

Sr. No.

A/c no

Cust. id 1

Pool id

Name of
Vertical

current account opening form

(non individuals)

Documents required for opening an account	Partnership	Pvt / Ltd Co	Society / Club / Trust	Association	HUF
For Introduction (any one of the following) for partners/authorised signatories/trustees/karta/members					
Passport copy	✓	✓	✓	✓	✓
Voter ID card copy	✓	✓	✓	✓	✓
PAN card copy	✓	✓	✓	✓	✓
Photo credit card copy	✓	✓	✓	✓	✓
Driving license (laminated card) copy or	✓	✓	✓	✓	✓
Introduction by existing account holder > 6 months old or	✓	✓	✓	✓	✓
Bankers verification	✓	✓	✓	✓	✓
Entity proof					
Copy of certificate of incorporation	—	✓	—	—	—
Copy of partnership/trust deed	✓	—	✓	—	—
Copy of shops & establishment certificate	✓	—	—	—	—
Resolution of trustees/members meeting	—	—	✓	✓	—
Copy of bye laws	—	—	✓	✓	—
Letter of consent signed by all partners	✓	—	—	—	—
Certified true copy of board resolution	—	✓	—	—	—
Certified true copy of Memorandum of Association	—	✓	—	✓	—
Certified true copy of Articles of Association	—	✓	—	—	—
Certified copy of commencement of business	—	✓	—	—	—
Other documents					
Proof of PAN/GIR no. / from 60	✓	✓	✓	✓	✓
Passport photograph (s)	✓	✓	✓	✓	✓
Name & address of partners / directors / trustees/ Managing committee / HUF	✓	✓	✓	✓	✓
Customers Profile	✓	✓	✓	✓	✓
Risk Level:	Level - 1	Level - 2	Level - 3		

date |_____|_____|_____|_____|_____|_____|
(dd/mm/yyyy)

COMPANY DETAILS

Mailing address[illegible]

Area _____ City _____

State Pin code Country

Phone(res): Phone (off) Mobile no

Fax no. e-mail id

Nearest landmark

Registered address

Bldg./road name

Area City

State | | | | | | | | | | Pin code | | | | | Country | | | |

Phone(res): Phone (off) Mobile no

e-mail id

BUSINESS DETAILS

Contact name (1)	Designation
------------------	-------------

[illegible]

Constitution	PAN/gir no.	Constitution	PAN/gir no.
<input type="checkbox"/> Private limited company	<input type="text"/>	<input type="checkbox"/> Partnership firm	<input type="text"/>
<input type="checkbox"/> Hindu Undivided Family	<input type="text"/>	<input type="checkbox"/> Public limited company	<input type="text"/>
<input type="checkbox"/> Trust	<input type="text"/>	<input type="checkbox"/> Society/Club/Association	<input type="text"/>

DETAILS OF PARTNERS / DIRECTORS / TRUSTEES / MANAGEMENT COMMITTEE / KARTA

[illegible]

ACCOUNT OPTIONS

Fixed Deposits

- ☐
- Simple Fixed Deposit
- ☐
- Reinvestment plan
- ☐
- Recurring fixed deposit
- ☐
- Others (please specify) _____

Period
(months/days) Interest payout ☒ at maturity ☐ quarterly ☐ monthly

MATURITY/INTEREST PAYMENT INSTRUCTIONS

On maturity of fixed deposit

- ☐
- Renew principal and interest
- ☐
- Renew principal only
- ☐
- Issue dd/pay order

<input type="checkbox"/> 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

kindly note : unless prior written notice is received by the bank, the bank will automatically renew the deposit plus accrued interest for the same period on the maturity date at the prevailing rate of interest.

