

**The Branch Manager,
IDBI Bank Limited,**

Date

--	--	--	--	--	--	--

(dd/mm/yyyy)

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

	Title	First Name	Middle Name	Surname
1st applicant				
2nd applicant				
3rd applicant				

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/qir number

[illegible]

	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"/>

[illegible]Permanent Address ☐ Same as above

Bldg./Road Name																	
						Area						City					
Landmark (near/opposite)						State						Pin code					
Country						Phone(res):						Fax no.					

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

Name _____

[illegible]

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.

☐ 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 Limited - Customer Name") **will be accepted only with a self-signed cheque.

Amount to be deposited in Savings / Current account ₹

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 : ☐ Annual ☐ 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

(Same tenor at the rate of interest prevailing on maturity)

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 1st applicant's operative account

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 1st applicant's operative account ☐ 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

yours faithfully,

[illegible]

signature _____
(please sign without the stamp)

[illegible]

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: _____

"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 _____

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

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

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

CUSTOMER PROFILE FORMAT (INDIVIDUALS/SELF EMPLOYED)

Residential status	<input type="checkbox"/> Resident <input type="checkbox"/> Non resident
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation	<input type="checkbox"/> Service <input type="checkbox"/> Retired <input type="checkbox"/> Self employed <input type="checkbox"/> Housewife <input type="checkbox"/> Others Please specify _____
If in service Name of organization	_____
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"/> Other pls specify _____
Since when in business specify Year	Since _____ (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"/> Others please specify _____
Sources of Income	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Others please specify _____
Annual Income (Pl 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	<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Others Please specify _____
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single
Whether Senior Citizen	<input type="checkbox"/> YES <input type="checkbox"/> NO
Religion	_____
Caste	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> Open Category <input type="checkbox"/> Other, please specify _____
Minority	<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature

My Family & Me

Name of Spouse - Mr / Mrs: _____

Date of birth of spouse: Marriage anniversary :
d d m m y y y y d d m m y y y y

Other dates important to me : 1. Occasion 2. Occasion
d d m m y y y y d d m m y y y y

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 _____

--	--

Signature

For Bank Use

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

Basis of level categorization

(Please to refer to Annexure - III of Master Circular): _____

"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

[illegible]Employee Code Scheme Code

Cust. id	2
----------	---

Lable Code : 1 Lable Code : 2

[illegible]

Name of Vertical _____

[illegible]