## **HOLDER ADDITION FORM**





	A	Application Date								
Please complete this form in Black Ink and in	CAPITAL LETTERS or  where applicable	D D M M Y Y Y Y								
Initial Payment in cash is accepted only at IDF	FC FIRST Bank branches • Account opening cheque should be in	favour of the account holder only								
Account Number	EXISTING CUSTOMER DETAILS									
Account Number Customer Name										
Please Add 1 holder to my ac	ccount 2 holders to my account									
Modes Sither or Summer	MODE OF OPERATION									
Mode: Either or Survivor  Former or Survivor	Anyone or Survivor  If holder being added is a Resident Indian, Mode of Jointly  "Former or Survivor" only	f Operation will be								
1 offiler of Survivor	Tomer of outvivor only									
Assessment Friedling constants of	JOINT ACCOUNT HOLDER ONE									
Are you an Existing customer?	Yes I am, My Customer ID is	and my								
	CKYC Number (If applicable)  Debit Card Number is									
	The above Debit Card will be linked to this account to which you	are being added as a holder. Your existing account will								
Γ	No, I am not yet a customer. I will complete the sect	tions below								
	TELL US ABOUT YOURSELF	lone solow								
Applicant Name (Please complete as per yo										
TITLE FIRST NAME		NAME								
Passport Number	Expiry Date									
Citizenship	Date of Birth									
PAN* If you have a Permanent Account Number (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										
Country of Tax Residence	Foreign Tax Identificati	on Number								
Place/ City of Birth	Country of Birth									
Are you a Relitically Evened Revene	(PER)# or related to one?									
Are you a Politically Exposed Persons (PEP)* or related to one?    Yes   No										
	married Others Ma  ur name has changed for marriage or any other reason)	lle Female Third Gender								
Applicant Haidel Name (Applicable II you	unitable has changed to manage of any other reason)									
TITLE FIRST NAME	MIDDLE NAME LAST	NAME								
Father's Name (Mandatory, if custome	er does not have PAN) Spouse Name									
TITLE FIRST NAME  Mother's Name	MIDDLE NAME LAST	NAME								
TITLE FIRST NAME	MIDDLE NAME LAST	NAME								
	ERSEAS ADDRESS (AS PER PASSPORT/ OTHER DOC									
Passport I	Driving License Other Document (Please Spec	ify)								
Line 1										
Line 2										
	City									
Country	State State	Pin/Zip Code								
	COMMUNICATION ADDRESS									
Same as Above	This is my Residence Place	e of Work								
Line 1										
Line 2										
	City									
Country	State State	Pin/Zip Code								