DELIVERABLES

Statement frequency

Current account ☒ monthly ☐ weekly*

Receive statement ☐ by mail ☐ collect personally* ☐ by email (*charges applicable)

Preferred time of day to deliver courier _____

Chequebook ☐ yes ☐ no

CHANNEL REGISTRATION FORM / I-NET BANKING REGISTRATION FOR HUF ONLY*

- | | | | | | | |
|-------------------------------------|---|---|--|------------------------------|--------------------------------|---|
| <input type="checkbox"/> Debit Card | <input type="checkbox"/> Internet Banking | <input type="checkbox"/> Mobile Banking | <input type="checkbox"/> Phone Banking | <input type="checkbox"/> SMS | <input type="checkbox"/> Email | <input type="checkbox"/> Statement by Email |
| <input type="checkbox"/> Debit Card | <input type="checkbox"/> Internet Banking | <input type="checkbox"/> Mobile Banking | <input type="checkbox"/> Phone Banking | <input type="checkbox"/> SMS | <input type="checkbox"/> Email | |
| <input type="checkbox"/> Debit Card | <input type="checkbox"/> Internet Banking | <input type="checkbox"/> Mobile Banking | <input type="checkbox"/> Phone Banking | <input type="checkbox"/> SMS | <input type="checkbox"/> Email | |
| <input type="checkbox"/> Debit Card | <input type="checkbox"/> Internet Banking | <input type="checkbox"/> Mobile Banking | <input type="checkbox"/> Phone Banking | <input type="checkbox"/> SMS | <input type="checkbox"/> Email | |

*Other please use separate detailed application.

INITIAL PAYMENT DETAILS

For Current Account

[illegible]

- [illegible]

Dated

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

 (cheque should be crossed a/c payee and drawn payable to 'IDBI account - customer name')

For fixed deposit account

Rs.	
	Rupees (in words)

- | | | | | |
|-------------------------------|---|--|--------------------------|--|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Cheque/dd/po no. | | Bank & branch | |
|-------------------------------|---|--|--------------------------|--|

Dated (cheque should be crossed a/c payee and drawn payable to 'IDBI account - customer name')

OTHER BANK DETAILS

I/we declare that _____

- ☐ I/We do not enjoy credit facilities with other bank/s ☐ I/We enjoy credit facility/have current accounts with other bank/s
(please attach details of such facilities separately, if required)

Name of bank & branch	Account no.	Details of facilities	Facility amount

INTRODUCTION DETAILS

- ☐
- Introduction by existing IDBI account holder

Name	cust id
------	---------

Account no.

I confirm that I am an account holder with IDBI Ltd. for over six months. I confirm that I personally know the applicant/s detailed herein for more than six months and confirm his/her identity and address.

Signature	Signature verified (for bank use)
-----------	-----------------------------------

Signature	Signature verified (for bank use)
-----------	-----------------------------------

SIGNATORY DETAILS

Please attach a separate mandate sheet, for more than 4 signatories

Authorised signatory (1) Authorised signatory (2)

Name _____ Name _____

Singly Rs. /unlimited

Jointly Rs. /unlimited

With Mr./Ms. _____ With Mr./Ms. _____

Authorised signatory (3) **Authorised signatory (4)**

Name _____ Name _____

Singly Rs. /unlimited

Jointly Rs.  /unlimited

With Mr./Ms. _____ With Mr./Ms. _____

Authorised signatory (1) Authorised signatory (2)

Name _____ Name _____

Singly Rs. /unlimited

Jointly Rs. /unlimited

With Mr./Ms. _____ With Mr./Ms. _____

Authorised signatory (3) **Authorised signatory (4)**

Name _____ Name _____

Singly Rs. /unlimited

Jointly Rs.  /unlimited

With Mr./Ms. _____ With Mr./Ms. _____

Authority restrictions, if any:

The authorised signatories will sign cheques, bill of exchange, promissory notes, requests/agreement forms for letters of credit and amendments thereto, request/counter indemnities for guaranties and extensions thereto, foreign exchange contracts and requests for purchase of cheques/bills etc. singly/jointly as indicated above.

I/we hereby certify that the above authorities have been given in terms of our board resolution dated

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

 a copy of which is attached.

Name of chairman/director/ authorised signatory

signature

COMPANY SEAL AND STAMP

PHOTOGRAPHS & SIGNATURE

The diagram illustrates a sequence of four applicants, labeled '1st applicant', '2nd applicant', '3rd applicant', and '4th applicant'. Each label is centered within a square box. Arrows point from the bottom of one box to the top of the next box, indicating a sequential flow from left to right.

(applicants should also sign across photographs)

DECLARATION

I/We have read and understood the IDBI Bank account terms and conditions, a copy of which, I am in possession of. I/We accept and agree to be bound by the said terms and conditions including those excluding/limiting your liability. I/We agree that the bank may debit my/our account for service charges as applicable from time to time.

