

TELL US WHAT YOU DO FOR A LIVING
1) Occupation (Select Anyone)
1a) Salaried (Select Anyone) Public Private Government

Corporate Name
1b) Self Employed Professional
 Doctor CA Architect Lawyer Consultant Entertainment
 Alternate Medical Practitioner Beautician Others

1c) Self Employed Business
 Sole Proprietorship Partnership/Company **No. of years in business** <= 5 yrs > 5 yrs

1d) Any other Occupation
 Homemaker Retired Farmer Politician Student Minor

2) Source of Income
 Salary Business Professional Fees Investments Agriculture Family Wealth

3) Gross Annual Income (INR)

Please submit the GST annexure if you are registered or exempt under GST

4) Are you a PEP* or related to one? Yes No

*Definition: Politically Exposed Persons (PEPs): Politically exposed persons are individuals who are or have been entrusted with prominent public functions by a country. Examples of PEPs include, but not limited to: (i) Heads of States or of Governments (ii) Senior politicians (iii) Senior government / judicial / military officers (iv) Senior executives of state-owned corporations (v) Important political party officials (vi) Senior Indian Diplomatic personnel posted outside the country. The term PEP also includes the families and close associates of the PEPs mentioned above.

SECOND/JOINT APPLICANT DETAILS

 If you are already a customer of IDFC FIRST Bank, simply fill in your Customer ID here and move on to the next page
 CKYC Number (If applicable)
TELL US ABOUT YOURSELF
Applicant Name

 TITLE FIRST NAME MIDDLE NAME LAST NAME

Date of Birth

 D D M M Y Y Y Y

Gender
 Male Female Third Gender

Marital Status
 Married Unmarried Others

Citizenship

 (Applicable for other than India)
Relationship with Primary Holder

Applicant Maiden Name

 TITLE FIRST NAME MIDDLE NAME LAST NAME

Place of Birth
Country of Birth

 For Tax Residents of countries in addition to India, please complete below:

Country of Tax Residence
Foreign Tax Identification Number
TIN Issuing Country

Separate annexure to be executed in case of dual country of tax residence

Overseas Jurisdiction Address Type
 Address is same as Officially Valid Document Address is same as communication
 Address is different (Please update Overseas Jurisdiction Address separately)

 Father's Name

(Any one field is mandatory among Fathers name, Spouse name & Mother's name)

 Spouse Name

 TITLE FIRST NAME MIDDLE NAME LAST NAME

Mother's Name (As per OVD, no proof required)

 TITLE FIRST NAME MIDDLE NAME LAST NAME

ADDITIONAL INFORMATION (TICK IF APPLICABLE)
 Differentially abled (Physical) Type of Impairment (Tick from Impairment annexure - Mandatory) Impairment %
 Illiterate Old/Incapacitated UDID number
PLEASE HELP US WITH DETAILS OF ONE OR MORE DOCUMENTS BELOW
Aadhaar No.

 (enter only last 4 digits of Aadhaar number)

PAN*

 Form 97

*If you have a PAN it is mandatory to provide details to the bank at the time of opening an account. If you do not have a PAN, please complete a Form 97

Voter ID

Expiry Date

 D D M M Y Y Y Y

Driving License

Expiry Date

 D D M M Y Y Y Y

Passport

IF YOU SELECT "MINOR UNDER GUARDIAN" PLEASE COMPLETE BELOW

Customer ID of Guardian:

Relationship with Minor Father Mother Court Appointed (If yes, please attach a copy)

Funding Mode

Account Number of Guardian to be debited:

One time funding of INR from above account

Monthly debit of INR from above account for months* from the of this/next month

(*Minimum 24 months)

Name & Signature of the Guardian

DECLARATION BY GUARDIAN

I shall represent the minor in all future transactions of any description in the above account till the same minor attains majority. I shall indemnify the bank against any claims of the above minor of any withdrawals/transactions made by me in his/her account

DEBIT CARD

For Existing Customers

Your existing Debit Card will be linked to the new account being opened.

Existing Debit Card number(s) (If any)

First/Primary Applicant

Second/Joint Applicant

(Your existing account will continue to be the Primary account on your Debit Card.)

