

CURRENT ACCOUNT OPENING FORM

(For INDIVIDUALS)



Instruction to fill the forms

1. Please fill up in Black Ink & in BLOCK letters only. Please leave one box blank between two words.
2. Tick ☒ the appropriate boxes.
3. In case of illiterate customers Thumb Impression (TI) to be affixed and verified.
4. All Blank Spaces to be cancelled. (PLEASE DO NOT SIGN BLANK FORM)
5. Fields with * are Mandatory.

Bar Code

Bar Code

Work Item ID

Customer ID Account Number

TYPE OF ACCOUNT

*Product Type ☐ Business ☐ Enterprise

*For BC Retailer ☐ Non Operative Current A/C ☐ Operative Current A/C ☐ Advance

(Mandatory for BC Retailer) Limit (Rs.) Cash in Hand (Rs.)

(Applicable only for OCA and NOCA)

FIRST APPLICANT DETAILS

If you are already a customer of IDFC FIRST Bank, fill in your Customer ID here (Mandatory for existing customers)

CKYC No (If any)

*Name (Please complete as per your identity proof)

Prefix First name Middle name Last name

*Maiden Name (If Any) In case of Female member

Prefix First name Middle name Last name

*Father's/Spouse Name "If PAN not provided, father name is mandatory"

Prefix First name Middle name Last name

*Mother's Name

Prefix First name Middle name Last name

*Gender ☐ Male ☐ Female ☐ Third Gender IEC Code Number (if Any)

*Date of Birth/Incorporation DD MM YY YY YY Customer Type ☐ General ☐ Senior Citizen

*Residential Status ☐ Resident Individual ☐ Non-Resident Indian ☐ Person of Indian Origin ☐ Foreign National

*Nationality *Citizenship ☐ India ☐ Others (Please specify)

*Marital Status ☐ Married ☐ Un-married ☐ Others (Please specify)

*Caste category ☐ General ☐ OBC ☐ SC ☐ ST (Please specify)

*Religion/Community ☐ Hindu ☐ Muslim ☐ Christian ☐ Sikh ☐ Jain ☐ Zoroastrians ☐ Buddhists

☐ Others (Please specify)

PAN ☐ Form 60 (Please fill if PAN is not available) ☐ Form 49A (Please submit copy of form 49A)

Aadhaar Number Voter ID

☐ Please link my AADHAAR number to this account for Doing Aadhaar Based Transactions

Driving License Expiry Date DD MM YY YY

Passport Expiry Date DD MM YY YY

MGNREGA Card No

*Country of Birth *Country of Tax Residence *Place of Birth

(Please complete below if you are a Tax Resident of any country other than India)

*Foreign Tax Identification Number

*TIN Issuing Country

Do you want Debit Card ☐ Yes ☐ No Name on Debit Card

*ADDRESS AS PER OFFICIALLY VALID DOCUMENT

*Line One

Line Two

Landmark Area

*City/Town/Village *District *Pin

*State/U.T. *Country

*COMMUNICATION ADDRESS ☐ Same as address as per above This is my ☐ Residence ☐ Place of Work

*Line One

Line Two

Landmark Area

*City/Town/Village *District *Pin

*State/U.T. *Country

*Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender	IEC Code Number (if Any)	<input type="text"/>
*Date of Birth/Incorporation	<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"/>	Customer Type	<input type="checkbox"/> General <input type="checkbox"/> Senior Citizen
*Residential Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non-Resident Indian <input type="checkbox"/> Person of Indian Origin <input type="checkbox"/> Foreign National		
*Nationality	<input type="text"/>	*Citizenship	<input type="checkbox"/> India <input type="checkbox"/> Others <input type="text"/>
*Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Un-married <input type="checkbox"/> Others <input type="text"/>		
*Caste category	<input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="text"/>		
*Religion/Community	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Jain <input type="checkbox"/> Zoroastrians <input type="checkbox"/> Buddhists <input type="checkbox"/> Others <input type="text"/>		
PAN	<input type="text"/>	<input type="checkbox"/> Form 60 <input type="checkbox"/> Form 49A	
Aadhaar Number	<input type="text"/>	Voter ID	<input type="text"/>
Driving License	<input type="text"/>	Expiry Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Passport	<input type="text"/>	Expiry Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MGNREGA Card No	<input type="text"/>		
*Country of Birth	<input type="text"/>	*Country of Tax Residence	<input type="text"/>
*Foreign Tax Identification Number	<input type="text"/>	*Place of Birth	<input type="text"/>
*TIN Issuing Country	<input type="text"/>		
Do you want Debit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name on Debit Card	<input type="text"/>

