## HOLDER ADDITION FORM



	Application Date						
• Please complete this form in Black Ink and in CAPITAL LETTERS or $\checkmark$ where applicable	D D M M Y Y Y						
• Initial Payment in cash is accepted only at IDFC FIRST Bank branches • Account opening chec	que should be in favour of the account holder only						
EXISTING CUSTOMER DETAILS							
Account Number Customer Name Customer Name							
Please Add 1 holder to my account 2 holders to my account							
MODE OF OPERATION							
Mode: Either or Survivor Anyone or Survivor							
	are not available for accounts with MOP 'Jointly'.						
JOINT ACCOUNT HOLDER ONE							
Are you an Existing customer?  Yes I am, My Customer ID is  CKYC Number (If applicable)	and my						
Debit Card Number is							
The above Debit Card will be linked to this account to whic continue to be the Primary Account on your Debit Card	h you are being added as a holder. Your existing account will						
No, I am not yet a customer. I will complet	e the sections below						
TELL US ABOUT YOURSELF							
Applicant Name (Please complete as per your Identity Proof)							
TITLE FIRST NAME MIDDLE NAME	LAST NAME						
Date of Birth Gender Male	Female Third Gender						
Marital Status Married Unmarried Others Citizenship (Applicable for other than India)							
Relationship with Primary Holder							
Applicant Maiden Name (Not applicable for unmarried female customers)							
TITLE FIRST NAME MIDDLE NAME	LAST NAME						
Place of Birth Country of Birth							
For Tax Residents of countries in addition to India, please complete below:							
Country of Tax Residence Foreign Tax Identification Number	TIN Issuing Country						
Separate annexure to be executed in case of dual country of tax residence							
Overseas Jurisdiction Address Type Address is same as Officially Valid Docume							
Father's Name (Mandatory, if customer does not have PAN)  Spouse Name	eas Jurisdiction Address separately)						
Spouse Name							
TITLE FIRST NAME MIDDLE NAME  Mother's Name (As per OVD, no proof required)	LAST NAME						
Treating a station of the proof regularity							
TITLE FIRST NAME MIDDLE NAME	LAST NAME						
PLEASE HELP US WITH DETAILS OF ONE OR MORE DO	Form 60						
*If you have a PAN	t is mandatory to provide details to the bank at the time of opening to not have a PAN, please complete a Form 60.						
Voter ID							
Driving License Expiry Date	M M Y Y Y						
Passport Expiry Date							
PIO/OCI Card Expiry Date	M M Y Y Y Y						
NREGA National Population Register	M M Y Y Y Y						
PLEASE COMPLETE YOUR ADDRESS AS MENTIONED IN YOUR OFFICIALLY VALID DOCUMENT							
Aadhaar Passport Driving License	Voter ID NREGA NPR						
Line 1							
Line 2 Landmark 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 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 Pin Code  I/We shall submit an 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 YOU?
Mobile No. (91) Landline No. (91)
(STD Code) (Number)
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): Politically exposed persons are individuals who are or have been entrusted with prominent public functions in 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.
DEBIT CARD
Do you need an Debit Card : Joint Holder 1 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)
To enable international usage on your debit card, please use Limit Management under Debit Card section on Internet/Mobile Banking.
JOINT ACCOUNT HOLDER TWO
Are you an Existing customer?  Yes I am, My Customer ID is and my  CKYC Number  Debit Card Number is and my
(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  TELL US ABOUT YOURSELF
Applicant Name (Please complete as per your Identity Proof)
Date of Birth DD MM YYYYY Gender Male Female Third Gender
Marital Status   Married   Unmarried   Others   Citizenship (Applicable
for other than India)
Relationship with Primary Holder  Applicant Maidon Name (Not applicable for unmarried female outcomers)
Applicant Maiden Name (Not applicable for unmarried female customers)
TITLE FIRST NAME MIDDLE NAME LAST NAME
Place of Birth Country of Birth
For Tax Residents of countries in addition to India, please complete below:
Country of Tax Residence Foreign Tax Identification Number TIN Issuing Country