Same as overseas address mentioned above   Line 1										
Line 2    City										
Country State ZIP/Post Code  HOW WOULD YOU LIKE US TO REACH YOU? (MOBILE & E-MAIL ADDRESS IS MANDATORY)  Phone (Mobile) (Country Code) (Number) Phone (Residence) (Country Code) (Number)  E-mail ID Final ID Formation Private Government  Corporate Name Professional Doctor/CA/Architect/Lawyer/Consultant Entertainment/Alternate Medical Practitioner/Beautician Self Employed Professional Sole Proprietorship Partnership/Company No of Years in Business Professional Fees Investments Agriculture Family Wealth  Source of Funds Salary Business Professional Fees Investments Agriculture Family Wealth  Gross Annual Income (INR) Income in India (INR)*  Please complete if you have not provided Permanent Account Number (PAN)  SOURCE OF INDIA ACCOUNT HOLDER TWO  Are you an Existing customer? Yes I am, My Customer ID is And my CKYC Number (if applicable) Debit Card Number is The above Debit Card will be linked to this account to which you are being added as a holder. Your existing account will confine to be the Primary Account on your Debit Card  No, I am not yet a customer. I will complete the sections below  TELL US ABOUT YOURSELF  Applicant Name (Please complete as per your passport)  TITLE FIRST NAME MIDDLE NAME Expiry Date  LAST NAME  Passport Number										
Country   State   ZIP/Post Code    HOW WOULD YOU LIKE US TO REACH YOU? (MOBILE & E-MAIL ADDRESS IS MANDATORY)  Phone (Mobile)   Phone (Residence)   Country Code) (Number)    E-mail ID   TELL US WHAT YOU DO FOR A LIVING  Occupation   Salaried (Please Specify Corporate Type)   Public   Private   Government    Corporate Name   Doctor/CA/Architect/Lawyer/Consultant   Entertainment/Alternate Medical Practitioner/Beautician    Self Employed Professional   Doctor/CA/Architect/Lawyer/Consultant   Entertainment/Alternate Medical Practitioner/Beautician    Self Employed Business   Sole Proprietorship   Partnership/Company   No of Years in Business    Homemaker   Retired   Farmer   Politician   Student    Source of Funds   Salary   Business   Professional Fees   Investments   Agriculture   Family Wealth    Gross Annual Income (INR)   Income in India (INR)*    JOINT ACCOUNT HOLDER TWO  Are you an Existing customer?   Yes I am, My Customer ID is   Debit Card Number is   The above Debit Card will be linked to this account to which you are being added as a holder. Your existing account will conflict to be the Primary Account on your Debit Card    No, I am not yet a customer. I will complete the sections below    TELL US ABOUT YOURSELF    Applicant Name (Please complete as per your passport)    TITLE   FIRST NAME   MIDDLE NAME   Expiry Date   ST NAME    Passport Number   Expiry Date   ST NAME   Expiry Date   ST NAME   ST NAME    Passport Number   Expiry Date   ST NAME   ST NAME										
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E-mail ID  TELL US WHAT YOU DO FOR A LIVING  Occupation Salaried (Please Specify Corporate Type) Public Private Government  Corporate Name Self Employed Professional Doctor/CA/Architect/Lawyer/Consultant Entertainment/Alternate Medical Practitioner/Beautician  Self Employed Business Sole Proprietorship Partnership/Company No of Years in Business Homemaker Retired Farmer Politician Student  Source of Funds Salary Business Professional Fees Investments Agriculture Family Wealth  Gross Annual Income (INR) Income in India (INR)*  Please complete if you have not provided Permanent Account Number (PAN)  JOINT ACCOUNT HOLDER TWO  Are you an Existing customer? Yes I am, My Customer ID is Debit Card Number is The above Debit Card will be linked to this account to which you are being added as a holder. Your existing account will confinue to be the Primary Account on your Debit Card  No, I am not yet a customer. I will complete the sections below  TELL US ABOUT YOURSELF  Applicant Name (Please complete as per your passport)  ITLE FIRST NAME MIDDLE NAME Expiry Date  Expiry Date  TILL Expiry Date  TELL US ABOUT YOURSELF  Applicant Number Expiry Date										
TELL US WHAT YOU DO FOR A LIVING  Occupation Salaried (Please Specify Corporate Type) Public Private Government  Corporate Name Self Employed Professional Doctor/CA/Architect/Lawyer/Consultant Entertainment/Alternate Medical Practitioner/Beautician  Self Employed Business Sole Proprietorship Partnership/Company No of Years in Business Politician Student  Homemaker Retired Farmer Politician Student  Source of Funds Salary Business Professional Fees Investments Agriculture Family Wealth  Gross Annual Income (INR) Income in India (INR)*  "Please complete if you have not provided Permanent Account Number (PAN)  JOINT ACCOUNT HOLDER TWO  Are you an Existing customer? Yes I am, My Customer ID is and my  CKYC Number (If applicable)  Debit Card Number is  The above Debit Card will be linked to this account to which you are being added as a holder. Your existing account will continue to be the Primary Account on your Debit Card  No, I am not yet a customer. I will complete the sections below  TELL US ABOUT YOURSELF  Applicant Name (Please complete as per your passport)  ITILE FIRST NAME MIDDLE NAME LAST NAME  Passport Number Expiry Date Expiry Date										
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Corporate Name  Self Employed Professional  Doctor/CA/Architect/Lawyer/Consultant  Entertainment/Alternate Medical Practitioner/Beautician  Self Employed Business  Sole Proprietorship  Partnership/Company  No of Years in Business  Homemaker  Retired  Farmer  Politician  Student  Source of Funds  Salary  Business  Professional Fees Investments  Agriculture  Family Wealth  Income in India (INR)*  Please complete if you have not provided Permanent Account Number (PAN)  JOINT ACCOUNT HOLDER TWO  Are you an Existing customer?  Yes I am, My Customer ID is  CKYC Number (If applicable)  Debit Card Number is  The above Debit Card will be linked to this account to which you are being added as a holder. Your existing account will confinue to be the Primary Account on your Debit Card  No, I am not yet a customer. I will complete the sections below  TELL US ABOUT YOURSELF  Applicant Name (Please complete as per your passport)  ITITLE  FIRST NAME  MIDDLE NAME  LAST NAME  Expiry Date										
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Self Employed Business   Sole Proprietorship   Partnership/Company   No of Years in Business   Homemaker   Retired   Farmer   Politician   Student   Source of Funds   Salary   Business   Professional Fees   Investments   Agriculture   Family Wealth   Gross Annual Income (INR)   Income in India (INR)*   Please complete if you have not provided Permanent Account Number (PAN)										
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*Please complete if you have not provided Permanent Account Number (PAN)  JOINT ACCOUNT HOLDER TWO  Are you an Existing customer?  Yes I am, My Customer ID is and my										
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TITLE FIRST NAME MIDDLE NAME LAST NAME  Passport Number Expiry Date										
Passport Number Expiry Date Expiry Date										
Citizenship Date of Birth D D M M Y Y Y Y										
PAN*    Form 60										
Country of Tax Residence Foreign Tax Identification Number										
Place/ City of Birth Country of Birth										
Are you a Politically Exposed Persons (PEP)* or related to one?										
Marital Status   Married   Unmarried   Others   Gender   Male   Female   Third Gender										
Applicant Maiden Name (Applicable if your name has changed for marriage or any other reason)										
TITLE FIRST NAME MIDDLE NAME LAST NAME										
TITLE FIRST NAME MIDDLE NAME LAST NAME  Father's Name (Mandatory, if customer does not have PAN)  Spouse Name										