*ADDRESS AS PER OFFICIALLY VALID DOCUMENT

*Line One	<input type="text"/>
Line Two	<input type="text"/>
Landmark Area	<input type="text"/>
*City/Town/Village	<input type="text"/>
*District	<input type="text"/>
*Pin	<input type="text"/>
*State/U.T.	<input type="text"/>
*Country	<input type="text"/>

*COMMUNICATION ADDRESS ☐ Same as address as per above This is my ☐ Residence ☐ Place of Work

*Line One	<input type="text"/>
Line Two	<input type="text"/>
Landmark Area	<input type="text"/>
*City/Town/Village	<input type="text"/>
*District	<input type="text"/>
*Pin	<input type="text"/>
*State/U.T.	<input type="text"/>
*Country	<input type="text"/>

ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES

☐ Same as per Officially Valid Document ☐ Same as Communication Address

*Line One	<input type="text"/>
Line Two	<input type="text"/>
Landmark Area	<input type="text"/>
*City/Town/Village	<input type="text"/>
*District	<input type="text"/>
*ZIP / Post Code	<input type="text"/>
*State/U.T.	<input type="text"/>
*Country	<input type="text"/>

*CONTACT DETAILS

Tel 1	<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"/>	Tel 2	<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"/>
	(STD Code) (Number)		(STD Code) (Number)
Mobile	<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"/>		
	ISD Code		
Email ID	<input type="text"/>		

*PROFILE INFORMATION OF APPLICANT

Education ☐ Non Matric ☐ HSC ☐ SSC ☐ Under Graduate ☐ Graduate ☐ Post Graduate ☐ Professional

Occupation ☐ Salaried ☐ Self Employed Business ☐ Self Employed Professional ☐ Home Maker ☐ Retired ☐ Student ☐ Farmer ☐ Politician ☐ Self Employed Specified (Shroff, Money Lenders, Stock Broker, Dealers)

If Salaried, please specify the corporate type

☐ Public ☐ Private ☐ Government

Nature of Industry (If occupation is Self Employed Business)

- | | | | | |
|---|--|--|--|-------------------------------------|
| <input type="checkbox"/> Agricultural Commodities | <input type="checkbox"/> Dairy/Food Processing | <input type="checkbox"/> Fisheries/Poultry | <input type="checkbox"/> Textile | <input type="checkbox"/> Garments |
| <input type="checkbox"/> Jewellery | <input type="checkbox"/> Furniture /Timber | <input type="checkbox"/> Hotel/Resorts | <input type="checkbox"/> Cements | <input type="checkbox"/> Paints |
| <input type="checkbox"/> Pharmaceuticals /Chemists | <input type="checkbox"/> Automobile | <input type="checkbox"/> Petrol Pump | <input type="checkbox"/> Contractor | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Education Institutes/School/Coaching Centres | <input type="checkbox"/> Marble/Granite | <input type="checkbox"/> Electronics | | |
| <input type="checkbox"/> Consumer Durables | <input type="checkbox"/> Tour Travel & Tourism | <input type="checkbox"/> Computer Hardware | <input type="checkbox"/> Construction/Real estate/ Builder | |
| <input type="checkbox"/> FMCG | <input type="checkbox"/> Hospital/Nursing home/Clinic/Life science | <input type="checkbox"/> Store-Retail Outlet | | |
| <input type="checkbox"/> Business Correspondent | | | | |

Gross Sales Turnover (in Rs.)

