IDBI BANK

ACCOUNT OPENING FORM
(FOR RESIDENT INDIVIDUALS)

Bar Code

SBAOF PART I

☐ Normal ☐ Speed Gate ☐ Express A/c ☐ Welcome Kit | Account No.

(Please fill the form in CAPITAL LETTERS and BLACK INK only)

Cust.ID

Date:

The Branch Manager,
IDBI Bank Limited.

Please open my Sole/Our Joint Account ☐ Savings ☐ Current ☐ Pension A/c ☐ FD ☐ RD ☐ Salary ☐ Others(Please Specify)

in your Branch Sol ID Branch Name

Scheme Code

SOF Attached: ☐ (Please tick (✓) in the box)

PART I

DETAILS OF APPLICANT

	Title	First Name	Middle Name	Surname
1st Applicant:				
2nd Applicant:				

Relationship with 1st Applicant: (To be filled in case of joint application, else mention SELF)

Mother's Maiden Surname:* 1st App. 2nd App.

Applicant	Date of Birth	Gender (M/F/T)	Marital Status (M/U/W/D/O)#	Citizenship	Existing Cust.ID (Mandatory for Existing Customers)
First					
Second					

#(M-Married/U-Unmarried/W-Widow/D-Divorced/O-Others)

Applicant	PAN (if not available attached Form 60)	Form 60	Aadhaar No.	Link
First		☐ (Please tick in the box)		Yes ☐ No ☐
Second		☐		

CKYC Number (if any)	1st Applicant	2nd Applicant

CONTACT DETAILS

1st Applicant	Mobile*	
	Email ID	
	Tel.(Off)	Tel.(Res)
2nd Applicant	Mobile*	
	Email ID	

*-Valid Mobile No. is a mandatory field and if you have not provided the same you may not receive the mandatory transactional update, OTP for securing Online transactions and other details of Government Benefits.

1st APPLICANT - CURRENT / PERMANENT / OVERSEAS ADDRESS (Please attach copy & furnish details in column 4)

Line 1

Line 2

City / Town / Village* District*

State Pin/Post Code* Country

1st APPLICANT- CORRESPONDENCE / LOCAL ☐ Same as current / Permanent / Overseas address details

Line 1

Line 2

City / Town / Village* District*

State Pin/Post Code* Country

2nd APPLICANT - CURRENT / PERMANENT / OVERSEAS ADDRESS (Please attach copy & furnish details in column 4)

Line 1

Line 2

City / Town / Village* District*

State Pin/Post Code* Country

2nd APPLICANT- CORRESPONDENCE / LOCAL ☐ Same as current / Permanent / Overseas address details

Line 1

Line 2

City / Town / Village* District*

State Pin/Post Code* Country

INSTRUCTION FOR ACCOUNT OPERATION
☐ Single ☐ Either or survivor* ☐ Former or survivor* ☐ Anyone or survivor* ☐ Jointly by all ☐ Minor Rep by Guardian ☐ Minor by himself
☐ POA/Mandate ☐ Others (Please specify):_____

GST RELATED INFORMATION
GSTIN(final/provisional)#
#For more then one GSTIN, kindly provide the details in a separate sheet.

Billing address: ☐ Correspondence address ☐ Permanent address

INITIAL PAYMENT DETAILS (FOR SAVINGS / CURRENT)

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 / Currents Account ₹** ☐ and/or **Term Deposit Account ₹** ☐

Term Deposit A/c:# **Amount ₹** ☐ **Period** ☐ Year(s) ☐ Month(s) ☐ Day(s) **Rate of Interest** ☐

Interest Payment ☐ At Maturity (Cumulative) ☐ Monthly (Discounted) ☐ Quarterly ☐ Annual **Floating Interest Rate** ☐ Quarterly Payment ☐ At Maturity (Cumulative)

MATURITY / PAYMENT INSTRUCTIONS ☐ Auto renew* principal ☐ Auto renew* principal & interest ☐ Auto renew* ₹ ☐

☐ By credit to 1st applicant's operative account ☐ **Auto renew for period:** Y Y (Year(s)) M M (Month(s)) D D (Day(s))

☐ By Payorder / Demand Draft ☐ **Pay principal & interest** ☐ **Pay principal**

☐ **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.(Not applicable in case of Tax Saving FD & RD)

