

ACCOUNT OPENING FORM NON-INDIVIDUAL

WHOLESALE BANKING



Please fill the form in Black Ink and in CAPITAL LETTERS.
ALL fields marked “*” are mandatory

Date of Application

Bar Code

If the entity is an existing customer of IDFC FIRST Bank Yes No

Branch

Customer ID

Account No.

Authorized Signatories and their signatures mapped to the existing customer ID to continue Yes No

CKYC Number

TELL US ABOUT YOURSELF

Entity Name

Desired Account Name

Desired Account Number X (Subject to availability. The last digit will be provided by the Bank)

Entity Type

- | | | |
|---|--|--|
| <input type="checkbox"/> Embassy/Consulate/High Commission Offices in India | <input type="checkbox"/> Financial Institutions | <input type="checkbox"/> Foreign Company |
| <input type="checkbox"/> Government (Central) | <input type="checkbox"/> Government (State) | <input type="checkbox"/> Joint-Ventures (not incorporated) |
| <input type="checkbox"/> Liaison/Project/Branch/Representative Office of Foreign Company(ies) | <input type="checkbox"/> Limited Liability Partnerships (LLP) | |
| <input type="checkbox"/> One Person Company | <input type="checkbox"/> Partnerships* (*Please fill Annexure 5) | <input type="checkbox"/> Private Limited Company |
| <input type="checkbox"/> Public Limited Company | <input type="checkbox"/> Trusts / Associations/Societies/Clubs | <input type="checkbox"/> Sole Proprietorships* (*Please fill Annexure 6 and 7) |
| <input type="checkbox"/> Others (Please specify) <input style="width: 400px;" type="text"/> | | |

Line of Business

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Banks | <input type="checkbox"/> Central Government Organisation | <input type="checkbox"/> Clubs | <input type="checkbox"/> Co-operative Credit Society |
| <input type="checkbox"/> Defence | <input type="checkbox"/> E-Commerce | <input type="checkbox"/> Education | <input type="checkbox"/> Financial Services |
| <input type="checkbox"/> Government Scheme | <input type="checkbox"/> Health Care | <input type="checkbox"/> Housing Society / Resident Welfare Association | |
| <input type="checkbox"/> Local Authority/body | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> NGO | <input type="checkbox"/> Private Trust |
| <input type="checkbox"/> Professional Association | <input type="checkbox"/> Quasi Govt. /Autonomous Body | <input type="checkbox"/> Religious Institution | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Retiral Trust | <input type="checkbox"/> Service Provider | <input type="checkbox"/> Sports Association | |
| <input type="checkbox"/> State Government Dept. /Agency | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Wholesale Trading | <input type="checkbox"/> Others (Please specify) |

Nature of Industry (Please refer to Annexure 8)

*PAN Form 49A (If yes, please share copy of Form 49A)

Legal Entity Identifier (LEI)

IE Code Yes No (If yes, then If no, please fill in below)

*Date of Incorporation *Annual Turnover (INR Lakh)

Source of Fund

Company Identification Number (if applicable)

Communication Address

Landmark (If any) City District

State Country Pin Code

Contact Details Mobile Landline No.

SMS Alert Yes No (STD Code) (Number)

Fax

E-mail 1

E-mail 2

E-mail 3

E-mail 4

E-mail 5

7. I/We hereby declare that the information provided herein as well as in the documentary evidence provided by me/us to the IDFC FIRST Bank (the "Customer Information") is true, correct and complete in all aspects to the best of my/our knowledge and that I/we have not withheld any material Customer Information that may act as the assessment/categorisation of the account as a Reportable account or otherwise. I/We further agree that any false/misleading Customer Information given by me/us or suppression of any material fact will render my/our account liable for closure and the bank shall be, in its sole discretion, have the right to initiate any further action, under law or otherwise. In the event of any change/inaccuracy in the Customer Information, I/we further agree and confirm to declare, disclose and furnish, within a maximum period of 30 days, to IDFC FIRST Bank such changes in the Customer Information, its supporting Annexures as applicable to me/us duly signed and self-certified by me/us as well as in the documentary evidence in relation thereto.
8. I/We also hereby agree to indemnify and keep indemnified IDFC FIRST Bank, affiliates and their successors, or assignees if any of the representations and declarations made hereunder by me/us is incorrect, false or misleading in any of its particulars and/or any non-compliance by me of the terms hereunder.
9. I/We hereby declare that all Foreign Exchange transactions, as may be entrusted by me/us to the IDFC FIRST Bank from time to time, will be in strict conformity with the provisions of the Foreign Exchange Management Act, 1999 ("the Act"). Further, I/we also declare that said transactions, as and when initiated, shall not involve and shall not be designed for the purpose of any contravention or evasion of the provisions of the Act or of any rule, regulation, notification, direction or order made under the Act and any other applicable laws/regulations for the time being in force and act.
10. 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 Ltd. 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 Ltd. if the deficiency is not remedied by us within the stipulated period.
11. I/We agree and understand that IDFC FIRST Bank 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 reserves the right to retain this account opening application form, and the documents provided herewith by me/us, including recent colour photographs, KYC documents, and is not liable to return the same to me/us.
12. I/We authorize IDFC FIRST Bank to submit application/other relevant documents submitted by me to CERSAI. I/We hereby provide my consent to receive information from Central KYC Registry through SMS/mail on the above registered number/email address.
13. I/We hereby agrees to furnish any declaration/information that is called upon by IDFC FIRST Bank in order to ascertain the Customer's 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.

Would you like IDFC FIRST Bank to contact you and tell you about new products, features and offers? Yes No

Name _____

Name _____

Designation _____

Designation _____

Signature & Stamp

Signature & Stamp

BANK USE

Initial Pay-In Details Yes No

Mode of Payment A/c Payee Cheque/DD NEFT/RTGS

Bank Name _____ Branch Name _____

Cheque No./DD No. & Date _____ UTR No. _____ Amount _____

Product Code _____ Customer ID _____ Account Number _____

Branch Code _____ Segment Code _____ The Customer is CAM compliant Yes No

BSR ORG CODE	BSR Occupation Code			Borrower category
	Level 1	Level 2	Level 3	

(BSR codes & Borrower category codes to be filled by RM)

DECLARATION

RM Name _____

Employee ID _____

All supporting documents accompanied along with account opening set has been sighted with originals and stands verified

Date
D D M M Y Y Y Y

RM Signature

ANNEXURE 1 - LIST OF AUTHORISED SIGNATORIES
SIGNATORY 1

 Title Mr. Ms. Mrs.