- | | | | | | |
|----------------------------------|---|---|---------------------------------------|--|----------------------------------|
| <input type="checkbox"/> <5 Lakh | <input type="checkbox"/> 5 Lakh to <25 Lakh | <input type="checkbox"/> 25 Lakh to <1 Cr | <input type="checkbox"/> 1cr to <10cr | <input type="checkbox"/> 10 cr to <50 cr | <input type="checkbox"/> >=50 cr |
|----------------------------------|---|---|---------------------------------------|--|----------------------------------|

Gross Annual Income

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Up to Rs. 1 Lakh | <input type="checkbox"/> Rs. 1 Lakh to Rs. 5 Lakh | <input type="checkbox"/> Rs. 5 Lakh to Rs. 10 Lakh | <input type="checkbox"/> Rs. 10 Lakh to Rs. 25 Lakh |
| <input type="checkbox"/> Rs. 25 Lakh to Rs. 50 Lakh | <input type="checkbox"/> > Rs. 50 Lakh to < 5 cr | <input type="checkbox"/> Rs. 5 Crores & Above | |

Source of Funds

- | | | |
|-----------------------------------|---|---------------------------------|
| <input type="checkbox"/> Business | <input type="checkbox"/> Donations/Grants | <input type="checkbox"/> Others |
|-----------------------------------|---|---------------------------------|

Number of Years in Business

- | | | | |
|----------------------------------|---------------------------------------|---|------------------------------------|
| <input type="checkbox"/> <1 year | <input type="checkbox"/> 1 to <3 year | <input type="checkbox"/> 3 year to <5 years | <input type="checkbox"/> >=5 years |
|----------------------------------|---------------------------------------|---|------------------------------------|

***DELIVERABLES**

- | | | | | | | | | |
|-------------|------------------------------|-----------------------------|------------------|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| Cheque Book | <input type="checkbox"/> Yes | <input type="checkbox"/> No | SMS/Email alerts | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Information about other IDFC FIRST Products | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-------------|------------------------------|-----------------------------|------------------|------------------------------|-----------------------------|---|------------------------------|-----------------------------|

***INITIAL DEPOSIT DETAILS**

- | | | | | | | | |
|---|----------------------|-----------------|---------------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|
| Amount(Rs.) | <input type="text"/> | Mode of Payment | <input type="checkbox"/> Cheque | <input type="checkbox"/> DD | <input type="checkbox"/> IFT | <input type="checkbox"/> NEFT | <input type="checkbox"/> RTGS |
| Cheque No | <input type="text"/> | Dated | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Drawn On | <input type="text"/> | Bank | <input type="text"/> | Branch | <input type="text"/> | | |
| (The cheque should be crossed A/C payee and drawn Payable to IDFC FIRST Bank Limited. - (Customer Name) | | | | | | | |
| UTR | <input type="text"/> | | | | | | |

***Mode of Operation**

- | | | | | | |
|---------------------------------|----------------------------------|---|---|--|--|
| <input type="checkbox"/> Singly | <input type="checkbox"/> Jointly | <input type="checkbox"/> Either or Survivor | <input type="checkbox"/> Former or Survivor | <input type="checkbox"/> Any or Survivor | <input type="checkbox"/> Self or POA Holder / Assignee |
|---------------------------------|----------------------------------|---|---|--|--|

Debit Card or Internet Banking transactions will not be available for accounts operated 'Jointly' or as 'Former or Survivor'

