

ACCOUNT OPENING FORM (FOR RESIDENT INDIVIDUALS)

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	1st Applicant Details 2nd Applicant Details
Number of Dependents*	
Residential Status*	Resident Individual Non Resident Indian Foreign National Resident Individual Non Resident Indian Foreign Nation
	Person of Indian Origin Person of Indian Origin
Education*	Illiterate >SSC/10th SSC/10th HSC/12th Illiterate >SSC/10th SSC/10th HSC/12
	Graduation& above Graduation& above
Occupation Type*	Service (State Govt. Central Govt. Public Sector Service (State Govt. Central Govt. Public Sector
	Service in Defence Private Sector) Service in Defence Private Sector)
	Others (Professional Self Employed Retired Others (Professional Self Employed Retired
	Housewife Student) Housewife Student) Business Any other (Please specify) Business Any other (Please specify)
Name of organization*	Business Any other (Please specify) Business Any other (Please specify)
Not mandatory if self employed)	
	(if in service) (if in service)
f self employed professional	CA/ICWA/Taxation/Finance Doctor/Medical Profession CA/ICWA/Taxation/Finance Doctor/Medical Profession
consultant	Engineer/Architect/Technical Lawyer/legal Profession Engineer/Architect/Technical Lawyer/legal Profession
	Journalist Artists / Writers Share & Stock Broker Journalist Artists / Writers Share & Stock Broker
	Capital Market Maker Others (Please specify) Capital Market Maker Others (Please specify)
Sources of Income	Salary Business Agriculture Inheritance Investment Salary Business Agriculture Inheritance Investme
	Others (Please specify) Others (Please specify)
Annual Income (INR)	
	Agri Agri
	Non-Agri Non-Agri
Religion*	Hindu Muslim Christian Buddhist Jain Jews Hindu Muslim Christian Buddhist Jain Jews
	Neo Buddhist Zoroastrian Sikh Others Neo Buddhist Zoroastrian Sikh Others
Category*	General OBC SC ST General OBC SC ST
Disability Status	Mentally Challenged Physically Handicapped Deaf Mentally Challenged Physically Handicapped Deaf
	Visually Handicapped Other Disability Visually Handicapped Other Disability
Residence	Owned Leased Others (Please specify) Owned Leased Others (Please specify)
·	nsaction 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
projected sales may be accepted.	
Details of Branch Offices/allied	
ssociate concerns and nature of	
neir business	
. RESIDENCE FOR TAX PUR	POSES IN JURISDICTION(S) OUTSIDE INDIA (If"Yes" then mandatory to fill separate Addendum for Individuals under section 285BA of
ne Income-Tax Act, 1961)	☐ Yes ☐ No ☐ Yes ☐ No
. PROOF OF IDENTITY (Pol)	PAN Card UID (Aadhaar)
(Details of PAN / Passport / Aadhaar furnished above and self attested	Or (Self attested copy at least one of the following Proof of Identity[PoI] needs to be submitted) Passport Voter ID Card Driving Licence Passport Voter ID Card Driving Licence
copy attached.) **any document notified by the	NREGA Job Card Others**
central govt.	Simplified Measures A/c- Doc Type code Simplified Measures A/c- Doc Type code
dentity proof Number	
Validity Date (Mandatory for	
Driving Licence/Passport)	
. 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).
Address Type*	Residential / Business Residential Business Residential / Business Residential Business Registered Office Unspecified Registered Office Unspecified
Proof of Address*	Registered Office Unspecified Registered Office Unspecified Passport Driving Licence UID (Aadhaar) Voter ID Passport Driving Licence UID (Aadhaar) Voter ID
11001 017 (dd1033	NREGA Job Card Others NREGA Job Card Others
	Simplified Measures A/c- Doc Type code Simplified Measures A/c- Doc Type code
5. DETAILS OF RELATED PER	SON (In case of additional related persons, Please fill 'Annexure B1')
elated Person Type* Assignee [Authorized Representative Guardian of Minor: (Father Mother By Court order) Others (Please specify)
CKYC Number of Related Person(if a	vailable*) Existing Customer ID*
ame* FIR	
ROOF OF IDENTITY [Pol] OF REI	ATED PERSON (Self attested copy of following mentioned Proof of Identity [Pol] needs to be submitted)
'AN	or Form 60 attached UID (Aadhaar) No:
Passport: Issuing Country	(Mandatory in case of NRIs*)
Simplified Measures A/c- Doc Ty	
dentity proof Number	Validity Date (Anadaton for Driving License/Respect)
thall represent the minor in all 6	(Mandatory for Driving Licence/Passport) July transaction of any description in the above account till the said minor attains majority. I shall indemnify the bank against a
	uttre transaction of any description in the above account till the said minor attains majority. I shall indemnly the bank against a vithdrawals/transactions made by me in his/her account.
aming of the above filliof of ally t	Table 1 and 1 and 2 and 1 and
oplicant's Relationship with Relate	d Person/Guardian: Signature of Related Person:
ACKNOWLEDG	MENT ACKNOWLEDGMENT FOR NOMINATION (Customer Co
	We Acknowledge your Nomination Form Da1 relating to:
App. Form No.	Nature of Account
(Please note this number till you g	et your customer ID)
Acknowledgment Date:	In the name of held with u
Branch Name:	
	correspondence with us in this regard.
Signature of Bank Official 8	For IDBI Bank Limited Authorised Signatory
Signature of Bank Official 8	Name/EIN Seal Authorised Signatory

