## INDIVIDUAL ACCOUNT OPENING FORM FOR RESIDENT INDIANS





• Please complete this form in Black Ink and in CAPITAL LETTERS or $ V $ where applicable DDMMYYYYY
<ul> <li>Please complete this form in Black Ink and in CAPITAL LETTERS or</li></ul>
Customer ID (If applicable) CKYC Number (If applicable)
TELL US ABOUT YOURSELF Applicant Name
TITLE FIRST NAME MIDDLE NAME LAST NAME
Date of Birth DD MM YYYY Gender Male Female Third Gender
Marital Status     Married     Unmarried     Others     Citizenship (Applicable
Applicant Maiden Name for other than India)
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
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)  *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 60.
Voter ID    Expiry Date   D   M M   Y   Y   Y
Driving License
Passport Expiry Date DD MM YYYY
Passport Expiry Date DD MM YYYY  PlO/OCI Card Expiry Date DD MM YYYYY
Passport         Expiry Date         D D M M Y Y Y Y           PIO/OCI Card         Expiry Date         D D M M Y Y Y Y           NREGA         National Population Register(NPR)
Passport  Plo/OCI Card  National Population Register(NPR)  PLEASE COMPLETE YOUR ADDRESS AS MENTIONED IN YOUR OFFICIALLY VALID DOCUMENT (OVD)
Passport  Plo/OCI Card  National Population Register(NPR)  PLEASE COMPLETE YOUR ADDRESS AS MENTIONED IN YOUR OFFICIALLY VALID DOCUMENT (OVD)
Passport  Plo/OCI Card  National Population Register(NPR)  PLEASE COMPLETE YOUR ADDRESS AS MENTIONED IN YOUR OFFICIALLY VALID DOCUMENT (OVD)  NREGA  Aadhaar  Passport  Driving License  Voter ID  NPR
Passport  PlO/OCI Card  National Population Register(NPR)  PLEASE COMPLETE YOUR ADDRESS AS MENTIONED IN YOUR OFFICIALLY VALID DOCUMENT (OVD)  NREGA  Aadhaar  Passport  Driving License  Voter ID  NPR  Line 1
Passport  PlO/OCI Card  National Population Register(NPR)  PLEASE COMPLETE YOUR ADDRESS AS MENTIONED IN YOUR OFFICIALLY VALID DOCUMENT (OVD)  NREGA  Aadhaar  Passport  Driving License  Voter ID  NPR  Line 1  Landmark
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Passport  Plo/OCI Card  National Population Register(NPR)  PLEASE COMPLETE YOUR ADDRESS AS MENTIONED IN YOUR OFFICIALLY VALID DOCUMENT (OVD)  NREGA  Aadhaar  Passport  Driving License  Voter ID  NPR  Line 1  Line 2  City  State  Pin Code  CURRENT ADDRESS
Passport
Passport  Plo/OCI Card  National Population Register(NPR)  PLEASE COMPLETE YOUR ADDRESS AS MENTIONED IN YOUR OFFICIALLY VALID DOCUMENT (OVD)  NREGA  Aadhaar  Passport  Driving License  Voter ID  NPR  Line 1  Line 2  Landmark  (If any)  City  State  Pin Code  CURRENT ADDRESS  Same as Above or Deemed OVD* (select any 1 document)  This is my Residence  Place of World  Utility Bill  Property or Municipal Tax Receipt  Letter of Allotment/Leave and License Agreement*  Letter issued by Foreign Embassy
Passport  Plo/OCI Card  National Population Register(NPR)  PLEASE COMPLETE YOUR ADDRESS AS MENTIONED IN YOUR OFFICIALLY VALID DOCUMENT (OVD)  NREGA  Aadhaar  Passport  Driving License  Voter ID  NPR  Line 1  Line 2  Landmark  (If any)  City  State  Pin Code  CURRENT ADDRESS  Same as Above or Deemed OVD* (select any 1 document)  This is my Residence Place of Word  Utility Bill  Property or Municipal Tax Receipt  Letter of Allotment/Leave and License Agreement*  Line 1  Line 2
Passport    PIO/OCI Card
Passport   Expiry Date   D M M Y Y Y Y    PIO/OCI Card   Expiry Date   D M M Y Y Y Y    PIEASE COMPLETE YOUR ADDRESS AS MENTIONED IN YOUR OFFICIALLY VALID DOCUMENT (OVD)  NREGA   Aadhaar   Passport   Driving License   Voter ID   NPR    Line 1   Landmark   Landmark   Pin Code    CURRENT ADDRESS    Same as Above   Or   Deemed OVD* (select any 1 document)   This is my   Residence   Place of World    Utility Bill   Property or Municipal Tax Receipt   Letter of Allotment/Leave and License Agreement*   Letter issued by Foreign Embassy    Deemed OVD Number   Landmark   Lan
Passport  PIO/OCI Card  National Population Register(NPR)  PLEASE COMPLETE YOUR ADDRESS AS MENTIONED IN YOUR OFFICIALLY VALID DOCUMENT (OVD)  NREGA  Aadhaar  Passport  Driving License  Voter ID  NPR  Line 1  Line 2  Landmark  (If any)  City  State  Pin Code  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  Landmark  (If any)  City  State  Pin Code  Place of Work  Letter issued by Foreign Embassy  Deemed OVD Number  Line 1  Line 2  Landmark  (If any)  Deemed OVD Number  Line 1  Line 2  Landmark  (If any)  Deemed OVD Number  Line 1  Line 2  Landmark  (If any)  Deemed OVD Number  Line 1  Line 2  Landmark  (If any)  Pin Code  Pin Code
Passport   Expiry Date   D M M Y Y Y Y