OVERSEAS ADDRESS (AS PER PASSPORT/ OTHER DOCUMENT)																					
Passport Driving License Other Document (Please Specify)																					
Line 1																	П				T
Line 2																					
						Ci	ty									Ī					
Country					s	State							Pin	/Zip	Coc	de		$\perp$			
COMMUNICATION ADDRESS																					
Same as Above This is my Residence Place of Work																					
Line 1					ĹΤ	П			ТТ								П		Т	Τ	
Line 2													П	i	Ť		П	Ħ	T	T	Ī
						Cit	tv				Ť		П			i	Ħ		Ŧ		T
Country					S	tate					$\top$		Pin	/Zip	Coc	de	П	十	T		$\Box$
ADDRESS IN COUNTRY OF TAX RESIDENCE																					
Same as oversea	as address m	nentioned abo	ve																		
Line 1																					
Line 2																					
						Cit	ty												$\perp$		
Country																					
HOW WOULD YOU LIKE US TO REACH YOU? (MOBILE & E-MAIL ADDRESS IS MANDATORY)																					
Phone (Mobile)  (Country Code)  (Number)  Phone (Residence)  (Country Code)  (Number)  (Number)																					
E-mail ID																Т	П		$\top$	T	_
TELL US WHAT YOU DO FOR A LIVING  Occupation Salaried (Please Specify Corporate Type) Public Private Government																					
Occupation	Salaried	d (Please Sp	ecity Co	orpora	te Typ	e)		Publi	c [	P	rivate	= [		۷٥۶	ernm	ent					
Corporate Name		<u> </u>					Щ	Ц									Ш		$\perp$	$\perp$	$\perp$
Self Employed Professional Doctor/CA/Architect/Lawyer/Consultant Entertainment/Alternate Medical Practitioner/Beautician																					
Self Employed Business Sole Proprietorship Partnership/Company No of Years in Business																					
Homemaker Retired Farmer Politician Student																					
Source of Funds	Salary	/ Bus	iness	Щ	Profes ¬	sional			Invest		is	Щ	Agri	culti	ure	Ļ		Fami	y W	ealt/	.h
Gross Annual Income (INR)  Income in India (INR)*  *Please complete if you have not provided Permanent Account Number (PAN)																					
GOODS AND SERVICE TAX (GST) STATUS - APLICABLE FOR PRIMARY HOLDER										_											
		AND SERVI	CE TAX	(GS	I) STA	1					MAR'	Y HOL		R							
Are you registered un					L	) 1	,		T Anne	xure)			No								
Are you exempt from	GST				L	] 1	(Please		,				No								
If exempt					L	]			cemptio			Щ		our	nt lev	el ex	cem	ption			
Are you a related person to IDFC FIRST Bank under GST (Please refer to last page for definition of related person)  Yes (If yes, please note that GST, as may be applicable, needs to be paid by the related person.)																					



