

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

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

- Embassy/Consulate/High Commission Offices in India
 Financial Institutions
 Foreign Company
 Government (Central)
 Government (State)
 Joint-Ventures (not incorporated)
 Liaison / Project/ Branch/ Representative Office of Foreign Company(ies)
 Limited Liability Partnerships (LLP)
 One Person Company
 Partnerships* (*Please fill Annexure 5)
 Private Limited Company
 Public Limited Company
 Trusts/Associations/Societies/Clubs* (*Please fill FCRA declaration in Annexure 6)
 Sole Proprietorships* (*Please fill Annexure 7 and 8)
 Others (Please specify)

Line of Business

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

Nature of Industry (Please refer to Annexure 9)

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

*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. (STD Code) (Number)

SMS Alert Yes No

Fax

E-mail 1

E-mail 2

E-mail 3

E-mail 4

E-mail 5



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 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.

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.

Name

Existing IDFC FIRST Bank Customer Yes No
(If Yes, Please fill in Customer ID no and Internet Banking Access Type)

Customer ID No.

Corporate Internet Banking View Transact NA
Access Type
(In case of View: Name, Mobile No and E-mail ID of authorised signatory is mandatory.)
(In case of Transact: Please execute master agreement & BXP user registration form.)

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
D D M M Y Y Y Y

*PAN

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

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.

Name

Existing IDFC FIRST Bank Customer Yes No
(If Yes, Please fill in Customer ID no and Internet Banking Access Type)

Customer ID No.

Corporate Internet Banking View Transact NA
Access Type
(In case of View: Name, Mobile No and E-mail ID of authorised signatory is mandatory.)
(In case of Transact: Please execute master agreement & BXP user registration form.)

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
D D M M Y Y Y Y

*PAN

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

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

*Provide a copy of any of the following documents: Passport/Voter ID/Driving Licence/National Population Register letter and mention the same in the space above



SIGNATORY 3

Title Mr. Ms. Mrs.

Name

Existing IDFC FIRST Bank Customer Yes No
(If Yes, Please fill in Customer ID no and Internet Banking Access Type)

Customer ID No.

Corporate Internet Banking View Transact NA
Access Type

(In case of View: Name, Mobile No and E-mail ID of authorised signatory is mandatory.)
(In case of Transact: Please execute master agreement & BXP user registration form.)

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
D D M M Y Y Y Y

*PAN

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

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.

Name

Existing IDFC FIRST Bank Customer Yes No
(If Yes, Please fill in Customer ID no and Internet Banking Access Type)

Customer ID No.

Corporate Internet Banking View Transact NA
Access Type

(In case of View: Name, Mobile No and E-mail ID of authorised signatory is mandatory.)
(In case of Transact: Please execute master agreement & BXP user registration form.)

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
D D M M Y Y Y Y

*PAN

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

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

*Provide a copy of any of the following documents: Passport/Voter ID/Driving Licence/National Population Register letter and mention the same in the space above

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
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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.

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

1. 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.
2. The Customer acknowledges that
 - a) Sending/receiving information by facsimile/email is not a secure means of sending/receiving information.
 - b) The Customer is aware of the risks involved in sending/receiving facsimile/email Instructions, including the risk that facsimile/email instructions may
 - i) be fraudulently or mistakenly written, altered or sent; and
 - ii) not be received in whole or in part by the intended recipient;
 - c) The request to the Bank to accept and act on facsimile/email instructions is for the Customer's convenience and benefit only.
3. 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.
4. The Customer agrees and confirms that the Bank in its discretion shall be entitled not 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.
5. 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.
6. 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:
 - i) 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
 - ii) any unauthorised or fraudulent Instruction to the Bank.
7. 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.
8. 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.
9. 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).
10. 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.
11. 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;
12. 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.
13. 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 - FCRA DECLARATION

(Mandatory to be filled for both regular accounts and FCRA accounts for all entities other than Retiral Trusts and Government Departments)