 First Name

 Middle Name

 Last Name

 Existing IDFC FIRST Bank Customer Yes No

(If Yes, Please fill in Customer ID no and Internet Banking Access Type)

 Customer ID No.

 Existing Authorised Signatory to other IDFC FIRST Bank Account Yes No

(If Yes, Please fill in Account Number and leave rest of this section blank)

 Account No. Designation

 *DOB *PAN

D D M M Y Y Y Y

(Only last four digits)

 Form 60 (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 PAN, please complete a Form 60.)

 Aadhaar No.

 DIN

 *Gender Male Female Third Gender

 *Nationality
 Resident Foreign National – Resident Non-Resident* Foreign National – Non-Resident*

 *Country of Birth

 *Country of Tax Residence:

 *Father Name

 *Mother's Maiden Name

 *Landline *Mobile No.

 E-mail ID

*Address as per OVD

 Landmark (If any)

 City District

 State Country

 Pin Code Account level Email Statements: Yes No

 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.

(Only in case of Aadhaar card provided as OVD)

DECLARATION & SIGNATURE

1. I/We state, declare, confirm and agree that the Bank has duly explained to me/us that submission of a copy of my/our Proof of Possession of Aadhaar Number (OVD) containing Aadhaar number, as an Officially Valid Document (OVD) is not mandatory and I/We have the option to submit any one of the documents as per the list of Officially Valid Documents (updated by the RBI from time to time) 2. I/We further state, declare and confirm that am/We are providing my/our Proof of Possession of Aadhaar number (OVD) as an officially valid document voluntarily in accordance with extant rules and regulations: I/We authorize IDFC FIRST Bank to redact/blacken out the Aadhaar number through appropriate means on my/our behalf 3. I hereby authorise IDFC FIRST Bank and its vendors to access my Aadhaar number and fetch my details. understand that IDFC FIRST Bank and its vendors will not be storing or sharing the same in any manner 4. I enclose herewith the Self attested copy of my Aadhaar Card as Identity and/or Address Proof

Identity Proof

 Name of Document

 Document ID No.

 Expiry Date

D D M M Y Y Y Y

**RECENT
Colour
Photograph**

Signature
DON'T AFFIX COMPANY STAMP

SIGNATORY 2

 Title Mr. Ms. Mrs.

 First Name

 Middle Name

 Last Name

 Existing IDFC FIRST Bank Customer Yes No

(If Yes, Please fill in Customer ID no and Internet Banking Access Type)

 Customer ID No.

 Existing Authorised Signatory to other IDFC FIRST Bank Account Yes No

(If Yes, Please fill in Account Number and leave rest of this section blank)

 Account No. Designation

 *DOB *PAN

D D M M Y Y Y Y

(Only last four digits)

 Form 60 (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 PAN, please complete a Form 60.)

 Aadhaar No.

 DIN

 *Gender Male Female Third Gender

 *Nationality
 Resident Foreign National – Resident Non-Resident* Foreign National – Non-Resident*

 *Country of Birth

 *Country of Tax Residence:

 *Father Name

 *Mother's Maiden Name

 *Landline *Mobile No.

 E-mail ID

*Address as per OVD

 Landmark (If any)

 City District

 State Country

 Pin Code Account level Email Statements: Yes No

 Are you a PEP* or related to one? Yes No

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 Identity Proof Name of Document

 Document ID No.

 Expiry Date

D D M M Y Y Y Y

 RECENT
Colour
Photograph

 Signature
DON'T AFFIX COMPANY STAMP

SIGNATORY 3

 Title Mr. Ms. Mrs.

 First Name

 Middle Name

 Last Name

 Existing IDFC FIRST Bank Customer Yes No

(If Yes, Please fill in Customer ID no and Internet Banking Access Type)

 Customer ID No.

 Existing Authorised Signatory to other IDFC FIRST Bank Account Yes No

(If Yes, Please fill in Account Number and leave rest of this section blank)

 Account No. Designation

 *DOB *PAN

D D M M Y Y Y Y

(Only last four digits)

 Form 60 (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 PAN, please complete a Form 60.)

 Aadhaar No.

 DIN

 *Gender Male Female Third Gender

 *Nationality
 Resident Foreign National – Resident Non-Resident* Foreign National – Non-Resident*

 *Country of Birth

 *Country of Tax Residence:

 *Father Name

 *Mother's Maiden Name

 *Landline *Mobile No.

 E-mail ID

*Address as per OVD

 Landmark (If any)

 City District

 State Country

 Pin Code Account level Email Statements: Yes No

 Are you a PEP* or related to one? Yes No

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Identity Proof

 Name of Document

 Document ID No.

 Expiry Date

D D M M Y Y Y Y

 RECENT
Colour
Photograph

 Signature
DON'T AFFIX COMPANY STAMP

SIGNATORY 4

 Title Mr. Ms. Mrs.

 First Name

 Middle Name

 Last Name

 Existing IDFC FIRST Bank Customer Yes No

(If Yes, Please fill in Customer ID no and Internet Banking Access Type)

 Customer ID No.

 Existing Authorised Signatory to other IDFC FIRST Bank Account Yes No

(If Yes, Please fill in Account Number and leave rest of this section blank)

 Account No. Designation

 *DOB *PAN

D D M M Y Y Y Y

(Only last four digits)

 Form 60 (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 PAN, please complete a Form 60.)

 Aadhaar No.

 DIN

 *Gender Male Female Third Gender

 *Nationality
 Resident Foreign National – Resident Non-Resident* Foreign National – Non-Resident*

 *Country of Birth

 *Country of Tax Residence:

 *Father Name

 *Mother's Maiden Name

 *Landline *Mobile No.

 E-mail ID

*Address as per OVD

 Landmark (If any)

 City District

 State Country

 Pin Code Account level Email Statements: Yes No

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 Identity Proof

 Name of Document

 Document ID No.

 Expiry Date

D D M M Y Y Y Y

 RECENT
Colour
Photograph

 Signature
DON'T AFFIX COMPANY STAMP

ANNEXURE 2 – GST STATUS

If registered under GST, please provide State wise GST details as below:

Sr.No.	Name of the State	GST Registration Number #	Address as per GSTN records ^{\$}	Any other information
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
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Please mention primary GSTN as the first GSTN. Primary GSTN will be considered as the default GSTN for the purpose of invoicing.
 \$ Address as per GSTN records is the address of receiving the service.