WOULD YOU LIKE TO CHOOSE A NOMINEE FOR THE ACCOUNT?	
Form DA2 (Nomination under Section 45ZA of the Banking Regulations Act, 1949 and Rule 2(5) of the Banking Companies (Nomination) Rule, 1985 in respect to	to bank accounts.)
I/We (name of existing account holders) hereby	y cancel the nomination
made by me/us in favour of Nominee Name	
Form DA1 (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	ne account may be
returned by IDFC FIRST Bank Ltd	•
Please mention the nominee name in the statement/advice/passbook	
Customer ID (Incase an existing Account Holder)	
Nominee Name:	
TITLE FIRST NAME MIDDLE NAME LAST NAME	
Nominee Address: Same as primary account holder address OR Update address as below	
Relationship with depositor Date of Birth	M M Y Y Y Y
If the nominee is a minor**, please complete this section. As the nominee is a minor on this date, I/We appoint:	
Guardian Name:	
TITLE FIRST NAME MIDDLE NAME LAST 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 n	ninority 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)	
No, I do not want to nominate anyone on my behalf at this moment. I understand the advantages of nomination an	d the consequences of
not nominating anyone to my account.	
I/We do hereby declare what is stated above is true to the best of my knowledge and belief.	
Date:	
Signature for Existing Account Holder (for DA2 & DA1)  Signature for Joint Account Holder 1  Signature for Joint Account Holder 1	t Account Holder 2
Name Name Name	