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



Overseas Jurisdiction Address Type	Address is same as Officially Valid Document	Address is same as communication
	Address is different (Please update Overseas Jurisdic	tion Address separately)
Father's Name (Mandatory, if customer	does not have PAN) Spouse Name	
TITLE FIRST NAME	MIDDLE NAME LAST NAM	
Mother's Name (As per OVD, no proof requir		
TITLE FIRST NAME	MIDDLE NAME LAST NAME	:
	latory bodies, public sector undertakings, scheduled commercial banks,	
PLEASE HELP	US WITH DETAILS OF ONE OR MORE DOCUMENTS	BELOW
Aadhaar No.	PAN*	Form 60
	"If you have a PAN it is mandatory t an account. If you do not have a PA	o provide details to the bank at the time of opening N, please complete a Form 60.
Voter ID		
Driving License	Expiry Date	
Passport	Expiry Date Expiry Date	Y Y Y Y
PIO/OCI Card	Expiry Date Expiry Date	Y Y Y Y
NREGA	National Population Register	Y Y Y Y
PLEASE COMPLETE YOUR A	DDRESS AS MENTIONED IN YOUR OFFICIALLY VAI	LID DOCUMENT (OVD)
Aadhaar Pass	sport Driving License Voter ID	NREGA 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 Work
Same as Above or Deemed OVD*  Utility Bill Property or Municipal Tax R	* (select any 1 document) This is my	
Utility Bill Property or Municipal Tax R  Deemed OVD Number	* (select any 1 document) This is my	
Utility Bill Property or Municipal Tax R  Deemed OVD Number  Line 1	* (select any 1 document) This is my	
Utility Bill Property or Municipal Tax R  Deemed OVD Number	* (select any 1 document) This is my	
Utility Bill Property or Municipal Tax R  Deemed OVD Number  Line 1  Line 2	*(select any 1 document)  This is my  Receipt Letter of Allotment/Leave and License Agreement  Landmark (If any)	Letter issued by Foreign Embassy
Utility Bill Property or Municipal Tax R  Deemed OVD Number  Line 1  Line 2  City	*(select any 1 document)  This is my  Receipt Letter of Allotment/Leave and License Agreement  Letter of Allotment/Leave and License Agreement  Landmark	Letter issued by Foreign Embassy  Pin Code
Utility Bill Property or Municipal Tax R  Deemed OVD Number  Line 1  Line 2  City	*(select any 1 document)  This is my  Receipt Letter of Allotment/Leave and License Agreement  Letter of Allotment/Leave and License Agreement  Landmark (If any)  State	Letter issued by Foreign Embassy  Pin Code
Utility Bill Property or Municipal Tax R  Deemed OVD Number  Line 1  Line 2  City	Receipt Letter of Allotment/Leave and License Agreement Landmark (If any)  State  Lupdated current address within a period of three months of submitting	Letter issued by Foreign Embassy  Pin Code
Deemed OVD Number  Line 1  Line 2  City  I/We shall submit an Officially Valid Document with the	This is my Receipt Letter of Allotment/Leave and License Agreement Landmark (If any)  State Landdards within a period of three months of submitting HOW WOULD YOU LIKE US TO REACH YOU?  Landline No. (91)  (STD Code)	Letter issued by Foreign Embassy  Pin Code the documents above.
Deemed OVD Number  Line 1  Line 2  City  I/We shall submit an Officially Valid Document with the	Receipt Letter of Allotment/Leave and License Agreement Landmark (If any)  State Landmark (If any)  HOW WOULD YOU LIKE US TO REACH YOU?  Landline No. (91)  (STD Code)  Count will be sent to the Mobile / Email of the first holder.	Letter issued by Foreign Embassy  Pin Code the documents above.
Deemed OVD Number  Line 1  Line 2  City  I/We shall submit an Officially Valid Document with the	This is my Receipt Letter of Allotment/Leave and License Agreement Landmark (If any)  State Landdards within a period of three months of submitting HOW WOULD YOU LIKE US TO REACH YOU?  Landline No. (91)  (STD Code)	Letter issued by Foreign Embassy  Pin Code the documents above.
Utility Bill Property or Municipal Tax R  Deemed OVD Number  Line 1  Line 2  City  //We shall submit an Officially Valid Document with the Mobile No. (91)  E-mail ID  Fill in CAPITAL LETTERS. All communication for this acc	Receipt Letter of Allotment/Leave and License Agreement Landmark (If any)  State Landmark (If any)  Landmark (If any)  Landline No. (91)  Landline No. (91)  Count will be sent to the Mobile / Email of the first holder.  TELL US WHAT YOU DO FOR A LIVING	Letter issued by Foreign Embassy  Pin Code the documents above.
Deemed OVD Number  Line 1  Line 2  City  I/We shall submit an Officially Valid Document with the Mobile No. (91)  E-mail ID  Fill in CAPITAL LETTERS. All communication for this act	Receipt Letter of Allotment/Leave and License Agreement Landmark (If any)  State Landmark (If any)  Landmark (If any)  Landline No. (91)  Landline No. (91)  Count will be sent to the Mobile / Email of the first holder.  TELL US WHAT YOU DO FOR A LIVING	Letter issued by Foreign Embassy  Pin Code the documents above.