- Yes. I/We wish to open a FCRA account for receipt of foreign contribution (Donations from Foreign Nationals/Entities). In accordance with the Foreign contribution Regulation Act, 2010.** We confirm that approval from Ministry of Home Affairs (MHA) is being sought for crediting foreign contribution in this account. We are aware that this account can be used only after approval has been received from the MHA and this account will be exclusively used for receipt of foreign contribution in accordance with the Foreign Contribution Regulation Act 2010 and credit of any local funds will not be allowed in this account. Also foreign contribution received in this account will be utilised by us for the purpose for which it was received and all debits will be in accordance with the FCRA Act. 2010.
- No. I wish to open a regular account.** We confirm that as a part of the routine operations. the entity will NOT receive any foreign contribution (donation from Foreign Nationals/Entities) in this account. We further confirm that this account will be used exclusively for credit of local funds and credit of foreign contribution will NOT be allowed in this account.

ANNEXURE 7: 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

D D M M Y Y Y Y

Country of Tax Residency

Signature and Stamp

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

ANNEXURE 8: NOMINATION (FORM DAT) (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

D D M M Y Y Y Y

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

Guardian'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

D D M M Y Y Y Y

SIGNATURE	WITNESS 1 (Required only if applicants use thumb impressions)	WITNESS 2 (Required only if applicants use thumb impressions)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name _____ Name _____ Name _____

ANNEXURE 9 - 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 (Articians, 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
- 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 9 - 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, other 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
- Reproduction of recorded media
- Restaurants,canteens
- School
- Scrap Metal
- SEP (Entertainment/Alternate Medicine Practitioner/Beautician)
- Shipping
- Sports Club
- Supporting and auxiliary transport activities
- Temple
- Term Lending Co
- Tobacco
- Tour Travel & Tourism
- University
- Uranium and Thorium
- Water Transport

ANNEXURE 10 - 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 11 - 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	Details
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 11 - 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)	<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>		
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. 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	<input type="checkbox"/>	<input type="checkbox"/>

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

Note: Beneficial Owners are not required to be identified in the case of Listed Companies or Wholly Owned Subsidiaries of a Listed Company. 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.

Please tick the relevant option below:

- The following natural person(s) ultimately have a controlling ownership interest of shares/capital/profit/property more than 25% for a company and more than 15% for a partnership/LLP/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 15% 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.								
5.								

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.

Applicable for Indian nationals/resident individuals. For other countries, functional equivalent of PAN (like Tax identification number-TIN number or unique number like Social Security Number-SSN) can be provided.

- 1) Photograph of BO is mandatory
- 2) Either Mother, Father name or Spouse's name is mandatory. In case PAN is not available Father's name is mandatory.
- 3) Senior Managing Official would include key managers, and c-suite individuals (like CEO, CFO, COO etc)
- 4) 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

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 _____

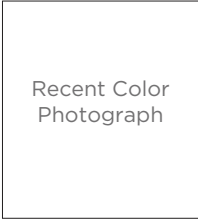
Date

Annexure 12 - Beneficiary Owners (BO) Name, Photo and Signature

1. Beneficiary Owner 1

Name : _____

Photo :



Signature:

2. Beneficiary Owner 2

Name : _____

Photo :

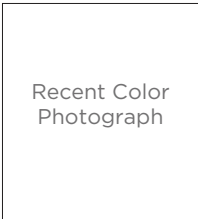


Signature:

3. Beneficiary Owner 3

Name : _____

Photo :



Signature:

4. Beneficiary Owner 4

Name : _____

Photo :

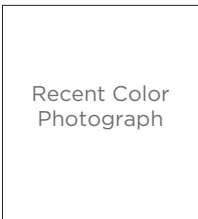


Signature:

5. Beneficiary Owner 3

Name : _____

Photo :



Signature:

6. Beneficiary Owner 4

Name : _____

Photo :



Signature:

ANNEXURE 13 - 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	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	
	Address 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 holder of an equity interest in the entity is a financial institution referred to in sub-clauses (a) to (k), and each direct holder of a debt interest in such entity is either a depository institution (with respect to a loan made to such entity) or a financial institution referred to in 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;