JOINT ACCOUNT OPENING FORM





Application Date Application Date					
Please complete this form in black ink and in CAPITAL LETTERS or 🔟 where applicable DDM MYYYY nitial payment in cash is accepted only at IDFC FIRST Bank branches • Account opening cheque should be in favour of the account holder only					
ustomer ID (If applicable) CKYC Number (If applicable)					
TELL US ABOUT YOURSELF					
pplicant Name					
ITLE FIRST NAME MIDDLE NAME LAST NAME					
ate of Birth DD MM YYYY Gender Male Female Third Gender					
arital Status Married Unmarried Others Citizenship (Applicable					
pplicant Maiden Name for other than India)					
ITLE FIRST NAME MIDDLE NAME LAST NAME Acce of Birth Country of Birth					
or Tax Residents of countries in addition to India, please complete below:					
ountry of Tax Residence Foreign Tax Identification Number TIN Issuing Country					
eparate annexure to be executed in case of dual country of tax residence					
verseas Jurisdiction Address Type Address is same as Officially Valid Document Address is same as communicati					
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					
l other's Name (As per OVD, no proof required)					
ITLE 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					
adhaar No. XXXXX XXXX PAN* Form 60					
eadhaar No. X X X X X X X X X					
endhaar No. X X X X X X X X X					
enter ID PAN*					
PAN* (enter only last 4 digits of Aadhaar number) oter ID riving License assport PAN* PAN* Form 60 *If you have a PAN it is mandatory to provide details to the bank at the time of opening account. If you do not have a PAN, please complete a Form 60. Expiry Date Expiry Date Expiry Date Expiry Date Expiry Date Birth Certificate Number					
enter ID (enter only last 4 digits of Aadhaar number) riving License assport PAN* PAN* Form 60 *If you have a PAN it is mandatory to provide details to the bank at the time of opening account. If you do not have a PAN, please complete a Form 60. Expiry Date Expiry Date Expiry Date Expiry Date Expiry Date					
PAN* (enter only last 4 digits of Aadhaar number) poter ID riving License assport PIO/OCI Card Form 60 *If you have a PAN it is mandatory to provide details to the bank at the time of opening account. If you do not have a PAN, please complete a Form 60. Expiry Date Expiry Date Expiry Date Expiry Date Birth Certificate Number (applicable to Minor)					
ender No.					
Adhaar No. (enter only last 4 digits of Aadhaar number) oter ID riving License assport PIO/OCI Card National Population Register PAN* PAN* PAN* PAN* If you have a PAN it is mandatory to provide details to the bank at the time of opening account. If you do not have a PAN, please complete a Form 60. Expiry Date Expiry Date Expiry Date Expiry Date Expiry Date Expiry Date Birth Certificate Number (applicable to Minor) National Population Register PLEASE COMPLETE YOUR ADDRESS AS MENTIONED IN YOUR OFFICIALLY VALID DOCUMENT (OVD)					
Addhaar No. X X X X X X X X X					
Adhaar No. Same Sa					
Adhaar No. (enter only last 4 digits of Aadhaar number) (enter only					
Adhaar No. A					
Adhaar No. Same as Above or Deemed OVD* (select any 1 document) PAN* P					
Adhaar No. (enter only last 4 digits of Aadhaar number) (enter only last 4 digits of Aadhaar number) (enter ID (enter only last 4 digits of Aadhaar number) (Expiry Date D MM Y Y Y Y (Expiry Date D M M Y Y Y Y (Expiry Date D M M Y Y Y Y (Expiry Date D M M Y Y Y Y (Expiry Date D M M Y Y Y Y (Expiry Date D M M Y Y Y Y (Expiry Date D M M Y Y Y Y (Expiry Date D M M Y Y Y Y (Expiry Date D M M Y Y Y Y (Expiry Date D M M Y Y Y Y (Expiry Date D M M Y Y Y Y (Expiry Date D M M Y Y Y Y (Expiry Date D M M M Y Y Y (Expiry Date D M M M Y Y Y (Expiry Date D M M M Y Y Y (Exp					
Adhaar No. Center only last 4 digits of Aadhaar number					
Adhaar No. Section Se					
Adhaar No. Center only last 4 digits of Aadhaar number					
Adhaar No. Same as Above or Deemed OVD* (select any 1 document) PAN* P					
Adhaar No. X X X X X X X X X					
enter only last 4 digits of Aadhaar number) oter ID center only last 4 digits of Aadhaar number) oter ID center only last 4 digits of Aadhaar number) oter ID center only last 4 digits of Aadhaar number) oter ID center only last 4 digits of Aadhaar number) oter ID center only last 4 digits of Aadhaar number) oter ID center only last 4 digits of Aadhaar number) cover If you have a PAN it is mandatory, to provide details to the bank at the time of opening account. If you do not have a PAN, please complete a Form 60. Expiry Date Expiry Date Expiry Date Expiry Date Expiry Date Expiry Date In Certificate Number (capplicable to Minor) PLEASE COMPLETE YOUR ADDRESS AS MENTIONED IN YOUR OFFICIALLY VALID DOCUMENT (OVD) Aadhaar Passport Driving License Voter ID NREGA NPR In Property or Municipal Tax Receipt CURRENT ADDRESS Same as Above or Deemed OVD* (select any 1 document) This is my Residence Place of W. Utility Bill Property or Municipal Tax Receipt Letter of Allotment/Leave and License Agreement* Letter issued by Foreign Embasivemed OVD Number In Property or Municipal Tax Receipt Letter of Allotment/Leave and License Agreement* Letter issued by Foreign Embasivemed OVD Number In Property or Municipal Tax Receipt Letter of Allotment/Leave and License Agreement* Letter issued by Foreign Embasivemed OVD Number In Property or Municipal Tax Receipt Letter of Allotment/Leave and License Agreement* Letter issued by Foreign Embasivemed OVD Number In Property or Municipal Tax Receipt Landmark (If any) Landmark (If any) Pin Code We shall submit Officially Valid Document with the updated current address within a period of three months of submitting the documents above. HOW WOULD YOU LIKE US TO REACH YOUR					
Adhaar No. Section of the section of					