For New Customers Only

First Applicant

Second Applicant

Do you need an Debit Card

Yes No

Yes No

You may fill in how you would like your name to appear on your debit card (if different from the name on your account)

First/Primary Applicant

Second/Joint Applicant

(Maximum 22 Characters allowed including space)

To enable international usage on your debit card, please use Limit Management under Debit Card section on Internet/Mobile Banking.

SWEEP OUT FACILITY

I/We wish to opt for Sweep Out facility from the Senior/Minor Account being opened

- Sweep Out is a facility which provides liquidity of a Savings Account coupled with higher interest earnings of a Fixed Deposit (FD)
- Through Sweep Out facility, savings balance from the account is transferred automatically into a Fixed Deposit, at a specific threshold limit basis product offering
- Fixed deposits are formed for default tenure of 370 days only, at applicable interest rates
- Sweep In facility is enabled by default for all FDs book through Sweep Out
- The frequency of sweep out for deposit booking will be daily subject to availability of balance and will start next day from when the sweep out is set

9. I/we hereby provide my/our consent to update the submitted KYC details in the bank's record.
10. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the registered number/email address shared with IDFC FIRST Bank.
11. I am fully aware that the bank sends SMS alerts on all account/card related transactions promptly on the mobile number shared at the time of account opening/updated subsequently and any failure to update contact information with the bank may result in any financial loss in case of misuse of cards.
12. I/We authorize IDFC FIRST Bank to submit applications / other relevant documents, debit my/our bank account, transfer funds in any form and manner for transactions in Mutual Funds/Other investment products or do any such incidental things in pursuance of the specific instructions given by me/us or my/our Attorney from time to time for the services and/or the products I/we wished to avail.
13. All fees/charges to be paid shall be exclusive of goods and services tax (GST), as may be applicable. IDFC FIRST Bank will provide me/us Services Accounting Code (SAC) and this will be quoted in all our invoices/credit/debit notes. IDFC FIRST Bank will determine if I/We are related party based on documents available or submitted for this purpose. IDFC FIRST Bank will determine the location of service provided which shall be binding on me/us. I/We shall provide the Bank with the details of exemption or lower rate of tax, if any supported by relevant documents prior to availment of services. For smooth realisation of input tax credit, I/We shall validate the invoices uploaded in the GSTN portal by the Bank between the 10th - 15th day of the month succeeding the relevant period. In case of any discrepancies, I/We shall bring it to the notice immediately. IDFC FIRST Bank will issue invoices on a monthly basis. The contents of all the invoices, debit notes, credit notes, etc. will be as per rules and guidelines in the GST law.
14. IDFC FIRST Bank protects the interest of its customers against any unauthorised electronic banking transaction. You may visit Bank's website www.idfcfirstbank.com for more details in respect of the same.
15. I understand, acknowledge and authorize that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter-Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and / or any other similar arrangements.
16. I undertake the responsibility to declare, disclose and recertify within 30 days any changes that may take place in the information provided in the account opening form and signed by me as well as in the documentary evidence provided by me or if any certification become incorrect.
17. I agree to furnish any declaration/information that is called upon me by IDFC FIRST Bank in order to ascertain my compliance wrto tax return filings for the purposes of Section 194N of the Income tax Act, 1961 governing TDS on cash withdrawals in such form and manner as may be required by the Bank.
18. I also agree that our failure to disclose any material fact known to me now or in future, may invalidate my application and IDFC FIRST Bank would be within its right to put restrictions in the operations of my account or take appropriate action permissible under the Indian regulations for the purpose or take any other action as may deemed appropriate if the deficiency is not updated/rectified by me within the stipulated period.
19. I agree to furnish any particulars/information that is called upon me by IDFC FIRST Bank on account of any change in law either in India or abroad in the subject matter herein.
20. In the event there is any tax demand (including interest(if any)) raised due to nondisclosure/inaccurate disclosure of information/documents on my/our part, I undertake to pay the demand forthwith and provide the bank with all information/documents that may be necessary for any proceeding before GOI/RBI/Income Tax Authorities.
21. Bank will reserve the right to take necessary action on your account which may include marking of Debit / Credit or Total freeze or closure of account if bank receives complaint from any law enforcement agencies, peer bank complaint, unauthorized credits / debits or through the banks internal monitoring mechanism, if the transaction in the account are not in line with your declared profile / income or the account has been sub-let to anyone for use.