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

#Calendar Quarter is the default method of interest calculation, for Anniversary Quarter system, please contact the Branch Head. ***(*Renewal will be done at the then prevailing interest rate)***

DELIVERABLES/CHANNEL SERVICES

☐ **Statement** (by e-mail only) ☐ **Passbook** ☐ **Chequebook** ☐ **Internet Banking** ☐ **Mobile Banking** ☐ **Phone Banking** ☐ **SMS Alerts** ☐ **Debit-cum-ATM Card:** ☐ **Domestic** ☐ **International**

Please indicate the name to be embossed on the card **Primary Card** **Applicant Name:** ☐

NOMINATION (Fill Form DA-1) ☐ I WANT TO NOMINATE, AS UNDER ☐ I DO NOT WISH TO NOMINATE

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 nominate the following person to whom in the event of my/our/minors death, the amount of deposit in the above account may be returned by IDBI Bank Limited

Name: ☐ _____ Branch

Add: ☐ **Relationship with Depositor:** ☐

State: ☐ Pin Code: ☐

As nominees is minor on this date, I/we appoint Mr./Mrs. ☐ to receive the amount of deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Nominee's Date of Birth: ☐ (DD/MM/YYYY) Relationship with Guardian: ☐

Guardian ☐

Add: ☐ State: ☐ Pin Code: ☐

☐ I/We would like to extend this nomination for other Deposits/ Account(s) opened by me in the same name in future where request for such nominations are received through Internet/Mobile Banking Channels.

NAME(S) AND SIGNATURE(S) OF TWO WITNESSES (IF THUMB IMPRESSION OBTAINED)

Signature of Depositor

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

Corporate Name ☐

Corporate Lable ☐

Name of Designated official of the Co._____

Designation of the official_____

Reimbursement account: Yes ☐ No ☐

Signature of the Authorised Company Official & Company Seal

PART II

KNOW YOUR CUSTOMER (KYC) APPLICATION FORM - INDIVIDUAL

Important Instructions: A) Fields marked with '*' are mandatory fields. **B)** Please fill the form in CAPITAL LETTERS and BLACK INK only. **C)** Please fill the date in DD-MM-YYYY format. **D)** Please read section wise detailed guidelines/instructions at the end. **E)** Name should be exactly as per Proof of Identity, otherwise CKYC registration will fail. **F)** KYC number of applicant is mandatory for update application. **G)** For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

1. PERSONAL DETAILS

1st Applicant Details

	Prefix	First Name	Middle Name	Last Name
Name*(Same as ID proof)				
Maiden Name (If any*)				
Father Name*				
Spouse Name (to be filled in case of married, else keep blank)*				
Mother Name*				

2nd Applicant Details

	Prefix	First Name	Middle Name	Last Name
Name*(Same as ID proof)				
Maiden Name (If any*)				
Father Name*				
Spouse Name (to be filled in case of married, else keep blank)*				
Mother Name*				