1

E-mail ID

Fill in CAPITAL LETTERS. All communication for this account will be sent to the Mobile / Email of the first holder.

*Details of Deemed OVD are mentioned in the Bank Use section

*issued by Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies



TELL US WHAT YOU DO FOR A LIVING							
1) Occupation (Select Anyone)							
1a) Salaried (Select Anyone) Public Private Government							
Corporate Name							
1b) Self Employed Doctor CA Architect Lawyer Consultant Entertainment Professional 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							
CKYC Number (If applicable)							
TELL US ABOUT YOURSELF							
Applicant Name							
TITLE FIRST NAME MIDDLE NAME LAST NAME							
Date of Birth Gender Male Female Third Gender							
Marital Status Married Unmarried Others Citizenship (Applicable							
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 <u>in addition</u> 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. X X X X X X X X X							
Voter ID							
Expiry Date							
Passport Expiry Date DD MM Y Y Y Y Y							



PIO/OCI Card Expiry Date						
ZXPII D D M M Y Y Y Y						
NREGA National Population Register National Population Register						
PLEASE COMPLETE YOUR ADDRESS AS MENTIONED IN YOUR OFFICIALLY VALID DOCUMENT (OVD)						
Aadhaar Passport Driving License Voter ID NREGA NPR						
Line 1						
Line 2						
Landmark						
City State Pin Code						
CURRENT ADDRESS						
Same as Above or Deemed OVD* (select any 1 document) This is my Residence Place of Work						
Utility Bill Property or Municipal Tax Receipt Letter of Allotment/Leave and License Agreement# Letter issued by Foreign Embassy						
Deemed OVD Number						
Line 1						
Line 2						
(If any)						
City State Pin Code I/We shall submit Officially Valid Document with the updated current address within a period of three months of submitting the documents above.						
*Details of Deemed OVD are mentioned in the Bank Use section						
"issued by Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies						
HOW WOULD YOU LIKE US TO REACH YOU?						
Mobile No. (91)						
E-mail ID						
Fill in CAPITAL LETTERS. All communication for this account will be sent to the Mobile / Email of the first holder.						
TELL US WHAT YOU DO FOR A LIVING						
1) Occupation (Select Anyone)						
1a) Salaried (Select Anyone) Public Private Government						
Corporate Name						
1b) Self Employed Doctor CA Architect Lawyer Consultant Entertainment Professional						
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) are individuals who are or have been entrusted with prominent public functions by a foreign country, including the Heads of States/Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.						
WHICH OF OUR PRODUCTS WOULD YOU LIKE?						
Savings Minor Senior BSBDA Salary Current						
I/We hereby declare that we are not holding any BSBD account in any other bank.						
MODE OF OPERATION						
Mode: Singly Either or Survivor Minor Under Guardian						
Former or Survivor Debit Card or Internet Banking transactions will not be available for accounts operated 'Jointly'. Debit Card & Internet Banking transaction rights will be given only to the Former for accounts operated as 'Former or Island's programme and the Former of the Form						