## **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 other products/services including Mutual Funds and/or insurance products that are offered by IDFC FIRST Bank in its capacity as an Intermediary 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/We hereby declare that I am/We are a Non-Resident Indian (NRI) under Section 2(w) of the Foreign Exchange Management Act, 1999. I/We will inform IDFC FIRST Bank of any change in my/our residential status. I/We understand that providing incorrect information may attract penal provision as per applicable laws. I/We agree to notify IDFC FIRST Bank about my return to India for permanent residence.
- 4. 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 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.
- 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 hereby agree and consent to avail other products/services including Mutual Funds and/or insurance products and further agree to absolutely abide by all the Terms and Conditions in respect thereof.
- 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/ e-mail ID 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. 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 where applicable. 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.
- 13. I/we hereby request and authorise IDFC FIRST Bank to, from time to time (at its discretion), rely upon and act or omit to act in accordance with any directions, instructions and/or other communication which may from time to time be or purport to be given in connection with or in relation to the said Account(s) by email by me/us or the person(s) authorised by me/us to act on my/our behalf.
- 14. I/we hereby agree and undertake to send Instructions to IDFC FIRST Bank by email from the email address registered with the bank. I/we understand that the Internet is not encrypted and is not a secure means of transmission. I/we further acknowledge and accept that such an unsecured transmission method involves risks of possible unauthorized alteration of data and/ or unauthorized usage thereof for whatever purposes. I/we hereby further agree and undertake to exempt IDFC FIRST Bank from any and all responsibility of such misuse and receipt of information, and hold IDFC FIRST Bank harmless for any costs or losses that I/we may incur due to any errors, delays or problems in transmission or otherwise caused by using the internet as a means of transmission. I/We understand that the bank may attempt to authenticate all requests received on e-mail, prior to executing the transaction
- 15. In addition, I/we shall indemnify IDFC FIRST Bank at all times and keep IDFC FIRST Bank indemnified and save harmless against any and all claims, losses, damages, costs, liabilities and expenses incurred, suffered or paid by IDFC FIRST Bank or required to be incurred, suffered or paid by the Bank and also against all demands, actions, suits proceedings made, filed, instituted against IDFC FIRST Bank, in connection with or arising out of or relating to:
  - i) any Instruction received by/given to IDFC FIRST Bank which I/we believe in good faith to be such an Instruction by Email Submission; and/or
  - ii) any unauthorised or fraudulent Instruction to IDFC FIRST Bank;
- 16. Notwithstanding anything contained herein or elsewhere, IDFC FIRST Bank shall not be bound to act in accordance with the whole or any part of the Instructions or directions contained in any Instruction sent by Email and may in its sole discretion and exclusive determination, decline or omit to act pursuant to any Instruction, or defer acting in accordance with any Instruction, and the same shall be at my/our risk and IDFC FIRST Bank shall not be liable for the consequences of any such refusal or omission to act or deferment of action.
- 17. I/We hereby state, declare, accept and consent that all instructions, including addition of Mandate, executed by existing holders, prior to addition of myself/ourselves as the joint account holder(s) basis this application form, will continue to be in force post addition of my/our name/s as the joint holder(s), and I/we will not hold the bank liable to execute & honour such transactions basis the said instructions including the earlier one.

Would you like IDFC FIRST Bank or its representatives to contact you and tell you about various products  (including insurance), services and offers?  Please issue a new cheque book for this account.									
Signature for Existing Account Holder	Signature for Joint Account Holder 1	Signature for Joint Account Holder 2							
Name	Name	Name							
Date D D M M Y Y Y Y	Please paste a RECENT Colour Photograph. Please	Please paste a RECENT Colour Photograph. Please							
Place	sign across the photograph	sign across the photograph							



BANK USE SECTION:									
Profit Centre (Joint Account Holder 1) Profit Centre (Joint Account Holder 2)									
Joint Holder 1									
Staff Family Staff Customer ID Spouse Parent Child									
Joint Holder 2									
Staff Family Staff Customer ID			Spouse F	Parent Child					
Banker Certification									
I have met the Customer at his:  Residence  Place of Work  Other									
I have seen and verified the Original KYC documents. Copy/Photo taken for record									
Other Method of Verification: Please give Details									
The customer has Signed in my presence									
Name Certification Date									
Employee ID/RM Code D D M M Y Y Y Y Y									
RBICrCatg / RBIcrCode / COA Category COA Code	Organization	BSR org Code	RBIDrCatg	RBIDrCode					
180 – Household, 191 – Non MFI, TASC Resident Individuals	Individual- Non Resident	10	350 – Non Infrastructure	383 – Other Retail					

The term PEP also include the families and close associates of the PEPs mentioned above.

Families: The term families includes close family members such as spouse, children, parents and sibiling and may also include other blood relatives and relatives by marriage.

Close Associates: The term closely associated persons in the context of PEPs includes close business, Colleagues and personal advisors/consultants to the PEP as well as persons who benefit significantly from being close to such a person.

## 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.

<sup>\*</sup> Politically Exposed Persons ("PEP/s"): Politically exposed person are individuals who are or have been entrusted with prominent public functions in a foreign country. Examples of PEPs include, but is not limited to: (i) Heads of States or of Governments (ii) Senior politicians (iii) Senior government/Judicial/Military officers (iv) Important political party officials.