Deemed OVD Number  Line 1  Line 2  City  I/We shall submit an Officially Valid Document with the Mobile No. (91)  E-mail ID  Fill in CAPITAL LETTERS. All communication for this act 1) Occupation (Select Anyone)  1a) Salaried (Select Anyone)  Public Corporate Name  1b) Self Employed  Professional	This is my Receipt Letter of Allotment/Leave and License Agreement  Landmark (If any)  State eupdated current address within a period of three months of submitting  HOW WOULD YOU LIKE US TO REACH YOU?  Landline No. (91) (STD Code)  COUNTY WHAT YOU DO FOR A LIVING  CA Architect Lawyer Cons	Letter issued by Foreign Embassy  Pin Code the documents above.
Deemed OVD Number  Line 1  Line 2  City  I/We shall submit an Officially Valid Document with the Mobile No. (91)  E-mail ID  Fill in CAPITAL LETTERS. All communication for this accommunication (Select Anyone)  1) Occupation (Select Anyone)  Corporate Name  1b) Self Employed  Professional  Alternate	Receipt Letter of Allotment/Leave and License Agreement Landmark (If any)  Landline No. (91)  Landline No. (91)  Count will be sent to the Mobile / Email of the first holder.  TELL US WHAT YOU DO FOR A LIVING  CA Architect Lawyer Conserved and License Agreement  CA Architect Lawyer Conserved and License Agreement  Beautician Others	Letter issued by Foreign Embassy  Pin Code the documents above.  (Number)  (Number)  Eultant Entertainment
Deemed OVD Number  Line 1  Line 2  City  I/We shall submit an Officially Valid Document with the Mobile No. (91)  E-mail ID  Fill in CAPITAL LETTERS. All communication for this act 1) Occupation (Select Anyone)  1a) Salaried (Select Anyone)  Public Corporate Name  1b) Self Employed Doctor Professional  Alternate  1c) Self Employed Business  Sole Programment of Municipal Tax R  Property or Municipal Tax R  Property or Municipal Tax R  Public City  Doctor Professional  Alternate  Sole Programment  Sole Programment  Sole Programment  Sole Programment  Corporate Sole Programment  Sole Programment  Corporate Sole Programment  Sole Programm	This is my Receipt Letter of Allotment/Leave and License Agreement  Landmark (If any)  State equipodated current address within a period of three months of submitting (STD Code)  Landline No. (91) (STD Code)  Count will be sent to the Mobile / Email of the first holder.  TELL US WHAT YOU DO FOR A LIVING  CA Architect Government  CA Architect Lawyer Conservations of the sent conservation of the	Letter issued by Foreign Embassy  Pin Code the documents above.  (Number)  (Number)  sultant Entertainment  business < = 5 yrs > 5 yrs
Deemed OVD Number  Line 1  Line 2  City  I/We shall submit an Officially Valid Document with the Mobile No. (91)  E-mail ID  Fill in CAPITAL LETTERS. All communication for this accommunication (Select Anyone)  1a) Salaried (Select Anyone)  Corporate Name  1b) Self Employed  Professional  Alternate  1c) Self Employed Business  Sole Professional  1d) Any other Occupation  Homem	Receipt Letter of Allotment/Leave and License Agreement Landmark (If any)  Landline No. (91)  Landline No. (91)  Landline No. (91)  Count will be sent to the Mobile / Email of the first holder.  TELL US WHAT YOU DO FOR A LIVING  CA Architect Beautician Others  Private Government  CA Architect Lawyer Conservations of Medical Practitioner Beautician Others  Private Retired Farmer Politician	Letter issued by Foreign Embassy  Pin Code the documents above.  (Number)  (Number)  Entertainment  business
Deemed OVD Number  Line 1  Line 2  City  I/We shall submit an Officially Valid Document with the Mobile No. (91)  E-mail ID  Fill in CAPITAL LETTERS. All communication for this act 1) Occupation (Select Anyone)  1a) Salaried (Select Anyone)  Public Corporate Name  1b) Self Employed Doctor Professional Alternate  1c) Self Employed Business Sole Prograd Anyother Occupation Homem  2) Source of Income Salary	This is my Receipt Letter of Allotment/Leave and License Agreement Landmark (If any)  Landmark (If any)  State Landmine No. (91)  Landline No. (91)  CSTD Code)  COUNTY WHAT YOU DO FOR A LIVING  TELL US WHAT YOU DO FOR A LIVING  CA Architect Lawyer Conservations of the Medical Practitioner Beautician Others  Private Retired Farmer Politician  Business Professional Fees Investments	Letter issued by Foreign Embassy  Pin Code the documents above.  (Number)  (Number)  sultant Entertainment  business < = 5 yrs > 5 yrs  Student Minor  Agriculture Family Wealth
Deemed OVD Number  Line 1  Line 2  City  I/We shall submit an Officially Valid Document with the Mobile No. (91)  E-mail ID  Fill in CAPITAL LETTERS. All communication for this accommunication (Select Anyone)  1a) Salaried (Select Anyone)  Corporate Name  1b) Self Employed  Professional  Alternate  1c) Self Employed Business  Sole Professional  1d) Any other Occupation  Homem	Receipt Letter of Allotment/Leave and License Agreement Landmark (If any)  Landline No. (91)  Landline No. (91)  Landline No. (91)  Count will be sent to the Mobile / Email of the first holder.  TELL US WHAT YOU DO FOR A LIVING  CA Architect Beautician Others  Private Government  CA Architect Lawyer Conservations of Medical Practitioner Beautician Others  Private Retired Farmer Politician	Letter issued by Foreign Embassy  Pin Code the documents above.  (Number)  (Number)  sultant Entertainment  business < = 5 yrs > 5 yrs  Student Minor  Agriculture Family Wealth