Bar Code

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

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.	Belo	ow	are th	e ac	dditi	onal		hol	ders	wh	ose c	let	tails a	e fu	urni	shec	l ir	the	. "!	Sup	ple	mei	ntar	y F	orn	ı-A(ϽϜ".				
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Name of 4th Applicant:													Ī					Ī		Ī							T	T	Т			
Name of 5th Applicant:													I							\Box												
Please Paste Latest color photo of 1st applicant and Sign Across		: 1st	t Арј	olica	nt			l	_ates 2r	t c	ease Passe Passes Passe	oho icar	to c	of	Signature of 3rd Applicant																	
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i idee				Fo	r o	ffic	e us	e o	only		_	filled	by	finan	cial	inst	ituti	on))													
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Staff Account Yes		f 'Yes									_												Ν	ame	e of	Vert	ical					
ATTESTATION Documents We have complied with all the re Circulars/instructions issued by the regard to this AOF. "I here by cer requirement of the Bank. I hereby advices/black list. Based on this acc	quirement Bank till tify that a confirm	ts of date II the	the wite ne hav	h regar cessary e verif	nd A d to / KY	ML p the p C do	ropos cume	sed nts	Produ have	ıct. <i>A</i> been	All S obt	tatuto tained	ry, /ve	Regula erified	atory by n	anc ne. I	l Inte	rna firm	ıl Gu n tha	iide t th	eline ne d	es is ocu	suec men	d up- nts a	-to-c re a	date ideqi	have uate	e beer to co	n cor ompl	mpli y wi	ed v th K	ith YC
DST/STF Code					La	abel (ode-	1										Lá	abel	Со	de-2	2										
KYC VERIFICATION CARRIED	OUT B	Y (T	o b	e con	ıple	ted i	nand	lato	orily)																							
Name of the Branch Head / Acting Bra	nch Head																															
Employee Code:				Er	nplo	yee I	Desig	nati	on:																							
Branch Name:																											So	l Id:				
Area Code: State		Dist	rict						S	ub-D	istr	ict (Ta	alu	ıka)										ν	/illa	age						
Customer Risk Level-1st Applicant					2nd	Appli	cant																									
Signature of Officer & Na	me/EIN S	eal Y			:	Signa	ture o	of A	ppro	ver (BH/	SOM	/ [Y Name	_	l Sea	al					D	Em _l	ploy M	ee S	Signa M	Y	Y (CPI	J) Y	Υ		

Most Important Terms & Conditions (MITCs)

IDBI BANK LTD.

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

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. No penalty for premature withdrawal on all the above deposits opened / renewed with effect from 1st Jan. 2011. In case the customer prefers to prematurely withdraw the deposit (FD booked before 1st Jan 2011) from the Bank, the then prevailing penalty norms will be applicable. 2. 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