(Fill in CAPITAL LETTERS.)

\*List of Deemed OVD is mentioned in Bank Use Section.

#issued by Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies 1



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la) Salaried (Select Anyone)		Public		Private	e [	G	overnr	nent										
Corporate Name																		
b) Self Employed	Do	octor	CA	Α Π	Arch	nitect		Law	yer		Cons	ultant		Enterta	inmen	t		
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ld) Any other Occupation	Н	omemak	er		Reti	ired	Fá	armer		Polit	tician		Stude	nt	Miı	nor		
2) Source of Income	Sa	lary	Busin	ess	Prof	fessio	nal Fe	es [	Inv	vestm	ents	A	gricult	ure	Fa	mily \	Wea	lth
3) Gross Annual Income (INR)																		
Please submit the GST annex	ure if	you are i	registe	ered or	exen	npt u	nder G	ST										
4) Are you a PEP* or related	to one	e?	Yes	No	)													
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## 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) 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. 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. 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 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 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. 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 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. 1. 2. 3 4 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. Jagree 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 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/KVC documents provided herein with financial institutions/agencies/statutory bodies/other such persons including but not limited to financial products/services providers eg. 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 in John India 5. 6. 7. 8. 9. 10 11. 12. 13. DEC FIRST Bank protects the interest of its customers against any unauthorised electronised elec 14. 15 16. 17 18. 20 21 22 23 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 24 unavailable. (, (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 25 sent to this mobile number be sent to this mobile number. 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 whatspever. 26 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 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 possed \*Loan account to the Live Asset relationship UDID number is mandatory if differently abled flag is ticked. UDID number is 18 digit Alphanumeric number - First 2 digit to be Alphabets (state code) and remaining 16 digits to be numeric. 27 28 29 Would you like IDFC FIRST Bank or its representatives to contact you and tell you about various products Yes (including insurance), services and offers? SIGNATURE Please paste a RECENT Colour NAME:

29. UDID number is mandatory if differently abled flag is ticked. UDID number is 18 digit Alphanumeric number - First 2 digit to be Alphabets (state code) and remaining 16 digits to be numeric.

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 Place

WITNESS 1

(Required only if applicants use thumb impressions)

(Required only if applicants use thumb impressions)



	-	BANK USE	SECTION	;				
*Mandatory								
01. Payment Details								
Amount Cash (Only at the Branch) Cashier's Signature Employee ID								
			Cheque D	D D M M	Y Y Y	Y		
Cheque / NEFT / RTGS Details								
Bank Name		B	ranch Nan	ne				
02. Other Details		A account Dranch No		*	raduat Caa	lo.		
*Account Branch Code Reimbursement Product Code _								
*Lead Generator								
*Profit Center								
Customer Employee ID (applica	ble for sala	ary accounts)						
Staff Family Staff		D		S	oouse	Parent Child		
O3. Applicable for Insta Account	nts	Account Nu	mber					
04. Applicable for RM Program	7							
Group ID		Program Code		RM Code				
05. *Banker Certification								
I have met the Customer at:	F	Residence or P	lace of Wo	ork Other				
I have seen and verified the orig	inal KYC do	ocuments. Copy/photo	o taken for	record. The custo	omer has sig	ned in my presence		
		_			Sign	ature of Employee		
Name		(	Certificatio	n Date				
Employee ID D_ M_ M_ Y Y Y Y								
Employee ID		l	D D M I	M Y Y Y Y				
Employee ID		RbiCrCode		RbiDrCatg		RbiDrCode		
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	TYPE OF IMPAIRMENT:	
Blindness	Low Vision	Hearing Impairment
Locomotor Disability	Leprosy Cured	Cerebral Palsy
Intellectual Disability	Mental Illness	Muscular Dystrophy
Parkinson's Disease	Acid Attack Victim	Sickle Cell Disease
Hemophilia	Thalassemia	Speech and Language Disability
Multiple Sclerosis	Specific Learning Disabilities	Chronic Neurological Conditions
Autism Spectrum Disorder	Dwarfism	Critical Impairment