<sup>\*</sup>Definition: Politically Exposed Persons (PEPs): Politically exposed persons are individuals who are or have been entrusted with prominent public functions in 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.



DEBIT CARD	
Joint He	older 2
Do you need an Debit Card : Yes	No 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)	
To enable international usage on your debit card, please use Limit Manageme	ent under Debit Card section on Internet/Mobile Banking.
#issued by Government Departments, statutory or regulatory bodies, public sector undertakings, so	cheduled commercial banks, financial institutions and listed companies
WOULD YOU LIKE TO CHOOSE A NOMINI	EE FOR THE ACCOUNT?
Form DA2 (Nomination under Section 45ZA of the Banking Regulations Act, 1949 and Rule 2(5) of the Ba	
I/We	(name of existing account holders) hereby 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 Regulations $(1949 \pm 100)$ and $(1949 \pm 100)$ and $(1949 \pm 100)$ and $(1949 \pm 100)$ and $(1949 \pm 100)$ are $(1949 \pm 100)$ and $(1949 \pm 100)$ and $(1949 \pm 100)$ are $(1949 \pm 100)$ and $(1949 \pm 100)$ and $(1949 \pm 100)$ are $(1949 \pm 100)$ and $(1949 \pm 100)$ and $(1949 \pm 100)$ are $(1949 \pm 100)$ and $(1949 \pm 100)$ and $(1949 \pm 100)$ are $(1940 \pm 100)$ and $(1940 \pm 100)$ are $(1940 \pm 100)$ a	nking Companies (Nomination) Rule, 1985 in respect to bank accounts.)
The Nominee or Guardian (if applicable) cannot be a holder on the accour	nt
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	
Please mention the nominee name in the statement/advice/passbool	K
Customer ID (Incase an existing Account Hold	der)
Nominee Name:	
TITLE FIRST NAME MIDDLE NAME	LAST NAME
Nominee Address: Same as primary account holder address OR Upd	
Relationship with depositor	Date of Birth
If the nominee is a minor**, please complete this section. As the nominee	
Guardian Name:	is a fillion of this date, if the appoint.
TITLE FIRST NAME MIDDLE NAME	LAST NAME
Guardian Address:	
to receive the amount of deposits in the account on behalf of the nominee i	The state of the s
of the nominee. (** Where deposit is made in the name of a minor the nomination must be signed <b>No</b> , I do not want to nominate anyone on my behalf at this momen	
consequences of not nominating anyone to my account.	it. I understand the davantages of normination and the
I/We do hereby declare what is stated above is true to the best of my kno	wledge and belief.
Date: DD MM YYYY Place:	
Signature for Existing Account Holder (for DA2 & DA1)  Signature for Joint Account H	older 1 Signature for Joint 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 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.
- 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 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. 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, being the Sole Proprietor of the Sole Proprietorship Concern (as mentioned above) hereby agree and consent to avail the "Truly One Account" of IDFC FIRST Bank and further agree to absolutely abide by all the Terms and Conditions in respect thereof, as may be notified by IDFC FIRST Bank from time to time.
- 11. I/we hereby provide my/our consent to update the submitted KYC details in the bank's record.
- 12. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the registered number/email address shared with IDFC FIRST Bank.
- 13. 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.
- 14. 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"
- 15. 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.
- 16. 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.
- 17. 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.
- 18. 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.
- 19. 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.
- 20. 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.
- 21. 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.
- 22. 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.
- 23. I hereby give my consent and understand that IDFC FIRST Bank reserves the right to assign any activities related to the Debit Card operations (such as transaction processing, debit card generation, inventory management and any other Debit Card related service, basis service agreement), to the service provider/s appointed by IDFC FIRST Bank, whether located in India or overseas or to any IDFC FIRST Bank Group entity, at Bank's sole discretion, in accordance with the applicable regulatory guidelines. I give my consent to IDFC FIRST Bank to provide/share details of my Card/add-on Card member and our Account/ application details, with its service providers for activities such as Application Processing, Card Manufacturing & Embossing, Transaction and Payments processing, Rewards Management services, Statement services, Card Feature/Benefit Utilisation, Sales/Marketing, and Customer Service related to the Debit Card, for smooth and seamless processing and servicing. The current list of such service providers is appended in the Terms & Conditions webpage under ATM/Debit Card section (https://www.idfcfirstbank.com/terms-and-conditions/atm-debit-card.