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
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 (Your existing account will continue to be the Primary)
Second/Joint Applicant account on your Debit Card.)
For New Customers Only First Applicant Second Applicant
Do you need an Debit Card 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



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(Nomination under Section 45 ZA of the Banking Regulations Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rule, 1985 in respect to Bank Accounts.) The Nominee or Guardian (if applicable) cannot be a holder on the account. Yes, I want to nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the																														
account may be returned by IDFC FIRST Bank Ltd No, I do not wish to nominate anyone on my behalf at this moment. I understand the advantages of nomination and the consequences of not nominating anyone to my account																														
Customer ID					(In	case	an e	xist	ing a	ссо	unt h	olde	er, do	on't fi	ll ad	dres	s)													
Nominee Name																														
TITLE FIRST NAME					М	IDD	LE N	IAM	1E							LAS	ST N	NAM	1E											
Nominee Address Same a	as prin	nary	/ acc	cour	nt h	olde	er co	om	mu	nic	atio	n a	iddi	ress	OF	R U	pda	ate	ac	ddr	ess	s as	s be	elo	W					
Relationship with Depositor							T	Т		T	Τ	7				D	ate	e 01	f Bi	irth	7]				Т	Т	\Box
Nominee Mobile No.	\Box			İ	T		Ì	i				_										D	D	,	М	М		Υ .	Υ	YY
Nominee Email ID		\Box		\top			Ť	Ť	T	Τ			Π			T	Т		Т	Т							Т	T	T	\top
If the nominee is a minor**, please complete this section. As the nominee is a minor on this date, I/We appoint:																														
Guardian Name		·																												
									\perp																					
TITLE FIRST NAME					М	IDD	LE N	IAM	1E							LAS	ST N	NAM	1E											
Guardian Address				Ц.	Щ	Щ	16	<u> </u>			<u> </u>	Ļ						\perp		\perp					ᆜ	_			4	<u> </u>
to receive the amount of deposition of the nominee. (** Where deposit is																												ne n	nın	ority
Guardian Mobile No.																														
Guardian Email ID																	T													
Please mention the nomin	ee nar	me i	n th	e st	ater	men	t/ac	ivb	ce/	pas	sbo	ok																		
I/We do hereby declare what is	state	d ab	ove	is t	rue	to t	he k	oes	st o	fm	y ki	nov	vlec	dge	and	d b	elie	ef.												
Date D M M Y Y	YY		Pla	ace																										
FIRST/PRIMARY APPLICANT SIGNATURE SECOND/JOINT APPLICANT SIGNATURE																														
WITNESS 1 WITNESS 2																														
												Γ																		
(Required only if applicants use	e thumb	impre	essio	ns)			1								(F	Reau	ired	only	y if a	lage	icar	nts L	ıse t	hun	nb in	npre	ssior	ns)		

DECLARATION (Please read carefully and sign at the end of this section after you have filled in all the details in the form)

- I wish to avail the banking facilities/products from IDFC FIRST Bank Limited ("IDFC FIRST Bank") and I have read, understood and agree to the Terms and Conditions displayed on the website of IDFC FIRST Bank i.e. www.idfcfirstbank.com, w.r.t. the said banking facilities and other products/services which may be amended by IDFC FIRST Bank from time to time and hosted and notified on the website of IDFC FIRST Bank.