Note: If more than 10 GST Registration No., a separate Annexure to be provided. Stamp and signature on GST annexure is mandatory:

Name _____

Name _____

Designation _____

Designation _____

Signature and Stamp

Signature and Stamp

ANNEXURE 3 – TELEPHONE NUMBERS FOR INCOMING CALL IDENTIFICATION

We authorise IDFC FIRST Bank to provide information to the caller, if the call is originated from any of the below mentioned telephone numbers

ANNEXURE 4 - EMAIL INDEMNITY AND FAX INDEMNITY

- The Customer hereby requests and authorises the Bank to, from time to time (at the Bank's discretion), rely upon and act in accordance with the instruction which may from time to time be or purport to be given in connection with or in relation to the said UCIC by facsimile/email by the Customer or the person(s) authorised by the Customer to act on the Customer's behalf ("Authorised Persons") and in relation to other products and services availed by the Customer from the Bank from time to time.
- The Customer acknowledges that
 - Sending/receiving information by facsimile/email is not a secure means of sending/receiving information.
 - The Customer is aware of the risks involved in sending/receiving facsimile/email Instructions, including the risk that facsimile/email instructions may
 - be fraudulently or mistakenly written, altered or sent; and
 - not be received in whole or in part by the intended recipient;
 - The request to the Bank to accept and act on facsimile/email instructions is for the Customer's convenience and benefit only.
- The Customer hereby agrees and undertakes to send/receive Instructions to/from the Bank by email from the email address as mentioned in the email/facsimile nomination section.
- The Customer agrees and confirms that the Bank in its discretion shall be entitled to and shall not be bound to, act in accordance with whole or any part of the instructions received from the Customer, under any suspicious circumstances determined by the Bank, and the Bank shall not be liable for the consequences of any such refusal or omission to act or deferment of action.
- The Customer declares and confirms that the Customer is aware that the Bank is agreeing to act on the basis of instructions given by facsimile/email only by reason of, and relying upon, the Customer executing this writing and agreeing, confirming, declaring and indemnifying the Bank as done by this writing and the Bank would not have done so in the absence thereof. The provisions of this writing shall apply to all instruction in connection with the said UCIC.
- Customer shall indemnify the Bank at all times and keep the Bank indemnified and save harmless against any and all claims, losses, damages, costs, liabilities and expenses incurred, suffered or paid by the Bank or required to be incurred, suffered or paid by the Bank and also against all demands, actions, suits proceedings made, filed, instituted against the Bank, in connection with or arising out of or relating to:
 - any Instruction received by/given to the Bank which the Bank believes in good faith to be such an Instruction by Facsimile/Email Submission; and/or
 - any unauthorised or fraudulent Instruction to the Bank.
- The Bank shall not be responsible to ensure the authenticity, validity, or source of any instructions and shall not be liable if instruction/s turned out to be unauthorized, erroneous, or fraudulent.
- That, notwithstanding the above the Bank may, under circumstances determined by it in its absolute discretion, require from the Customer confirmation of any instructions in such form as it may specify before acting on the same, the Customer confirms to provide and submit such confirmation to the Bank immediately upon receipt of the Bank's request.
- The Bank may (but shall not be obliged to) act as aforesaid without inquiry as to the identity or authority of the Customer or the Authorised Person(s) giving or purporting to give any Instruction or as to the authenticity of any fax/email message and may treat the same as final Instruction. On the immediate next day after the day on which any Instructions are transmitted to the Bank by fax, the Customer shall deliver to the Bank, a hard (and in original) copy of the Instruction/s in writing signed by the Customer or the Authorised Person(s) (as the case may be).
- Each hard copy shall be marked with and bear the wordings "CONFIRMATION OF FAX" or "CONFIRMATION BY EMAIL" in bold letters on the top thereof.
- PROVIDED THAT the Bank may, but shall not be obliged to, await receipt of the hard copy prior to taking any action in connection with any Instructions;
- PROVIDED FURTHER AND ALWAYS THAT the absence of or omission to deliver such writing shall not be in any manner construed to mean that such Instructions were not given by the Customer and/or the Authorised Person(s) and shall not in any manner prejudice the Bank's rights under this writing.
- The Bank may at any time without assigning any reason and without any notice withdraw the facility of giving/receiving Instructions by fax/email altogether or in respect of any such said UCIC and/or related banking operations or matters.

EMAIL/FACSIMILE AND CALL BACK NOMINATION

Nomination authorizing contacts to initiate email transactions

Employee name		Phone No's		Email address	Action Required (please tick)		
Last name	First name	Landline no.	Mobile no.		R	M	D
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(R - Register, M- Modify, D - Delete)

Nomination of authorised contacts whom bank should call:

Employee name*		Phone No's		Email address	Action Required (please tick)		
Last name	First name	Landline no.	Mobile no.		R	M	D
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Basis above nomination, sequential calling will be considered likewise.

(R - Register, M- Modify, D - Delete)

Nomination of facsimile number/s:

Facsimile number/s	Action Required (please tick)		
	R	M	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Strike out the details not applicable. If there are any changes in the above contact details, please keep us informed.

Name _____

Name _____

Designation _____

Designation _____

Signature and Stamp

Signature and Stamp

ANNEXURE 5: DECLARATION FOR PARTNERSHIP FIRM

"We, the undersigned hereby declare that we are the partners or members of the Firm carrying on business in the name and style of _____ (registered under the Indian Partnership Act (IPA)1932/Unregistered)* (the "Firm"). We hereby, unconditionally & irrevocably, undertake that the Firm, its Partners and/or its successors shall be jointly and severally liable and responsible from time to time and at all times hereinafter to the Bank in connection with our existing and future transactions and dealings with the Bank, in any manner whatsoever. Our undertaking and liability as aforesaid shall continue notwithstanding: a) any change in the constitution or membership of the Firm and/or its successors and assignees by any cause whatsoever or dissolutions thereof; or b) that we or any of us cease to be partners or members or to have any interest in the Firm, in any of which events the liability and responsibility (in addition to that provided by law) of us or such of us respectively, as the case may be, to have any interest in the Firm and/or its successors as assignees as aforesaid shall extend to or continue in respect of all transactions and dealings existing prior to or at the date of receipt by you of written notice from us of such events respectively."

Name (i) _____

Name (ii) _____

Signature and Stamp

Signature and Stamp

*Please strike off if not applicable

ANNEXURE 6 DECLARATION FOR SOLE PROPRIETORSHIP FIRMS

I, _____, hereby declare that I am the sole proprietor of the firm under the name of _____ and am solely responsible for the liabilities thereof. I shall advise you in writing of any change that takes place in the constitution of the firm and I will be liable to you for any obligation which may be standing in the firm's name in your books on the date of receipt of such notice and until all such obligations shall have been liquidated.

