: _____