- FIRST Bank from time to time and hosted and notified on the website of IDFC FIRST Bank. I/We have read, understood and agree to the charges/costs, mentioned in the extant Schedule of Charges pertains to the banking facilities and products as well as the facilities and/or the other products which I/we wished to avail. This Schedule of Charges is also displayed on www.idfcfirstbank.com.

 I/We agree to abide by and be bound by all applicable rules/regulations/instruction/guidelines issued by the Reserve Bank of India, and under the FEMA regulations, 2000 governing EEFC Accounts, the Foreign Exchange Management Act, 1999 and Foreign Account Tax Compliance Act 2010 (to the extent applicable to India) and the Common Reporting Standards (CRS), in force from time to time. I/We have declared our status as per the rules applicable under section 285BA of the Income Tax Act, 1961 (the Act) as notified by Central Board of Direct Taxes (CBDT) in this regard.

 I authorize IDFC FIRST Bank to conduct my credit history verification with CIBIL or any other credit rating agency and acknowledge that IDFC FIRST Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to IDFC FIRST Bank. I declare that I have not availed any credit facility from any bank or have obtained NOC from such bank(s) for opening of a current account with IDFC FIRST Bank. I also hereby authorize IDFC FIRST Bank to retrieve my credit information report with help of accredited credit rating agencies and share the same with me directly as per bank's internal policy. internal policy.
- I/We agree to furnish and intimate to IDFC FIRST Bank any other particulars that we are called upon to provide on account of any change in law/statutory requirements either in India or abroad. I/We authorize IDFC FIRST Bank to exchange, share or part with all the customer information/KYC documents provided herein with financial institutions/agencies/statutory bodies/other such persons including but not limited to financial products/services providers e.g. Insurance companies. Asset Management Companies etc which whom IDFC FIRST Bank has agency/distribution/marketing/referral arrangement, as may be required by IDFC FIRST Bank. I/We shall not hold IDFC
 - FIRST Bank or its agents/representatives liable for using/sharing such information.

 I/We hereby declare that the information provided herein as well as in the documentary evidence provided by me/us to IDFC FIRST Bank (the "Customer Information") is true, correct and complete in all aspects to the best of my/our knowledge and that I/we have not withheld any Customer Information that may affect the assessment/categorization of the account as a Reportable account or otherwise. I/We further agree that any false/misleading Customer Information given by me/us or suppression of any material fact will render my/our account liable for closure and the bank shall have the right to initiate any action, under law or otherwise.



- If any of the information provided here is incorrect, I/We hereby agree to indemnify and keep indemnified IDFC FIRST Bank, affiliates and their successors or assignees. I/We agree and understand that IDFC FIRST Bank reserves the right to reject my/our account opening application form/request and/or the request for availing the services/products without assigning any reason thereof and without being liable to me/us in any manner whatsoever. For accounts with Method of Operation "Either or Survivor". I/We hereby confirm that premature withdrawals of all Term Deposits placed and/or proposed to be placed shall be paid by IDFC FIRST Bank under the operation rule of "Either or Survivor".
- I/we hereby provide my/our consent to update the submitted KYC details in the bank's record.

 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.

 I/We authorise 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.
- 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 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
- 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 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. 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. 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.

 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
- 16
- 17.
- 18 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.

 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
- 19
- 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. 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 20.
- 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.
- 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 process-Inereby give my consent and understand that IDEC 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 IDEC FIRST Bank, whether located in India or overseas or to any IDEC FIRST Bank Group entity, at Bank's sole discretion, in accordance with the applicable regulatory guidelines. I give my consent to IDEC 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.idfefirstbank.com/terms-and-conditions/atm-debit-card).