Name _____

Maiden Name (if any) Mother's Name

Marital Status Married Unmarried Other

Residential Status Resident Individual Non Resident Indian Foreign National Person of Indian Origin/
Overseas Citizens of India

Date of Birth Country of Birth

Country of Tax Residency

If Country of Birth or Tax Residency is other than India, please provide Tax Identification Number

Signature and Stamp

ANNEXURE 7 NOMINATION (FORM DA1)

(Applicable to Sole Proprietorship concern only)

(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. If the Nominee is a foreign national, please contact IDFC FIRST Bank for an alternate Nomination Form

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.

Customer ID (In case of an existing Account Holder)

Nominee Name:

Nominee Address:

Relationship with Depositor (If any) Date of Birth

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

Guardian's Name:

Guardian's 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)

Would you like the nominee name to be mentioned on your account statements/advices Yes No

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

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

Date

Place

SIGNATURE

WITNESS 1

WITNESS 2

(Required only if applicants use thumb impressions)

(Required only if applicants use thumb impressions)

Name _____

Name _____

Name _____

Create
 Modify
 View Only
 Form Based Payments
 Parent-Child Linkage
 Transact
 Bulk Payments
 Parent UCIC
 Pre- Defined Bene Only

ACCESS TO ACCOUNTS

Access to all accounts tagged to the customer ID

Account Number	Currency	Account Services	Trade Services	CLF Services	Cash Management Services	Treasury Services	Escrow Services
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

- All users will be granted access to the selected services across each account listed above.
- For specific account level access please attach sheet (signed by authorized signatory) mentioning the Name of User and the specific Account Number to which access is to be granted.

CORPORATE LIMITS FOR FUND TRANSFER (DAILY LIMIT)

Maximum Transaction Limit ₹	Per Transaction Limit ₹
Maximum Number of Transaction per day (optional)	File Upload Maximum Limit ₹
Maximum Time for Transaction Approval (maximum 30 days)	

* File upload functionality is available only for CMS clients

USER CONTACT DETAILS

S.No.	Name of User	Mobile Number	Email ID (should be user specific & active on corporate domain)
1			
2			
3			
4			
5			
6			
7			
8			

I/We confirm that I/We have read and understood the import and implication of the "Terms & Conditions" pertaining to Corporate Internet Banking offered by IDFC FIRST Bank Limited, as amended from time to time, and as more specifically notified/displayed on the website of IDFC FIRST Bank Limited (www.idfcfirstbank.com) <https://www.idfcfirstbank.com/content/dam/IDFCFirstBank/PDF/Product-Annexure-BXP-MTP-FM.pdf> and <https://www.idfcfirstbank.com/content/dam/IDFCFirstBank/PDF/General-Conditions-CMS-MTP-FM-LV.pdf> and hereby unconditionally agree and confirm to abide by and be bound by the same. We further agree to indemnify and hold harmless the Bank against all loss/liability/claims/actions/demands by any third party for any actions taken by the Bank in pursuance hereof.

Company's Name	Name of Authorized Signatory	Signature with Seal/Stamp

For a partnership, signatures of all partners are required. For a company, the form must be signed by a valid combination of signatories with highest authorization powers

PSM Name	Request Received On	Signature Verified On

CASH MANAGEMENT SERVICES USER PROFILE

Name of User	Access Level							Form based payments only	Collections & Receivables				Core Services				Liquidity		Payments			
	View Only	Maker	Authorizer	Verifier (for file upload only)	Corporate Admin	(Tick any one)			Cash Collection	Cheque Collection	NACH Debit Transaction	Invoice Upload	Account Services	External Account Summary	Cheque Services	Investments (Deposits)	Document Upload	Sweep	Cash Concentration	Electronic Payments	Paper Based Payments	Salary Payments
						DSC Based Authorization (Recommended)	OTP Based Authorization															
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes:

- Passwords will be sent on mobile number & e-mail ID
- Corporate Admin will be given access only to Unlock User/Approve Request to Reset Password (At least two Corporate Admins required for processing such requests)
- Digital Signature Certificate (DSC) service uses digital signature technology that provides unique signing keys for each authorizer.
- This User specific digital signatures solution protects electronic payment transaction with data encryption facility.
- It is recommended that DSC/OTP be applicable at an organizational level

I/We confirm that I/We have read and understood the import and implication of the "Terms & Conditions" pertaining to Corporate Internet Banking offered by IDFC FIRST Bank Limited, as amended from time to time, and as more specifically notified/displayed on the website of IDFC FIRST Bank Limited (www.idfcfirstbank.com) <https://www.idfcfirstbank.com/content/dam/IDFCFirstBank/PDF/Product-Annexure-BXP-MTP-FM.pdf> <https://www.idfcfirstbank.com/content/dam/IDFCFirstBank/PDF/General-Conditions-CMS-MTP-FM-LV.pdf> and hereby unconditionally agree and confirm to abide by and be bound by the same. We further agree to indemnify and hold harmless the Bank against all loss/liability/claims/ actions/demands by any third party for any actions taken by the Bank in pursuance hereof.

Company's Name		
Name of Authorized Signatory		
Signature with Seal/Stamp		
Date		

For a partnership, signatures of all partners are required. For a company, the form must be signed by a valid combination of signatories with highest authorization powers as specified in the Board resolution pertaining to Electronic Banking

PSM Name	Request Received On	Signature Verified On
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TRADE SERVICES USER PROFILE

Name of User	Access Level					Trade Services									
	View Only	Maker	Authorizer	Corporate Admin	Self Authorization	Trade Enquiry Imports	FX Booking	Imports	Exports	Remittances	Bank Guarantees / Standby LC's	Corporate Linked Finance (CLF)	Regulatory Submission		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Notes:

- With regards to Fx Booking, rate booking authority will only be provided to checker/s who can authorise the transaction. The Maker will only get view rate access.
- Corporate Admin will be given access only to Unlock User/Approve Request to Reset Password (At least two Corporate Admin required for processing such requests)
- Digital Signature Certificate (DSC) service uses digital signature technology that provides unique signing keys for each authorizer.
- This User specific digital signatures solution protects electronic payment transaction with data encryption facility.
- It is recommended that DSC/OTP be applicable at an organizational level.

I/We confirm that I/We have read and understood the import and implication of the "Terms & Conditions" pertaining to Corporate Internet Banking offered by IDFC FIRST Bank Limited, as amended from time to time, and as more specifically notified/displayed on the website of IDFC FIRST Bank Limited (www.idfcfirstbank.com) <https://www.idfcfirstbank.com/content/dam/IDFCFirstBank/PDF/Product-Annexure-BXP-MTP-FM.pdf> <https://www.idfcfirstbank.com/content/dam/IDFCFirstBank/PDF/General-Conditions-CMS-MTP-FM-LV.pdf> and hereby unconditionally agree and confirm to abide by and be bound by the same. We further agree to indemnify and hold harmless the Bank against all loss/liability/claims/actions/demands by any third party for any actions taken by the Bank in pursuance hereof.