Please fill in for a HUF

As our HUF firm wishes to open an account with your bank in the said name _____ we beg to say that the first signatory to this letter, i.e. _____ is the karta of the joint family and other signatories are the adult co-parceners of the said family.

We further confirm that the business of the said family is carried on mainly by the said karta as also the other signatories hereto in the interest and for the benefit of the entire body of co-parceners of the joint family. We all undertake that the claims due to the bank from the said family shall be recoverable personally from all or any one of us and also from the entire family properties of which the first signatory is the karta, including the share of minor co-parceners. In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1952, we have not got our said firm registered under the same act. We hereby undertake to inform the bank of the death or birth of a co-parcener or any change occurring at anytime in the membership of our joint family during the currency of the account.

Name & signature of karta	_____	_____	signature date of birth
Name & signature of adult co-parceners	_____	_____	
	_____	_____	
	_____	_____	
Name & dates of birth of minor co-parceners	_____	_____	
	_____	_____	

Please fill in for a partnership firm

re: opening of a new account in the name of _____
We refer to the captioned account opened by you and declare as under:

We, the undersigned, are the only partners in the firm and are jointly responsible for liabilities thereof. We shall advise you, in writing, of any change that takes place in the partnership and, all the partners will be liable to you on any obligation which maybe 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 of partners

Signature(s) without stamp

_____	_____
_____	_____
_____	_____
_____	_____

IDBI BANK INTERNATIONAL DEBIT CUM ATM CARD

(for international debit cum atm card for partnership and HUF also attach the indemnity letter)

Primary Card

1st Applicant

(Name to be Embossed on the card)

2nd Applicant

(Name to be Embossed on the card)

3rd Applicant

(Name to be Embossed on the card)

Please Note:

- This facility is not available if the operating instructions are Jointly by all.
- 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.

Branch Managers Comments _____

Date _____ Signature of Branch Manager _____

DECLARATION

I/We authorize IDBI Bank to issue an IDBI 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 from time to time. I/We further unconditionally and irrevocably authorize IDBI to debit my/our account with an amount equivalent to the annual fee and charges for use of the Debit cum ATM. I/We hereby confirm that this account will be operated singly and in case of Joint Accounts the operating instructions will not be jointly by all.

I/We undertake to strictly utilize 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 Business 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) governing the opening of an account with IDBI Bank and those relating to various services including but not limited to Debit cum ATM Cards/Phone Banking/Mobile Banking/Internet Banking. I accept and agree to be bound by the said Terms and Conditions including those excluding/limiting the Bank's liability. 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. I/We confirm that I/We am/are Residents of India. I/We hereby declare that the information furnished above is true and correct and to the best of my/our knowledge.

(Authorised Signatory)

(Signature of the partner)

FOR BANK USE

cust id _____	cust id _____	cust id _____	
_____	_____	_____	_____
scheme code	source code	authorised signatory (for bank)	date

FORM NO.: 60
(see third proviso 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.

1. Full name and address of the declarant : _____

2. Particulars of transaction : _____

3. Amount of transaction : _____

4. Are you assessed to tax ? Yes / No

5. If yes,

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

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

6. Details of the document being produced in support of address in col.1

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 _____

Date : _____

Place : _____

Signature of the declarant

Instructions :

Documents which can be produced in support of the address are :-

Ration card, Passport, Driving Licence, Identity card issued by any institution, Copy of the Electricity Bill / Telephone bill showing residential address, Any document or communication issued by any authority of Central / State Government / Local bodies showing residential address, Any other documentary evidence in support of his address in the declaration.

FORM NO.: 60
(see third proviso 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.

1. Full name and address of the declarant : _____

2. Particulars of transaction : _____

3. Amount of transaction : _____

4. Are you assessed to tax ? Yes / No

5. If yes,

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

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

6. Details of the document being produced in support of address in col.1

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 _____

Date : _____

Place : _____

Signature of the declarant

Instructions :

Documents which can be produced in support of the address are :-

Ration card, Passport, Driving Licence, Identity card issued by any institution, Copy of the Electricity Bill / Telephone bill showing residential address, Any document or communication issued by any authority of Central / State Government / Local bodies showing residential address, Any other documentary evidence in support of his address in the declaration.