	1st Applicant Details	2nd Applicant Details
Number of Dependents*		
Residential Status*	☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin	☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin
Education*	☐ Illiterate ☐ >SSC/10th ☐ SSC/10th ☐ HSC/12th ☐ Graduation& above	☐ Illiterate ☐ >SSC/10th ☐ SSC/10th ☐ HSC/12th ☐ Graduation& above
Occupation Type*	☐ **Service** (☐ State Govt. ☐ Central Govt. ☐ Public Sector ☐ Service in Defence ☐ Private Sector) ☐ **Others** (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ **Business** ☐ **Any other** (Please specify)_____	☐ **Service** (☐ State Govt. ☐ Central Govt. ☐ Public Sector ☐ Service in Defence ☐ Private Sector) ☐ **Others** (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ **Business** ☐ **Any other** (Please specify)_____
Name of organization* (Not mandatory if self employed)	(if in service)	(if in service)
If self employed professional consultant	☐ CA/ICWA/Taxation/Finance ☐ Doctor/Medical Profession ☐ Engineer/Architect/Technical ☐ Lawyer/legal Profession ☐ Journalist ☐ Artists / Writers ☐ Share & Stock Broker ☐ Capital Market Maker ☐ Others (Please specify)_____	☐ CA/ICWA/Taxation/Finance ☐ Doctor/Medical Profession ☐ Engineer/Architect/Technical ☐ Lawyer/legal Profession ☐ Journalist ☐ Artists / Writers ☐ Share & Stock Broker ☐ Capital Market Maker ☐ Others (Please specify)_____
Sources of Income	☐ Salary ☐ Business ☐ Agriculture ☐ Inheritance ☐ Investment ☐ Others (Please specify)_____	☐ Salary ☐ Business ☐ Agriculture ☐ Inheritance ☐ Investment ☐ Others (Please specify)_____
Annual Income (INR)	Agri / Non-Agri	Agri / Non-Agri
Religion*	☐ Hindu ☐ Muslim ☐ Christian ☐ Buddhist ☐ Jain ☐ Jews ☐ Neo Buddhist ☐ Zoroastrian ☐ Sikh ☐ Others	☐ Hindu ☐ Muslim ☐ Christian ☐ Buddhist ☐ Jain ☐ Jews ☐ Neo Buddhist ☐ Zoroastrian ☐ Sikh ☐ Others
Category*	☐ General ☐ OBC ☐ SC ☐ ST	☐ General ☐ OBC ☐ SC ☐ ST
Disability Status	☐ Mentally Challenged ☐ Physically Handicapped ☐ Deaf ☐ Visually Handicapped ☐ Other Disability	☐ Mentally Challenged ☐ Physically Handicapped ☐ Deaf ☐ Visually Handicapped ☐ Other Disability
Residence	☐ Owned ☐ Leased ☐ Others (Please specify)_____	☐ Owned ☐ Leased ☐ Others (Please specify)_____
Transaction profile i.e. value of transaction 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.	☐ <₹60, 000/- ☐ ₹60, 000 - ₹1Lac ☐ >₹1Lac - ₹5Lac ☐ >₹5Lac - ₹15Lac ☐ >₹15Lac	☐ <₹60, 000/- ☐ ₹60, 000 - ₹1Lac ☐ >₹1Lac - ₹5Lac ☐ >₹5Lac - ₹15Lac ☐ >₹15Lac
Details of Branch Offices/allied associate concerns and nature of their business		

2. RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA

(If"Yes" then mandatory to fill separate Addendum for Individuals under section 285BA of the Income-Tax Act, 1961)

	1st Applicant Details	2nd Applicant Details
	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**
3. PROOF OF IDENTITY (PoI) *(Details of PAN / Passport / Aadhaar furnished above and self attested copy attached.)* ****any document notified by the central govt.**	☐ PAN Card ☐ UID (Aadhaar) **Or** *(Self attested copy at least one of the following Proof of Identity[PoI] needs to be submitted)* ☐ Passport ☐ Voter ID Card ☐ Driving Licence ☐ NREGA Job Card ☐ Others** _____ ☐ Simplified Measures A/c- Doc Type code	☐ PAN Card ☐ UID (Aadhaar) **Or** *(Self attested copy at least one of the following Proof of Identity[PoI] needs to be submitted)* ☐ Passport ☐ Voter ID Card ☐ Driving Licence ☐ NREGA Job Card ☐ Others** _____ ☐ Simplified Measures A/c- Doc Type code
Identity proof Number		
Validity Date (Mandatory for Driving Licence/Passport)		

4. PROOF OF ADDRESS (PoA)

(Self attested copy at least one of the following Proof of Address [PoA] needs to be submitted for Current/Permanent/Overseas Address).

	1st Applicant Details	2nd Applicant Details
Address Type*	☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified	☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified
Proof of Address*	☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐ Voter ID ☐ NREGA Job Card ☐ Others_____ ☐ Simplified Measures A/c- Doc Type code	☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐ Voter ID ☐ NREGA Job Card ☐ Others_____ ☐ Simplified Measures A/c- Doc Type code

5. DETAILS OF RELATED PERSON

(In case of additional related persons, Please fill 'Annexure B1')

Related Person Type* ☐ Assignee ☐ Authorized Representative ☐ Guardian of Minor: (☐ Father ☐ Mother ☐ By Court order) ☐ Others (Please specify)_____

CKYC Number of Related Person(if available*) Existing Customer ID*

Name* FIRST NAME MIDDLE NAME LAST NAME

PROOF OF IDENTITY [PoI] OF RELATED PERSON *(Self attested copy of following mentioned Proof of Identity [PoI] needs to be submitted)*

PAN or Form 60 attached UID (Aadhaar) No:

☐ Passport: Issuing Country *(Mandatory in case of NRIs*)*

☐ Voter ID Card ☐ Driving Licence ☐ NREGA Job Card ☐ Others (any document notified by the central govt.) _____

☐ Simplified Measures A/c- Doc Type code

Identity proof Number Validity Date (Mandatory for Driving Licence/Passport)

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.