Company's Name		
Name of Authorized Signatory		
Signature with Seal/Stamp		
Date		

For a partnership, Signature of partners required as per partnership authorisation letter. For a company, the form must be signed by a valid combination of signatories with highest authorization powers as specified in the Board resolution pertaining to Electronic Banking

PSM Name	Request Received On	Signature Verified On
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ANNEXURE 8 - NATURE OF INDUSTRY

- Activities auxiliary to Financial Intermediation
- Agricultural Commodities
- Animal Husbandry Services
- Auto Finance Co
- Basic metals
- Beverages-Soft drinks
- Cables
- Chemical and chemical products- Manufacture of Matches and firework, explosives
- Church
- College
- Consultant
- Courier/ Freight Forwarders
- Diocese
- Electrical machinery and apparatus (Engineering- Electricals)
- Endowment Board
- ESOP Trust
- Fabricated metal products (except machinery and equipment)
- Farming of Animals, silkworm
- Financial Intermediation- Co-operative Institutions - (Apex Co-operative Housing Finance Societies,Co-operative banks,Co-operative Marketing Societies,Other co-operative credit institutions)
- Financial Intermediation- Co-operative Institutions - (Farmers Service Societies (FSS) and Large sized Adivasi Multipurpose Societies (LAMPS), Primary Agricultural Credit Societies (PACS))
- Financial Intermediation- Banks
- FMCG
- Forestry, Logging & Related Service
- Government Contractors/Contractor
- Gurudwara
- Health and Social work
- Hospital
- Indirect Finance to Agriculture
- Infrastructure- Social and commercial
- Insurance Co
- Land Transport; Transport via pipelines
- Liquor Distributor
- Medical instruments, watches and clocks
- Mining
- Motor Vehicles, Trailers and Semi-Trailers
- Municipality/Municipal Council
- Nursing home/clinic/Life science/Diagnostic Centre/Hospital
- Office, accounting and computing machinery (Engineering-Electronics)
- Other Direct Finance to Agriculture
- Other financial intermediation (Agricultural Finance Corporations, Indirect finance to housing, Indirect finance to SME, Mutual Funds including Unit Trust of India,Other financial intermediation)
- Other financial intermediation (Shroffs and other indigenous bankers)
- Other non metallic mineral product
- Other Service activities (Artisans, Craftsman, Maintenance of vehicles, Maintenance and repair of Computer Hardware & Peripheral Equipments, Maintenance and repair of other items, Repairs of personal and household goods)
- Other Service activities(laundries, saloons, beauty parlors, portrait and commercial photographic studios and other self-employed persons)
- Other than Infra lending (Construction contractors, Loan for setting up of industrial estates, Specialised construction (Stadium, Plants))
- Other than Infra lending (General Non residential construction, General residential construction, Real estate- Non residential hotels (non infra))
- Other transport equipment
- Pension Funding
- Petroleum Oil & Gas
- Pharmaceuticals/Chemists
- Postal and cable services
- Private Club
- Activities of Membership organisation
- Agriculture
- Aquaculture
- Automobile
- Beverages-Liquor,wine,fanny and other alcoholic drink
- Bullion/Forex Dealer
- Cement
- Coal and Lignite
- Construction/Real estate/ Builder
- Consumer Durables
- CSR Foundations
- Education
- Engineering
- Exchange house
- Fertilizers/Seeds/Pesticides
- Financial Intermediation- NBFC
- Food and Cash Crops (excluding Plantation Crops)
- Furniture/Timber
- Gram Panchayat
- Gymkhana
- Health Club/Spa
- Hotel/Resort
- Infrastructure- Communication
- Infrastructure- transport
- Iron & Steel
- Leather
- Machinery and equipments
- Metal Ores
- Miscellaneous
- Municipal Corporation/Municipality/Municipal Council/Committee/Improvement Trust
- National Institutes
- Other pvt financial corp
- Advertising/Media/Entertainment
- Airlines
- Arms/Antique/Art Dealer
- Bar/Casino/Night club
- Business correspondent
- Chemicals/Dyes/Paints
- Coal products, refined petroleum products,
- Consultancy
- Contractor
- Dairy/Food Processing
- Education Institutes/Schools/Coaching Centre
- Electronics/Computer Hardware
- Engineering goods
- Family Trust
- Fishery/Poultry
- Gems & Jewellery
- Gratuity/Superannuation
- Handicraft
- Healthcare
- Housing Finance Co
- Infrastructure- energy
- Infrastructure- water sanitation
- IT/Software/BPO/ITES
- Leather and Leather products
- Marble/Granite
- Metals
- Mosque/Dargah
- Nuclear fuels - Nuclear fuels
- Office of BDO/DDO
- Other Business activities
- Other Mining and Quarrying
- Pension Fund Trust
- Petrol Pump
- Pharma & Drugs, Soaps
- Plastic/Paper & Allied products
- Printing/Publishing
- Public Administration and Defence; Compulsory Social Security

ANNEXURE 8 - NATURE OF INDUSTRY

- Radio, Television and Communication equipment (Engineering- Electronics)
- Realty & Infrastructure
- Recycling
- Research and Development
- Retail
- Retail Trade (except Vehicles) (Fair price shops/authorised ration shops, General merchandise-Non specialised, Retail sale in specialised stores - Others, Retail sale of Agricultural implements and machinery, Retail sale of construction materials, hardware, paints and glass, Retail sale of Fertilizers and pesticides, Specialized stores of food, beverages and tobacco)
- Rubber and plastic products
- SEP (Doc, CA, Architect/Lawyer/Consultant)
- SGPC
- Store - Retail outlet (Bakery/Books/stationery/Garments)/Departmental/Grocery
- Telecom
- Textiles/Garments/Handloom
- Transportation/Logistics
- Water board
- Wholesale and retail trade -Vehicles - (Maintenance and repair of all vehicles, Sale of motor vehicles (all vehicles), Sale of parts and accessories of vehicles)
- Wholesale Trade and Commission trade (except Vehicles) - (Agricultural machinery and equipment,Cotton, Fertilizer and pesticides, Food and beverages, Food grains (cereals and pulses), Food procurement, Handicraft products, Jute and mesta, metals and metal ores, othe than agricultural machinery and equipment, Other wholesale trade, Pharmaceutical and medical goods, Seeds (including cotton and oil seeds), agricultural raw material & live animals, Textiles, clothing and footwear and other household goods, Tobacco & Tobacco products, Wholesale of construction material and hardwares, Wholesale of other intermediate products, waste and scrap, Wholesale on a fee or contract basis))
- Wood and wood products (except furniture)
- Real Estate Activities
- Recreational, Cultural and Sporting activities
- Renting of Machinery and Equipments
- Research Centre
- Retail sale - Teleshopping, Internet sales, Door to door sale
- School
- SEP (Entertainment/Alternate Medicine Practitioner/Beautician)
- Shipping
- Scrap Metal
- Sports Club
- Supporting and auxiliary transport activities
- Temple
- Term Lending Co
- Tobacco
- Tour Travel & Tourism
- University
- Uranium and Thorium
- Water Transport