 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
- 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.
- 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.
- 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.
- 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
- 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

·		nked Savings Account opened • Loan account closed and no other Live Asset relationship per is 18 digit Alphanumeric number - First 2 digit to be Alphabets (state code) and remaining 16 digits
Would you like IDFC FIRST Bank opposed to the products (including insurance), se		to contact you and tell you about various Yes No
FIRST/PRIMARY APPLICAN	NT SIGNATURE	SECOND/JOINT APPLICANT SIGNATURE
NAME		NAME
Date D M M Y Y Y	Y	Date M M Y Y Y Y
Place		Place
WITNESS 1 (Required only if applicants use thumb impressions)	Please paste a RECENT Colour Photograph. Please sign across the photograph	



	BANK USE	SECTION:			
*Mandatory	2711111 332	020770711			
01. Payment Details					
Amount C	Cash (Only at the Branch)	Cashier's S	Signature	Employee	ID
Mode of IP Cheque NEFT R	TGS	Cheque Da		YYYY	
Cheque / NEFT / RTGS Details					
Bank Name	B	ranch Nam	ne		
02. Other Details					
*Account Branch Code					
Reimbursement Product Code					
*Lead Generator	Lead Warmer		*	_ead Converter _	
*Profit Center	Campaign Code		(Corporate Code ₋	
Customer Employee ID (applicable for salary	accounts)				
Staff Family Staff Customer ID			Spo	ouse Parer	nt Child
03. Applicable for Insta Accounts					
Customer ID	Account Nui	mber			
04. Applicable for RM Program					
Group ID	Program Code		RM Coo	de 📗	
05. *Banker Certification					
I have met the Customer at:	esidence or P	lace of Wo	ork Other_		
I have seen and verified the original KYC doc	uments. Copy/photo	taken for i	record. The custom	er has signed in I	my presence
Name	С	Certification	n Date 🕝	Signature o	of Employee
		\neg			
Employee ID			1 7 7 7 7		
RbiCrCatg Rt	oicrCode	,	RbiDrCatg	Rbil	DrCode
180 Household, MFI, TASC 189 R	esident Individuals	350	Non Infrastructure	383	Other Retail
06. 'Checker confirmation by BM / SM / APN	M / RH (Corp. Salarv) / CSRM ((Corp. Salary) / RM	1-BB (Rural Bank	ing) / BOSM
I have checked the account opening form alo	ong with the support	ting docun	nents submitted by	the customer ar	nd found the same
to be acceptable for account opening as per		olicy and re	elevant operating g	uidelines of the E	Bank.
Name					
Employee ID					
Designation				Sign	nature
Definition of related person under GST is as under					
(a) persons shall be deemed to be "related person(i) such persons are officers or directors of		es;			
(ii) such persons are legally recognised part					
(iii) such persons are employer and employe(iv) any person directly or indirectly owns, c		-five per cer	nt or more of the outs	tanding voting stor	ck or shares of both
of them;		501 001			
(v) one of them directly or indirectly contro (vi) both of them are directly or indirectly or		son:			
(vii) together they directly or indirectly contri	,		pers of the same famil	y;	
(vi) both of them are directly or indirectly co	ontrolled by a third pers		ners of the same famil	V.	
. , 3	/	-		-	

howsoever described, of the other, shall be deemed to be related. Definition of Deemed OVD is as under:

described, of the other, shall be deemed to be related.

(a) Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill)

(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

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,

- (b) Property or Municipal tax receipt
- (c) Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address
- (d) 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
- (e) 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:	
Low Vision	Hearing Impairment
Leprosy Cured	Cerebral Palsy
Mental Illness	Muscular Dystrophy
Acid Attack Victim	Sickle Cell Disease
Thalassemia	Speech and Language Disability
Specific Learning Disabilities	Chronic Neurological Conditions
Dwarfism	Critical Impairment
	Leprosy Cured Mental Illness Acid Attack Victim Thalassemia Specific Learning Disabilities