22. I hereby give my consent and understand that IDFC FIRST Bank reserves the right to assign any activities related to the Debit Card operations (such as transaction processing, debit card generation, inventory management and any other Debit Card related service, basis service agreement), to the service provider/s appointed by IDFC FIRST Bank, whether located in India or overseas or to any IDFC FIRST Bank Group entity, at Bank's sole discretion, in accordance with the applicable regulatory guidelines. I give my consent to IDFC FIRST Bank to provide/share details of my Card /add-on Card member and our Account/ application details, with its service providers for activities such as Application Processing, Card Manufacturing & Embossing, Transaction and Payments processing, Rewards Management services, Statement services, Card Feature/Benefit Utilisation, Sales/Marketing, and Customer Service related to the Debit Card, for smooth and seamless processing and servicing. The current list of such service providers is appended in the Terms & Conditions webpage under ATM/Debit Card section (<https://www.idfcfirstbank.com/terms-and-conditions/atm-debit-card>).
23. Bank will reserve the right to take necessary action on your account which may include marking of Debit / Credit or Total freeze or closure of account if bank receives any complaint from any law enforcement agencies, peer bank unauthorized credits / debits or any observation made by the banks internal monitoring mechanism, or if the transactions in the account are not in line with your declared profile / income or the account has been sub-let to anyone for use / Non-compliance of KYC or Re-KYC / any mismatch in the KYC documents / in case of negative verification report in regards to Officially Valid Document (OVD) / Account remain inoperative or dormant / upon attending majority by the minor customer.
24. The Bank reserves the right to freeze the account if the welcome kit is returned for any reason, including but not limited to an incomplete address or the consignee being unavailable.
25. I, (Name) hereby declare that I don't have any other type of saving account with IDFC FIRST Bank Limited In case of any existing saving accounts maintained in my name, IDFC FIRST Bank Limited is hereby authorized to close the existing account within 30 days of this account opening and transfer the credit balances thereunder (if any) to this account. (This is applicable for IDFC FIRST Pratham Account only) I further request you to register my mobile number & Email ID as mentioned in the Form to this account. SMS alerts may be sent to this mobile number.
26. I/We also agree that my/our failure to disclose any material fact known to us, now or in future, may invalidate our application and IDFC FIRST Bank Limited would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI)/RBI for the purpose or take any other action as may be deemed appropriate by IDFC FIRST Bank Limited if the deficiency is not remedied by us within the stipulated period. I/We agree and understand that IDFC FIRST Bank Limited reserves the right to reject my/our account opening application form/request without assigning any reason thereof and without being liable to me/us in any manner whatsoever.
27. I/We further agree and understand that IDFC FIRST Bank Limited reserves the right to retain this account opening application form, and the documents provided herewith by me/us, including photographs, KYC documents, and are not liable to return the same to me/us.
28. For IDFC Vishesh (ALSA),The account will be converted to Vishesh Savings account and MAB requirement of ₹5,000/- will have to be maintained and other charges basis the latest schedule of charges related to the account will apply in case of below scenarios:
 - Loan account not set-up within 3 months of Asset Linked Savings Account opened
 - Loan account closed and no other Live Asset relationship
29. I authorize IDFC FIRST Bank to contact the nominee in the event my bank account remains inoperative for a continuous period of two years and I cannot be reached despite multiple attempts via registered email ID, mobile number and/or letter. The Bank may, in accordance with applicable laws, regulatory guidelines and internal policies, reach out to the nominee for necessary administrative or operational purposes. I am aware that such communication shall not, under any circumstances, be construed as conferring ownership rights of the account in favor of the nominee.
30. I hereby give my explicit consent to access, download, and use my KYC records from the Central KYC Registry (CKYCR) for identity and address verification. I understand that my KYC data may include personal details such as name, address, date of birth, Aadhaar, PAN, etc.
 - I further consent to:**
 - Uploading or registering fresh KYC data on CKYCR.
 - Updating or modifying KYC data when changes occur or as required by law.
 - Receiving communications related to KYC status and compliance.
 - I acknowledge:**
 - My data will be used only for these purposes.
 - I may withdraw consent anytime, subject to applicable laws.
 - The Institution will protect my data in compliance with regulations.