ANNEXURE 9 – GLOSSARY OF TERMS

Definition of Related Person

Persons shall be deemed to be “related persons” if only -

- (a) they are officers or directors of one another's businesses;
- (b) they are legally recognized partners in business;
- (c) they are employer and employee;
- (d) 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;
- (e) one of them directly or indirectly controls the other;
- (f) both of them are directly or indirectly controlled by a third person;
- (g) together they directly or indirectly control a third person; or
- (h) they are members of the same family;

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.

ANNEXURE 10 – PART I - FATCA FOR NON FINANCIAL ENTITIES

A		Incorporation Information	Details
		Place of Incorporation	
		Country of Incorporation	
		Company Identification Number	
B		Declaration of Tax Residency	
	Sr. No.	Country(ies) of Tax Residency	Tax Identification Number
C		Exclusion Category, if applicable, for tax residents outside India (Refer Glossary)	Details
1		US Persons	
2		Other than US Persons	

Note: Please attach a copy of the Tax Residency Certificate/Copy of Incorporation or Equivalent Document for each of the countries mentioned above.

ANNEXURE 10 – PART II - FATCA FOR NON FINANCIAL ENTITIES

A. Listed entity/its related entity	Yes	No
a) Whether the entity is a listed entity? If yes, Listed in <input type="checkbox"/> NSE, <input type="checkbox"/> BSE <input type="checkbox"/> Others _____ (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>
b) Whether the entity is a related entity^ of a listed entity? Specify the name of the listed company _____ Listed in <input type="checkbox"/> NSE, <input type="checkbox"/> BSE <input type="checkbox"/> Others _____ (Please specify) <small>^An entity is a related entity of another entity if either entity controls the other entity, or the two entities are under common control (i.e., Ownership of more than 50% of the votes/value in an entity)</small>	<input type="checkbox"/>	<input type="checkbox"/>
B. Non – Individuals other than Listed entity/its related entity (Tick applicable category)		
a) Government Entity	<input type="checkbox"/>	<input type="checkbox"/>
b) International Organization	<input type="checkbox"/>	<input type="checkbox"/>
c) Central Bank	<input type="checkbox"/>	<input type="checkbox"/>
d) Entity wholly owned by a, b or c above	<input type="checkbox"/>	<input type="checkbox"/>
e) Tax-exempt Entity engaged in a Charitable Purpose	<input type="checkbox"/>	<input type="checkbox"/>
C. B business		
a) Holding Company (with subsidiaries engaged in non-financial trade or business)	<input type="checkbox"/>	<input type="checkbox"/>
b) Company providing, financing and hedging services to related entities	<input type="checkbox"/>	<input type="checkbox"/>
D. Income/ Assets Criteria		
a) 50% or more of the income in preceding financial year is from trading/business activities AND	<input type="checkbox"/>	<input type="checkbox"/>
b) 50% or more of the assets in preceding financial year are held for trading/business purposes		

1. Signature and Stamp of Authorised Signatories:

 Name _____
 Designation _____

 Date

2. Signature and Stamp of Authorised Signatories:

 Name _____
 Designation _____

 Date

3. Signature and Stamp of Authorised Signatories:

 Name _____
 Designation _____

 Date

ANNEXURE 11 – FATCA FOR FINANCIAL ENTITIES

A		Incorporation Information		Details	
1		Place of Incorporation			
2		Country of Incorporation			
3		Company Identification Number			
B		Identification Information		Details	
1		Identification Type: <input type="checkbox"/> TIN ¹ <input type="checkbox"/> GIIN ² <input type="checkbox"/> EIN ³ <input type="checkbox"/> Other			
2		Identification Number			
3		Identification issuing country			
c		Declaration of Tax Residency			
	Sr. No.	Country(ies) of Tax Residency		Tax Identification Number	
D		Exclusion Category, if applicable, for tax residents outside India (Refer Glossary)		Details	
1		US Persons			
2		Other than US Persons			
E		A. Listed entity/its related entity		Yes	No
		a) Whether the entity is a listed entity? if yes, Listed in <input type="checkbox"/> NSE, <input type="checkbox"/> BSE <input type="checkbox"/> Others _____ (Please specify)		<input type="checkbox"/>	<input type="checkbox"/>
		b) Whether the entity is a related entity [^] of a listed entity? Specify the name of the listed company _____ Listed in <input type="checkbox"/> NSE, <input type="checkbox"/> BSE <input type="checkbox"/> Others _____ (Please specify)		<input type="checkbox"/>	<input type="checkbox"/>
<small>[^]An entity is a related entity of another entity if either entity controls the other entity, or the two entities are under common control (i.e. Ownership of more than 50% of the votes/value in an entity)</small>					
F		Additional Details for Domestic Financial Institutions (Tick whichever is applicable)		Details	
1		We are a Reporting Financial Institution (Specify whichever is applicable – (a) Depository Institution (b) Custodial Institution (c) Investment Entity (d) Specified Insurance Company)			
		GIIN (if not available, please mention “applied for”)			
2		We are a Non-Reporting Financial Institution (please specify the relevant exemption type, refer Glossary for details)			
3		We are a Sponsored Financial Institution with following details and have not yet obtained GIIN			
		Name of Sponsoring Entity			
		GIIN of Sponsoring Entity			
4		We are a Trustee Documented Trust with following details and have not yet obtained GIIN			
		Name of the Trustee			
		GIIN of the Trustee			
		Address of the Trustee			
5		Non Participating Financial Institution			

¹ Tax Identification Number. ² Global Intermediary Identification Number. ³ Global Entity Identification Number

Note: Please attach a copy of the Tax Residency Certificate/Copy of Incorporation or Equivalent Document for each of the countries mentioned above.