***Declaration (Please read carefully and sign at the end of this section)**

I/We have read, understood and hereby agree to abide by the terms stated in this Application Form, the Terms & Conditions displayed on IDFC FIRST Bank Limited's website i.e., www.idfcfirstbank.com and other applicable laws which governs/will govern, all of my/ our accounts and other various facilities/services such as mobile banking, corporate internet banking, corporate care, debit cum ATM card and such other services available under IDFC FIRST Bank Limited's current account. I/We understand that IDFC FIRST Bank Limited shall have the absolute discretion to amend or supplement any of the said Terms and Conditions from time to time. IDFC FIRST Bank Limited may communicate the so amended Terms and Conditions by hosting the same on the aforesaid website or in any other manner as per regulatory guidelines. I/We agree to keep ourselves updated of such changes and be bound by the terms as are in force from time to time. I/we agree and understand the IDFC FIRST Bank Limited/affiliates reserve the right to reject any application without providing any reason. I/We agree and understand that IDFC FIRST Bank reserves the right to retain the Application and the documents provided therewith, including photographs and KYC documents and will not be liable to return the same to me/us. I/We do hereby authorize IDFC FIRST Bank Limited to conduct my/our credit history verification with CIBIL or any other credit rating agency and acknowledge that IDFC FIRST Bank Limited shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me/us to IDFC FIRST Bank Limited. I/We declare that I/we do not enjoy/ availed any credit facility from any bank or have obtained NOC from such bank(s) for opening of current account with IDFC FIRST Bank Limited. I/We also agree to furnish and intimate to IDFC FIRST Bank Limited, any other particulars that are called upon me to provide on account of any change in law either in India or abroad in the subject matter herein. I/We hereby authorize IDFC FIRST Bank Limited to exchange, share or part with all the information/data provided herein including personal and business information with financial institutions/credit bureaus/agencies/ statutory bodies/other such persons, in order to facilitate IDFC FIRST Bank Limited to comply with its obligations under various applicable laws, regulations, and standards. I/ We shall not hold IDFC FIRST Bank Limited, or its agents/representatives liable for using/sharing information provided herein by me/us for the said purpose. 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 Limited (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 affect the assessment/categorization 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 Limited 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. I / We also agree that my/our failure to disclose any material fact known to us, now or in future, may invalidate our application and IDFC FIRST Bank Limited would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /RBI for the purpose or take any other action as may be deemed appropriate by IDFC FIRST Bank Limited if the deficiency is not remedied by us within the stipulated period. I/We also hereby agree to indemnify and keep IDFC FIRST Bank Limited and their successors or assignees indemnified at all times, if any of the representations and declarations made hereunder by me/us is incorrect, false or misleading in any of its particulars.

I/We declare/confirm/agree

a) That all the particulars and information given in the Application form (and all documents referred or provided therewith) are true, correct, complete and up to date in all respects and I/We have not withheld any information. I/We agree and undertake to provide any further information that IDFC FIRST Bank Limited and its affiliates may require.

b) That I/We have no insolvency/winding up proceedings initiated against me/us nor have I/We ever been adjudicated as an insolvent.

c) That I/We have not at any time defaulted under any loan taken by me/us from any other bank/institution or been in non-compliance of the applicable rules/regulations/guidelines in force from time to time as framed by the Reserve Bank of India.

d) That I/We have read and agree to the charges applicable to Current account and all other facilities to be availed by me/us and hereby agree to bear the charges as revised by IDFC FIRST Bank Limited from time to time by its sole discretion.

I/We hereby agree to abide by and be bound by all applicable rules/regulations/instruction/guidelines including but not limited to those issued by the Reserve Bank of India, including the FEMA regulations 2000 governing EEEFC Accounts, and the Foreign Exchange Management Act, 1999 and Foreign Account Tax Compliance Act, 2010 (to the extent applicable to India) and the Common Reporting Standards (CRS), in force from time to time. I/ We confirm having declared our status as per the rules applicable under section 285BA of the Income Tax Act, 1961 (the Act) as notified by Central Board of Direct Taxes (CBDT) in this regard.

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.

Credit Facility

- | | |
|---|--|
| <input type="checkbox"/> We do not enjoy any credit facilities with other banks | <input type="checkbox"/> we enjoy the following "credit facilities" with other banks (NOC to be provided from other Banks) |
|---|--|

Sr.No	Bank Name	Branch Name	Type of Facilities	Amount (In Lakh)	Authorised signatories Details

I/We hereby authorize IDFC FIRST Bank Limited to exchange, share or part with all the information/data provided herein including personal and business information with IDFC FIRST group companies/other institutions/such other persons as may be necessary/required for the purpose of, including but not limited to marketing, cross selling of various products & services etc. to me/us, use or process the aforesaid information/data by such person/s or furnishing of the processed information/data/products thereof to other banks/institutions/other persons as may be necessary and I/we shall not hold IDFC FIRST Bank Limited liable in connection with the use of such information or otherwise: ☐ Yes ☐ No

The applicant/s has/have no objection to IDFC FIRST Bank Limited, its group companies, agents/representatives to provide me/us information on various products, offers and services provided by IDFC FIRST Bank Limited/its group companies /other entities through any mode (Including without limitation through telephone calls/SMS/Email) and authorize IDFC FIRST Bank Limited/its group companies/its agents/its representatives for the above purpose.