Would you like IDFC FIRST Bank or its representatives to contact you and tell you about various products (including insurance), services and offers? Yes No

FIRST/PRIMARY APPLICANT SIGNATURE

NAME _____

Date

D D M M Y Y Y Y

Place _____

SECOND/JOINT APPLICANT SIGNATURE

NAME _____

Date

D D M M Y Y Y Y

Place _____

WITNESS 1
(Required only if applicants use thumb impressions)

Please paste a RECENT Colour Photograph. Please sign across the photograph

WITNESS 2
(Required only if applicants use thumb impressions)

Please paste a RECENT Colour Photograph. Please sign across the photograph

BANK USE SECTION:

*Mandatory

01. Payment Details

Amount Cash (Only at the Branch) Cashier's Signature _____ Employee ID _____

Mode of IP Cheque NEFT RTGS Cheque Date
D D M M Y Y Y Y

Cheque / NEFT / RTGS Details _____

Bank Name _____ Branch Name _____

02. Other Details

*Account Branch Code _____ Account Branch Name _____ *Product Code _____

Reimbursement Product Code _____ *Sourcing Branch Code _____ Sourcing Branch Name _____

*Lead Generator _____ Lead Warmer _____ *Lead Converter _____

*Profit Center _____ Campaign Code _____ Corporate Code _____

Customer Employee ID (applicable for salary accounts) _____

Staff Family Staff Customer ID Spouse Parent Child

03. Applicable for Insta Accounts

Customer ID Account Number

04. Applicable for RM Program

Group ID Program Code RM Code

05. *Banker Certification

I have met the Customer at: Residence or Place of Work Other _____

I have seen and verified the original KYC documents. Copy/photo taken for record. The customer has signed in my presence

Name _____ Certification Date
Employee ID _____ D D M M Y Y Y Y

Signature of Employee

RbiCrCatg		RbicrCode		RbiDrCatg		RbiDrCode	
180	Household, MFI, TASC	189	Resident Individuals	350	Non Infrastructure	383	Other Retail

06. *Checker confirmation by BM / SM / APM / RH (Corp. Salary) / CSR (Corp. Salary) / RM-BB (Rural Banking) / BOSM

I have checked the account opening form along with the supporting documents submitted by the customer and found the same to be acceptable for account opening as per the present KYC policy and relevant operating guidelines of the Bank.

Name _____

Employee ID _____

Designation _____

Signature

Definition of related person under GST is as under:

- (a) persons shall be deemed to be "related persons" if-
- such persons are officers or directors of one another's businesses;
 - such persons are legally recognised partners in business;
 - such persons are employer and employee;
 - any person directly or indirectly owns, controls or holds twenty-five per cent or more of the outstanding voting stock or shares of both of them;
 - one of them directly or indirectly controls the other;
 - both of them are directly or indirectly controlled by a third person;
 - together they directly or indirectly control a third person; or they are members of the same family;
- (b) the term "person" also includes legal persons;
- (c) persons who are associated in the business of one another in that one is the sole agent or sole distributor or sole concessionaire, howsoever described, of the other, shall be deemed to be related.

Explanation I. - The term "person" also includes legal persons.

Explanation II. - Persons who are associated in the business of one another in that one is the sole agent or sole distributor or sole concessionaire, howsoever described, of the other, shall be deemed to be related.

Definition of Deemed OVD is as under:

- Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill)
- Property or Municipal tax receipt
- Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address
- Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and license agreements with such employers allotting official accommodation
- OVD presented by a foreign national does not contain the details of address, in such case the documents issued by the Government departments of foreign jurisdictions and letter issued by the Foreign Embassy or Mission in India shall be accepted as proof of address

TYPE OF IMPAIRMENT:

- | | | |
|---------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Low Vision | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Locomotor Disability | <input type="checkbox"/> Leprosy Cured | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Acid Attack Victim | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Thalassemia | <input type="checkbox"/> Speech and Language Disability |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Specific Learning Disabilities | <input type="checkbox"/> Chronic Neurological Conditions |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Dwarfism | Critical Impairment_____ |