1. Signature and Stamp of Authorised Signatories: 2. Signature and Stamp of Authorised Signatories: 3. Signature and Stamp of Authorised Signatories:

Name _____

Designation _____

Date
D D M M Y Y Y Y

Name _____

Designation _____

Date
D D M M Y Y Y Y

Name _____

Designation _____

Date
D D M M Y Y Y Y

GLOSSARY OF TERMS

U.S. Persons

- a) A tax resident of US
- b) A U S entity or organization incorporated in US
- c) A partnership or a corporation organized in the US or under the law of the US or any states thereof
- d) A trust- (i) where a court within the United States would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust, and (ii) one or more U.S. persons have the authority to control all substantial decisions of the trust,
- e) An estate of a decedent that is a citizen or resident of the United States

Exclusion Categories for US Persons

- a) A corporation the stock of which is regularly traded on one or more established securities markets
- b) Any corporation that is a member of the same expanded affiliated group as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i)
- c) The United States or any wholly owned agency or instrumentality thereof
- d) Any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing
- e) Any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code
- f) Any bank as defined in section 581 of the U.S. Internal Revenue Code
- g) Any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code
- h) Any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64); (ix) any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code
- i) Any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code
- j) A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State
- k) A broker as defined in section 6045(c) of the U.S. Internal Revenue Code
- l) Any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code

Exclusion category – For other than US Persons

- a) A corporation, the stock of which is regularly traded on one or more established securities markets
- b) Any corporation that is a related entity of a corporation mentioned above
- c) A Governmental entity
- d) An International organisation
- e) A Central bank
- f) A financial institution

Types of Non-Reporting Financial Institution

- a) Governmental entity
- b) International Organisation
- c) Central Bank
- d) Treaty Qualified Retirement Fund
- e) Broad Participation Retirement Fund
- f) Narrow Participation Retirement Fund
- g) Pension Fund of a Governmental entity, International Organization or Central Bank
- h) Non-public fund of the armed forces
- i) Employees' State Insurance Fund
- j) Gratuity fund
- k) Provident fund
- l) Qualified credit card issuer
- m) Exempt collective investment vehicle
- n) Trust established under any law for the time being in force to the extent that the trustee of the trust is a reporting financial institution and reports all information required to be reported under rule 114G with respect to all reportable accounts of the trust
- o) Financial institution with a local client base
- p) Local bank
- q) Financial Institution with only low-value accounts
- r) Sponsored investment entity and controlled foreign corporation, in case of any U.S. reportable account
- s) Sponsored closely held investment vehicle, in case of any U.S. reportable account
- t) Investment Entity in certain specific cases (Please refer Note 1)

Note 1:

- a) An entity that is an Indian financial institution only because it is an investment entity, provided that each direct equity interest in the entity is a financial institution referred to in sub-clauses (a) to (k), and each direct holder of a such entity is either a depository institution (with respect to a lone made to such entity) or a financial institution sub-clauses (a) to (k)
- b) An investment entity established in India that is a financial institution only because it-
 - renders investment advice to, and acts on behalf of; or
 - manages portfolios for, and acts on behalf of; or
 - executes trades on behalf of,a customer for the purposes of investing, managing, or administering funds or securities deposited in the name of the customer with a financial institution other than a non-participating financial institution;

BENEFICIAL OWNERSHIP DECLARATION (Please fill ANNEXURE 12 for Beneficiary owners Name and Photo)

Note: Beneficial Owners are not required to be identified in the case of Listed Company listed on a stock exchange in India, or it is an entity resident in *jurisdictions notified by the Central Government and listed on stock exchanges in such jurisdictions notified by the Central Government.. In cases of trust/nominee or fiduciary accounts determine whether the customer is acting on behalf of another person as trustee/nominee or any other intermediary and obtain satisfactory evidence of the identity of the intermediaries and of the persons on whose behalf they are acting as well as details of the nature of the trust or other arrangements in place.

*Jurisdictions Name:- (i) United States of America (ii) Japan (iii) South Korea (iv) United Kingdom excluding British Overseas Territories (v) France (vi) Germany (vii) Canada (viii) International Financial Services Centre in India.

Please tick the relevant option below:

- The following natural person(s) ultimately have a controlling ownership interest of shares/capital/profit/property more than 10% for a company/partnership/LLP and more than 15% for an unincorporated association/body of individuals (Association/Society/etc.) or exercise control through other means such as management rights, voting/shareholders agreement, etc.
- There are no natural person(s) who exercise control or ultimately have a controlling ownership interest as stated above; therefore, details of partner(s) (for partnership firms)/ or senior managing official of a company/unincorporated association/body of individuals (Association/Society/etc.) have been provided in the table below.
- Where the customer is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Sr. No	Name	Current Address	Does the OVD address match the current address (If "No" provide a deemed OVD)	Mobile number	Date of Birth (DOB)	Gender	Control Details Type	Controlling Ownership %
1.								
2.								
3.								
4.								

Nationality	Resident of India	Pan#	OVD & Deemed OVD	Father's Name	Occupation	Country of Birth	Country of Tax Residence	Tax Identification Number (TIN)
	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident							
	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident							
	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident							
	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident							

Note:

#Please quote PAN/form 60 in the PAN field.

- Recent colour photograph of BO is mandatory
- Either Mother, Father name or Spouse's name is mandatory. In case PAN is not available Father's name is mandatory.
- Senior Managing Official would include key managers, and c-suite individuals (like CEO, CFO, COO etc)
- In case Original Seen & Verified (OSV) certification is not possible for BOs who are Foreign Nationals/NRIs/PIOs, the document needs to be certified by any one of the following authorities:
 - Authorized officials of overseas branches of Scheduled Commercial Banks registered in India
 - Branches of overseas banks with whom Indian banks have relationships
 - Notary Public abroad
 - Court Magistrate
 - Judge
 - Indian Embassy/Consulate General in the country where the non-resident customer resides
- Types of control: Ownership Other means Senior managing official Trustee Settlor Protector Beneficiary
 Others (please specify) _____

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.

I/We agree that I/We will notify IDFC FIRST Bank without delay of any changes to the Beneficial Owner/Controlling natural person, as declared in the table above.

1. Signature and Stamp of Authorised Signatories:

Name _____

Designation _____

Date

2. Signature and Stamp of Authorised Signatories:

Name _____

Designation _____

Date

3. Signature and Stamp of Authorised Signatories:

Name _____

Designation _____

Date

Annexure 12 - Beneficiary Owners (BO) Name and Photo

1. Beneficiary Owner 1

Title Mr. Ms. Mrs.

First Name

Middle Name

Last Name

Photo:

Recent Colour
Photograph

2. Beneficiary Owner 2

Title Mr. Ms. Mrs.