☐ Yes ☐ No

Affix Photograph	Affix Photograph	Affix Photograph	Affix Photograph
Signature	Signature	Signature	Signature
Date D D M M Y Y Y Y	Place 		
Witness (requires only if Applicant use thumb impression)			
Name		Name	
Signature		Signature	
Witness 1		Witness 2	

ANNEXURE 1 : NOMINATION FORM(FORM DA 1)

Nomination under section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies(Nomination) Rule,1985 in respect to Bank Accounts)

☐ 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 Limited

Nominee Name

Nominee Address

City/Town

Landmark Area Pin

State Country

Relationship with Date of Birth DD MM YYYY

Depositor(if any)

If the nominee is minor, please complete this section. As the nominee is a minor on this date, I/We appoint the following guardian to receive the amount of deposit in the account on behalf of 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 to signed by a person lawfully entitled to act on behalf of the minor).

Guardian Name

Guardian's Address

Landmark Area

City/Town Pin

State Country

Would you like the nominee name to be mentioned on your account statement/advice ☐ Yes ☐ No

☐ No, I do not want to nominate anyone on my behalf. I have been explained about the benefits of nomination facility. I would like to inform you that I do not wish to provide Nomination.

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

Date DD MM YYYY Place

Signature/Thumb Impression of 1st applicant

Signature/Thumb Impression of Joint applicant (Only If Primary applicant is Individual)

Witness
(requires only if Applicant use thumb impression)

Name

Signature

Witness 1

Name

Signature

Witness 2

ANNEXURE 2: FORM NO. 60 [See second proviso to rule 114B]

Form for declaration to be filed by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B

1	First Name																	2	Date of Birth/Incorporation of declarant (DD/MM/YYYY)			
	Middle Name																					
	Surname																					
3	Father's Name (in case of individual)		First Name																			
	Middle Name																					
	Surname																					
4	Flat/ Room No.				5	Floor No.																
6	Name of premises				7	Block Name/No.																
8	Road/ Street/ Lane				9	Area/ Locality																
10	Town/ City				11	District				12	State											
13	Pin code		14	Telephone Number (with STD code)								15	Mobile Number									
16	Amount of transaction (Rs.)																	18	In case of transaction in joint names, number of persons involved in the transaction			
17	Date of transaction (DD/MM/YYYY)																					
19	Mode of transaction: Cash, Cheque, Card, Draft/Banker's Cheque, Online transfer, Other																					
20	Aadhaar Number issued by UIDAI (if available)																					
21	If applied for PAN and it is not yet generated enter date of application (DD/MM/YYYY)																					
	Acknowledgement Number																					
22	If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) for the financial year in which the above transaction is held																					
	a	Agricultural income (Rs.)																				
	b	Other than agricultural income (Rs.)																				
23	Details of document being produced in support of identity in Column 1 (Refer Instruction overleaf)				Document Code	Document Identification Number				Name and address of the authority issuing the document												
24	Details of document being produced in support of address in Columns 4 to 13 (Refer Instruction overleaf)				Document Code	Document Identification Number				Name and address of the authority issuing the document												

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/ our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, the _____ day of _____ 20____ Place: _____

(Signature of declarant)

Note:

1. Before signing the declaration, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable, (i) in a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine; (ii) in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.

2. The person accepting the declaration shall not accept the declaration where the amount of income of the nature referred to in item 22b exceeds the maximum amount which is not chargeable to tax, unless PAN is applied for and column 21 is duly filled and proof of submission of application is furnished.

Instruction:

(1) Documents which can be produced in support of identity and address (not required if applied for PAN and item 20 is filled)