Applicant's Relationship with Related Person/Guardian:

Signature of Related Person:

ACKNOWLEDGMENT

App. Form No.

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

Acknowledgment Date:_____

Branch Name:_____

Signature of Bank Official & Name/EIN Seal

ACKNOWLEDGMENT FOR NOMINATION *(Customer Copy)*

We Acknowledge your Nomination Form Da1 relating to :

Nature of Account	Account No.	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.

For IDBI Bank Limited

Authorised Signatory

Bar Code

SBAOF PART II

6. DECLARATIONS - CUM - UNDERTAKING

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).

AADHAAR: " I hereby give my consent to IDBI Bank, to obtain my Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI. IDBI Bank has informed that my identity information would only be used for KYC and also informed that my biometrics will not be stored/shared and will be submitted to CIDR only for that purpose of authentication . Aadhar no. of the first holder can be linked for receiving of Govt subsidies."

FATCA/CRS DECLARATION: The account holder/(s) certify that: a) The information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income tax Rules, 1962. b) the information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.

APPLICANT DECLARATION: I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. My personal/KYC details may be shared with Central KYC Registry. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Please Note:1] The Internet Banking Service will be available in case of Joint Accounts, only if the mandate for operation is given as 'Either or Srvivor' or 'Anyone or Survivor' only. For these types of Joint Accounts, one I-Net Banking user-id will be issued to one of the account holder (primary account holder) whose nae stands first in the account. The bank has the option to issue additional user-id and password (s) for any type of accounts including Joint Accounts. The other Joint Account holder(s) shall expressly agree with this arrangement and give his/her consent on a request in a prescribe form for use of I-Net Banking by the primary account holder. In case any of the Joint Account holder(s) gives a request to discontinue I-Net Banking Service in respect of operations through the use of I-Net Banking (or in writing) or by some other mode of communication (recognize and authorized by the Bank), for any of the Internet Banking Accounts held jointly by them, the Internet Banking service will be discontinued for all the User/s of I-Net banking. 2] Default Internet Banking transaction limits will apply. For higher transactions limits a limit enhancement request to be submitted at the Branch.**3]** Wherever 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 only be accessed.

There are total ☐ holders in this a/c. Below are the additional ☐ holders whose details are furnished in the "Supplementary Form-AOF".

Name of 3rd Applicant:

Name of 4th Applicant:

Name of 5th Applicant:

Please Paste Latest color photo of 1st applicant and Sign Across

Signature of 1st Applicant

Signature of 2nd Applicant

Please Paste Latest color photo of 2nd applicant and Sign Across

Signature of 3rd Applicant

Signature of 4th Applicant

Signature of 5th Applicant

Date

Place

Date

Place

For office use only *(To be filled by financial institution)*

Account Type ☐ Normal ☐ Simplified (for low risk customers) ☐ Small ☐ OTP Based E-KYC

Staff Account ☐ Yes ☐ No If 'Yes' EIN: Name of Vertical

ATTESTATION **Documents Received** ☐ Certified Copies

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.

DST/STF Code Label Code-1 Label Code-2

KYC VERIFICATION CARRIED OUT BY (To be completed mandatorily)

Name of the Branch Head / Acting Branch Head

Employee Code: Employee Designation:

Branch Name: Sol Id:

Area Code: State District Sub-District (Taluka) Village

Customer Risk Level-1st Applicant 2nd Applicant

Signature of Officer & Name/EIN Seal

D D M M Y Y Y Y

Signature of Approver (BH/ SOM) & Name/EIN Seal

D D M M Y Y Y Y

Employee Signature (CPU)

D D M M Y Y Y Y

Most Important Terms & Conditions (MITCs)

IDBI BANK LTD._____BRANCH

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 ACCOUNT RULE 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 paid at quarterly rests. 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, SMS, statement or Email. 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 RULE 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 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. **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%.