Would you like IDFC FIRST Bank or its represe (including insurance), services and offers?	entatives to contact you and	tell you about various	products	Yes	No
Please issue a new cheque book for	this account.				
Signature for Existing Account Holder	Signature for Joint	Account Holder 1	Signati	ure for Joint	Account Holder 2
Name	Name		Name		
Date D M M Y Y Y Y Place	Please p. RECENT Photogr Please across photog	Colour raph. sign the		REC Ph Pl a	ase paste a ENT Colour lotograph. lease sign cross the lotograph
	BANK USE	SECTION:			
Drafit Cantra ( laint Assaunt Halder 1)			A aggreg t Hald	ar 2)	
Profit Centre (Joint Account Holder 1) _ Joint Holder 1	t	Profit Centre (Joint	Account Hold	er 2)	
Staff Family Staff Custome	er ID		Spouse	e Par	rent Child
Staff Family Staff Custome	er ID		Spouse	e 🗌 Par	rent Child
Banker Certification					
I have met the Customer at:	Residence or P	lace of Work	Other		
I have seen and verified the original					
Thave seen and vermed the original	те абсатель. Сору, рі	noto taken for recor		Signature o	
Name	Certificati	on Date			
Employee ID/DM Code					
Employee ID/RM Code		M M Y Y Y Y			
RbiCrCatg	RbicrCode	RbiDrCate		1	oiDrCode
180 Household, MFI, TASC 189	Resident Individuals	350 Non Infr	astructure	383	Other Retail
*Checker confirmation by BM / DBM / I have checked the form along with the acceptable as per the present KYC policustomer has signed in my presence:  Name:  Emp. ID.:  Designation:	supporting documents sucy and relevant operating				
Designation.		Si	anature of BN	1 / DBM / E	BA / BOSM / ACSM
Definition of related person under GST  (a) persons shall be deemed to be "related"  (i) such persons are officers or did (ii) such persons are legally recognized (iii) such persons are employer and (iv) any person directly or indirect or shares of both of them;	ated persons" if- rectors of one another's k nised partners in busines: d employee;	pusinesses; s;			, ,
<ul><li>(v) one of them directly or indirect</li><li>(vi) both of them are directly or in</li><li>(vii) together they directly or indirectly</li></ul>	tly controls the other; directly controlled by a th		pers of the sa	me family;	
<ul><li>(v) one of them directly or indirectly</li><li>(vi) both of them are directly or in</li></ul>	tly controls the other; directly controlled by a the ectly control a third perso		pers of the sa	me family;	

- 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:

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

- (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 ocial 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