



**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.

**WHICH OF OUR PRODUCTS WOULD YOU LIKE?**

Savings  Salary  Reimbursement  Senior  Current   
 Truly One Account  BSBDA  I/We hereby declare that we are not holding any BSBDA account in any other bank.

**DEBIT CARD**

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)

Salary Account Debit Card will be linked to the Reimbursement Account being opened (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.

**WOULD YOU LIKE TO CHOOSE A NOMINEE FOR THE ACCOUNT?**

(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 existing account holder, don't fill address)

**Nominee Name**

**Nominee Address**  Same as primary account holder communication address OR Update address as below

**Relationship with Depositor**  **Date of Birth**

Nominee Mobile No.  Nominee Email ID

If the nominee is a minor\*\*, please complete this section. As the nominee is a minor on this date, I/We appoint:

**Guardian Name**

**Guardian Address**

to receive the amount of deposits in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee. (\*\* Where deposit is made in the name of a minor the nomination must be signed by a person lawfully entitled to act on behalf of the minor)

Guardian Mobile No.  Guardian Email ID

Please mention the nominee name in the statement/advice/passbook

I/We do hereby declare what is stated above is true to the best of my knowledge and belief.

Date    Place

WITNESS 1

(Required only if applicants use thumb impressions)

WITNESS 2

(Required only if applicants use thumb impressions)

**SWEEP OUT FACILITY**

I/We wish to opt for Sweep Out Facility from the Senior 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

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

1. 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.
2. I/ 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 wished to avail. This Schedule of Charges is also displayed on www.idfcfirstbank.com.
3. I 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 EEEFC 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 have declared my 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.
4. 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.
5. I agree to furnish and intimate to IDFC FIRST Bank any other particulars that I am called upon to provide on account of any change in law/statutory requirements either in India or abroad. I 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. for the services/products which I wished to avail and which whom IDFC FIRST Bank has agency/distribution/marketing/referral arrangement, as may be required by IDFC FIRST Bank. I shall not hold IDFC FIRST Bank or its agents/representatives liable for using/sharing such information.
6. I hereby declare that the information provided herein as well as in the documentary evidence provided by me to IDFC FIRST Bank (the "Customer Information") is true, correct and complete in all aspects to the best of my knowledge and that I have not withheld any Customer Information that may affect the assessment/categorization of the account as a Reportable account or otherwise. I further agree that any false/misleading Customer Information given by me or suppression of any material fact will render my account liable for closure and the bank shall have the right to initiate any action, under law or otherwise.
7. If any of the information provided here is incorrect, I hereby agree to indemnify and keep indemnified IDFC FIRST Bank, affiliates and their successors or assignees.
8. I agree and understand that IDFC FIRST Bank reserves the right to reject my 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 in any manner whatsoever.
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 authorise IDFC FIRST Bank to submit applications/other relevant documents, debit my bank account and 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 or my Attorney from time to time for the services and/or the products I wished to avail. I state that all the acts, deeds and things done by IDFC FIRST Bank based on such instructions shall be binding on me.
12. 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.
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 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 availing 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 rectify 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 wrt to 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.idfc-firstbank.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 Deemed Officially Valid Document (DOVD) / 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 AMB 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  Yes  No  
(including insurance), services and offers?

SIGNATURE

NAME: \_\_\_\_\_

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

Date 

<input type="checkbox"/>	<input type="checkbox"/>
D	D

<input type="checkbox"/>	<input type="checkbox"/>
M	M

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y	Y	Y	Y

Place \_\_\_\_\_

WITNESS 1  
(Required only if applicants use thumb impressions)

WITNESS 2  
(Required only if applicants use thumb impressions)

#### BANK USE SECTION:

\*Mandatory

##### 01. Payment Details

Amount 

<input type="checkbox"/>						
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 Cash (Only at the Branch) Cashier's Signature \_\_\_\_\_ Employee ID \_\_\_\_\_

Mode of IP  Cheque  NEFT  RTGS Cheque Date 

<input type="checkbox"/>	<input type="checkbox"/>
D	D

<input type="checkbox"/>	<input type="checkbox"/>
M	M

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 

<input type="checkbox"/>					
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 Spouse  Parent  Child

##### 03. Applicable for Insta Accounts

Customer ID 

<input type="checkbox"/>					
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 Account Number 

<input type="checkbox"/>					
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##### 04. Applicable for RM Program

Group ID 

<input type="checkbox"/>					
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 Program Code 

<input type="checkbox"/>				
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 RM Code 

<input type="checkbox"/>				
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##### 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

<input type="checkbox"/>	<input type="checkbox"/>
D	D

<input type="checkbox"/>	<input type="checkbox"/>
M	M

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y	Y	Y	Y

Employee ID \_\_\_\_\_

*Signature of Employee*

<i>RbiCrCatg</i>	<i>RbiCrCode</i>	<i>RbiDrCatg</i>	<i>RbiDrCode</i>
180   Household, MFI, TASC	189   Resident Individuals	350   Non Infrastructure	383   Other Retail

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

I have checked the form along with the supporting documents submitted by the customer and found the same to be acceptable 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-
  - (i) such persons are officers or directors of one another’s businesses;
  - (ii) such persons are legally recognised partners in business;
  - (iii) such persons are employer and employee;
  - (iv) 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;
  - (v) one of them directly or indirectly controls the other;
  - (vi) both of them are directly or indirectly controlled by a third person;
  - (vii) 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:**

- (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)
- (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:**

<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_____