

☐ 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="text"/>	<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"/>	<input type="text"/>	<input type="text"/>
3rd applicant	<input type="text"/>	<input type="text"/>	<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 <input type="text"/>	
Area <input type="text"/>	City <input type="text"/>
Landmark (near/oppoite) <input type="text"/>	State <input type="text"/> Pin code <input type="text"/>
Country <input type="text"/>	Phone(res): <input type="text"/> Fax no. <input type="text"/>

 Permanent Address ☐ Same as above

Bldg./Road Name <input type="text"/>	
Area <input type="text"/>	City <input type="text"/>
Landmark (near/oppoite) <input type="text"/>	State <input type="text"/> Pin code <input type="text"/>
Country <input type="text"/>	Phone(res): <input type="text"/> Fax no. <input type="text"/>

### 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 &amp; 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](http://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

(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 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

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

yours faithfully,

Name \_\_\_\_\_ Signature \_\_\_\_\_  
(please sign without the stamp)

[illegible]

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

\_\_\_\_\_ (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

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 \_\_\_\_\_

Employee Code \_\_\_\_\_ Scheme Code \_\_\_\_\_

Lable Code : 1 \_\_\_\_\_ Lable Code : 2 \_\_\_\_\_

Name of Vertical \_\_\_\_\_

Cust. id 1 \_\_\_\_\_

Cust. id 2 \_\_\_\_\_

Cust. id 3 \_\_\_\_\_

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

**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.: \_\_\_\_\_