Sl.	Nature of Document	Document Code	Proof of Identity	Proof of Address
A.	For Individuals and HUF			
1.	AADHAR card	01	Yes	Yes
2.	Bank/Post office passbook bearing photograph of the person	02	Yes	Yes
3.	Elector's photo identity card	03	Yes	Yes
4.	Ration/Public Distribution System card bearing photograph of the person	04	Yes	Yes
5.	Driving License	05	Yes	Yes
6.	Passport	06	Yes	Yes
7.	Pensioner Photo card	07	Yes	Yes
8.	National Rural Employment Guarantee Scheme (NREGS) Job card	08	Yes	Yes
9.	Caste or Domicile certificate bearing photo of the person	09	Yes	Yes
10.	Certificate of identity/address signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer as per annexure A prescribed in Form 49A	10	Yes	Yes
11.	Certificate from employer as per annexure B prescribed in Form 49A	11	Yes	Yes
12.	Kisan passbook bearing photo	12	Yes	No
13.	Arm's license	13	Yes	No
14.	Central Government Health Scheme/Ex-servicemen Contributory Health Scheme card	14	Yes	No
15.	Photo identity card issued by the government./Public Sector Undertaking	15	Yes	No
16.	Electricity bill (Not more than 3 months old)	16	No	Yes
17.	Landline Telephone bill (Not more than 3 months old)	17	No	Yes
18.	Water bill (Not more than 3 months old)	18	No	Yes
19.	Consumer gas card/book or piped gas bill (Not more than 3 months old)	19	No	Yes
20.	Bank Account Statement (Not more than 3 months old)	20	No	Yes
21.	Credit Card statement (Not more than 3 months old)	21	No	Yes
22.	Depository Account Statement (Not more than 3 months old)	22	No	Yes
23.	Property registration document	23	No	Yes
24.	Allotment letter of accommodation from Government	24	No	Yes
25.	Passport of spouse bearing name of the person	25	No	Yes
26.	Property tax payment receipt (Not more than one year old)	26	No	Yes
B.	For Association of persons (Trusts)			
	Copy of trust deed or copy of certificate of registration issued by Charity Commissioner	27	Yes	Yes
C.	For Association of persons (other than Trusts) or Body of Individuals or Local authority or Artificial Juridical Person			
	Copy of Agreement or copy of certificate of registration issued by Charity commissioner or Registrar of Cooperative society or any other competent authority or any other document originating from any Central or State Government Department establishing identity and address of such person.	28	Yes	Yes

(2) In case of a transaction in the name of a Minor, any of the above mentioned documents as proof of Identity and Address of any of parents/guardians of such minor shall be deemed to be the proof of identity and address for the minor declarant, and the declaration should be signed by the parent/guardian.

(3) For HUF any document in the name of Karta of HUF is required.

(4) In case the transaction is in the name of more than one person the total number of persons should be mentioned in Sl. No. 18 and the total amount of transaction is to be filled in Sl. No. 16.

ANNEXURE 3: GST DETAILS

Date

Branch Name

Customer Name

First Name

Middle Name

Last Name

If Registered, 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"/>		

Note: If the customer has more than 5 GST Registration No., a separate Annexure shall be obtained from the customer.

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.

Definition of Related Person

(a) Persons shall be deemed to be "related persons" if--

(i) such persons are officers or directors of one another's businesses;

(ii) such persons are legally recognized partners in business;

(iii) such persons are employer and employee;

(iv) any person directly or indirectly owns, controls or holds twenty-five per cent or more of the outstanding voting stock or shares of both of them;

(v) one of them directly or indirectly controls the other;

(vi) both of them are directly or indirectly controlled by a third person;

(vii) together they directly or indirectly control a third person; or they are members of the same family;

(b) the term "person" also includes legal persons;

(c) persons who are associated in the business of one another in that one is the sole agent or sole distributor or sole concessionaire, howsoever described, of the other, shall be deemed to be related.

Name :

Designation :

Signature

*FOR BANK USE

[illegible]

Profit Centre			
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☐ I have met the Customer at his: ☐ Residence ☐ Place of Work ☐ Other

☐ I have seen the Original KYC Documents and Returned these to the Customer. Copy/Photo taken for Record

☐ The Customer has Signed in my Presence

--	--

Signature & Stamp

Signature & Stamp

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Signature & Stamp

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ACKNOWLEDGEMENT

You have subscribed for the product ☐ Business ☐ Enterprise
☐ Non Operative Current A/C ☐ Operative Current A/C ☐ Advance

The Bank official has explained to you the Terms & Conditions of account opening, details of Features & Charges as per Bank's Schedule of Charges (SOC) and Average Quarterly / Monthly Balance requirement as applicable to the product subscribed by you.

You will be bound and abide by the Bank's General Terms & Conditions available on Bank's website www.idfcfirstbank.com.

Initial payment details

Amount (Rs.) Mode of Payment ☐ Cheque ☐ DD ☐ IFT ☐ NEFT ☐ RTGS

The a/c will be opened subject to verification of documents & Clearance of Initial Payment cheque as per Bank's Policy.

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Signature of Bank official

Date

D	D
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M	M
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Y	Y	Y	Y
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