First Name

Middle Name

Last Name

Photo:

Recent Colour
Photograph

3. Beneficiary Owner 3

Title Mr. Ms. Mrs.

First Name

Middle Name

Last Name

Photo:

Recent Colour
Photograph

4. Beneficiary Owner 4

Title Mr. Ms. Mrs.

First Name

Middle Name

Last Name

Photo:

Recent Colour
Photograph

5. Beneficiary Owner 5

Title Mr. Ms. Mrs.

First Name

Middle Name

Last Name

Photo:

Recent Colour
Photograph

6. Beneficiary Owner 6

Title Mr. Ms. Mrs.

First Name

Middle Name

Last Name

Photo:

Recent Colour
Photograph

Annexure 13 - Declaration on Income Tax Return

As per latest CBDT guidelines, Section 194N of the Income Tax Act, 1961 (which casts a liability on the bank to deduct taxes at source at the rate of 2% in case of cash payments exceeding INR 1 crore made during the previous year) has been amended vide Finance Act 2020.

The amended provisions, which apply with effect from 1 July 2020, require every banking company, to whom the Banking Regulation Act, 1949 applies, to deduct taxes at source at the rate of 2% on payment of any sum, in cash exceeding INR 1 crore.

The amended provisions also require that in case the recipient has not filed its return of income for all the three assessment years relevant to the three previous years, for which the time limit of filing return of income has expired*, immediately preceding the previous year in which the payment of the sum is made to him/her, the taxes required to be deducted by the bank shall be:

- (i) 2% where the amount or aggregate of amounts being withdrawn in cash is between INR 20 lakh and INR 1 crore; and
- (ii) 5% where the amount or aggregate of amounts being withdrawn in cash exceeds INR 1 crore

The tax will be deducted on the amount of cash withdrawal in excess of the applicable limits.

I/We have read and understood the above guidelines issued by CBDT.

I/We confirm that (Please tick as applicable)

I/We, am/are holding banking relationship with IDFC FIRST Bank in the name (name of entity), _____
 _____ having UCIC (mention UCIC number) _____
 and PAN (mention PAN of the entity) _____

I/We have (where statutorily liable) filed/file the return of income of the entity for all the previous three financial years for which the entity was liable to furnish return of income as per section 139(1) of the Income-tax Act, 1961*.
 or

I/We have not (where statutorily liable) filed/file the return of income of the entity for some or all the previous three financial years for which the was liable to furnish return of income as per section 139(1) of the Income-tax Act, 1961*.
 or

The entity was not liable to file the return of income for the previous three financial years.

Should there be any change in the above information provided, will advise the IDFC FIRST Bank promptly. Also, we will promptly provide the relevant documents in support of the above declaration, if required.

1. Signature and Stamp of Authorised Signatories:

Name _____

Designation _____

Date
 D D M M Y Y Y Y

2. Signature and Stamp of Authorised Signatories:

Name _____

Designation _____

Date
 D D M M Y Y Y Y

3. Signature and Stamp of Authorised Signatories:

Name _____

Designation _____

Date
 D D M M Y Y Y Y

Annexure 14 - DECLARATION ON CREDIT FACILITY FROM ANY OTHER BANK

I/we wish to open Current account with IDFC FIRST Bank and declare that

- I/We do not enjoy any credit facility from any commercial and Payment Banks.
- I/We enjoy credit facilities of less than ₹5 crores from the Scheduled commercial and Payment Banks.
- I/We have availed CC/OD facility from IDFC FIRST Bank and enjoy credit facilities of more than ₹5 crores from the Scheduled commercial and Payment Banks. Also, I/We confirm that we do not have current account with any other Scheduled Commercial and Payment Banks.
- I/We have not availed CC/OD facility and enjoy credit facilities of ₹5 crores to ₹50 crores from the Scheduled commercial and Payment Banks having credit relationship with IDFC FIRST Bank.
- I/We have not availed CC/OD facility and enjoy credit facilities of more than ₹50 crores from the Scheduled commercial and Payment Banks and have an Escrow arrangement with IDFC FIRST Bank.

Details of Banks as per aforesaid declaration:

Bank and Branch Name	Facility Type	Account Number	Sanction Amount

I/we hereby declare that I/we shall inform IDFC FIRST Bank on availing CC/OD facility and /or upon crossing the amount of credit facilities availed by us from the banking system above ₹5 crore and/or ₹50 crores or above.

Under such scenario, it would be the discretion of IDFC FIRST Bank to continue/close the current account or convert the same to a collection account subject to the condition that funds lying in the said current account will be remitted to the escrow account / CC/ OD / Current account maintained with my/our lending bank at the frequency agreed between the us and IDFC FIRST Bank as per RBI guideline issued from time to time.

1. Signature and Stamp of Authorised Signatories:

Place _____

Date
D D M M Y Y Y Y

2. Signature and Stamp of Authorised Signatories:

Place _____

Date
D D M M Y Y Y Y

Annexure 15 - DECLARATION ON CREDIT FACILITY FROM ANY OTHER BANK

I /we wish to open CC-OD account with IDFC FIRST Bank and declare that

- I/We do not enjoy any credit facility from any Scheduled commercial Banks.
- I/We enjoy credit facilities of less than ₹5 crores from the Scheduled commercial Banks.
- I/We have availed CC/OD facility from IDFC FIRST Bank and enjoy credit facilities of more than ₹5 crores from Scheduled commercial Banks. Also, I/We confirm that IDFC FIRST Bank exposure is more than 10% of our aggregate exposure.
- I/We have availed CC/OD facility from IDFC FIRST Bank and enjoy credit facilities of more than ₹5 crores from Scheduled commercial Banks. Also, I/We confirm that none of the Scheduled commercial Banks have more than 10% exposure and IDFC FIRST Bank has the highest exposure.

Details of Banks as per aforesaid declaration:

Bank and Branch Name	Facility Type	Account Number	Sanction Amount

I/we hereby declare that I/we shall inform IDFC FIRST Bank on availing credit facilities available by us from the banking system above ₹5 crore.

Under such scenario, it would be the discretion of IDFC FIRST Bank to continue/close the CC-OD account or convert the same to a collection account subject to the condition that funds lying in the said account will be remitted to the CC-OD account maintained with my/our lending bank at the frequency agreed between the us and IDFC FIRST Bank as per RBI guideline issued from time to time.

1. Signature and Stamp of Authorised Signatories:

Place _____

Date
D D M M Y Y Y Y

2. Signature and Stamp of Authorised Signatories:

Place _____

Date
D D M M Y Y Y Y