

FINANCIAL INCLUSION ACCOUNT OPENING FORM

No. Date Product Code (Tick One) ☐ Indus Easy ☐ Indus SmallName of the Branch Village / Town Sub District/Block District State SSA Code/Ward No.

Photograph

(Latest photograph
not older than six month.
Customer to Sign
across the photograph)

APPLICANT DETAILS

All fields marked with ** are mandatory

Full Name** Prefix First Name Middle name Last Name Marital Status** ☐ Single ☐ Married ☐ Others Gender** ☐ Male ☐ Female ☐ Third Gender DoB** Father/Spouse Name** Mother's Maiden Name** Communication Address** City/Town/Village PIN State Country Tel No.** - Mobile** Permanent Address City/Town/Village PIN State Country PAN** MNREGA Job Card No. Occupation/Profession* Annual Income No of dependents Details of Assets: Owning House ☐ Yes ☐ No Owning Farm ☐ Yes ☐ No No. of Animals Any Other Please specifyExisting Bank A/c. of family members / household ☐ Yes ☐ No If yes, No. of A/cs. Aadhaar Number ☐ I wish to seed my Aadhaar with NPCI mapper, enabling my account to receive Direct Benefit Transfer (DBT) benefits from Govt. of India. I do not wish to further receive DBT benefits in my previous account with Bank.

I voluntarily give my consent to IndusInd Bank to use my Aadhaar details to authenticate me from UIDAI, link the Aadhaar to my account and customer profile (CIF) with the Bank for the purpose of receiving DBT/ subsidy from Govt of India. I am aware of usage of Aadhaar number and this information submitted will not be used for any purpose other than specified above.

Declaration as per FATCA/CRS* Your Country of Birth ☐ India ☐ Other than India Tax Resident ☐ India ☐ Other than India(If answer of any of the above is 'Other than India' please submit the FATCA/CRS annexure for individuals. For T&C, visit www.indusind.com)I request you to issue me a **Rupay Card**.

DECLARATION

I hereby apply for opening of a Bank Account. I declare that the information provided by me in this application form is true and correct. The terms and conditions applicable have been read over and explained to me and have understood the same. I shall abide by all the terms and conditions as may be in force from time to time. I declare that I have not availed any Overdraft or Credit facility from any other bank. I understand that as my account is a Basic Savings Bank Deposit (Small) Account, I/ we cannot hold any other account in this bank. I confirm that I am not having any other bank account in my name in this bank. Also if I have any other account I shall get the same closed within 30 days of opening of this account. In case of breach of any of the above requirements / limitations, the bank will be entitled to block / close my account.

Place Date Witness Signature in case of TI or signature in
local language of the applicant

(Signature/ Thumb Impression of Applicant)

NOMINATION

Nomination under Section 45ZA of the Banking Regulation Act 1949, and rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I want to nominate as under

Name of Nominee	Relationship	Age	Date of Birth in case of minor	Person authorised in case to receive the amount of deposit on behalf of the nominee in the event of my /minor(s) death

Place

Date

(Signature/ Thumb Impression of Applicant)

Witness1

(Name, Signature and Address)

Witness 2

(Name, Signature and Address)

FORM NO. 60

1. Full Name of declarant	
2. Address	
3. Particulars of transaction: Opening of Account	
4. Amount of transaction (₹): (Rupees Only)	
5. Are you assessed to tax? ☐ Yes ☐ No	
6. If Yes	
a) Details of Ward/Circle. Range where the last return of income was filed?	
b) Reason for not having Permanent Account No/ GIR No?	
c) Details of document produced in support of address in Column (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 20	
Place	 (Signature of declarant)

- ☐ This is the left/right hand thumb impression of Mr./Mrs/Ms and has been placed on this form in my presence.
- ☐ The account holder Mr./Mrs/Ms has signed in my presence after the contents had been fully explained to the account holder in his/ her vernacular language and he /she admits the same.

Name & Signature of Sourcer with ECN