HOLDER ADDITION FORM



			Application [
 Please complete this form in Black Ink and i Initial Payment in cash is accepted only at IE 				D D M M Y Y Y Y
- Initian ayment in cash is accepted only at the		G CUSTOMER DETA	0 1	avour of the account holder only
Account Number				
Customer Name				
Please Add 1 holder to my acc		holders to my acco	unt	
Mode: Either or Survivor	MOD Anyone or Surviv	DE OF OPERATION		
Former or Survivor	Debi	it Card or Internet Banking t	ransactions will not be availal	ble for
	5 acco	CCOUNT HOLDER (
Are you an Existing customer?	Yes I am, My Cus			and my
	CKYC Number (If a	applicable)		
	Debit Card Numb	oer is		
		will be linked to this account nary Account on your Debit		d as a holder. Your existing account will
	No, I am not yet	a customer. I will co	mplete the sections b	pelow
		S ABOUT YOURSEL	.F	
Applicant Name (Please complete as per y	our Identity Proof)			
	MIDDLE	NAME		
Date of Birth		Gender Mal	e Female	Third Gender
Marital Status Married Married		Citizenship (Appli	cable	
		for other than Indi	a)	
Relationship with Primary Holder	or unmarried female	customers)		
TITLE FIRST NAME Place of Birth	MIDDLE NAME Country of Bi	irth	LAST NAME	
For Tax Residents of countries in addition to	India, please comple	ete below:		
				Country
Country of Tax Residence		Identification Numb	er TIN Issuing	Country
	Foreign Tax I	Identification Numb		Country
Country of Tax Residence	Foreign Tax I	as Officially Valid D	ocument Add	ress is same as communication
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CB-BB/31/12-2019/0



CURRENT ADDRESS
Same as Above or Deemed OVD* (select any 1 document) This is my Residence Place of Work
Utility Bill Property or Municipal Tax Receipt Letter of Allotment/Leave and License Agreement [#] Letter issued by Foreign Embassy
Deemed OVD Number
Line 1
Line 2
City State Pin Code I/We shall submit an Officially Valid Document with the updated current address within a period of three months of submitting the documents above.
HOW WOULD YOU LIKE US TO REACH YOU?
Mobile No. (91) Landline No. (91)
(STD Code) (Number) E-mail ID
Fill in CAPITAL LETTERS. All communication for this account will be sent to the Mobile / Email of the first holder.
TELL US WHAT YOU DO FOR A LIVING
 Occupation (Select Anyone) Salaried (Select Anyone) Public Private Government
1b) Self Employed Doctor CA Architect Lawyer Consultant Entertainment
Professional
Alternate Medical Practitioner Beautician Others
1c) Self Employed Business Sole Proprietorship Partnership/Company No. of years in business < = 5 yrs
1d) Any other Occupation Homemaker Retired Farmer Politician Student Minor
2) Source of Income Business Professional Fees Agriculture Family Wealth
3) Gross Annual Income (INR)
DEBIT CARD
Joint Holder 1
Do you need an Debit Card :
You may fill in how you would like your name to appear on your debit card. (If different from the name on your account)
To enable international usage on your debit card, please use Limit Management under Debit Card section on Internet/Mobile Banking.
JOINT ACCOUNT HOLDER TWO
Are you an Existing customer? Yes I am, My Customer ID is and my
CKYC Number Debit Card Number is
The above Debit Card will be linked to this account to which you are being added as a holder. Your existing account will continue to be the Primary Account on your Debit Card
TELL US ABOUT YOURSELF
Applicant Name (Please complete as per your Identity Proof)
TITLE FIRST NAME MIDDLE NAME LAST NAME
Date of Birth Image: Second
Marital Status Married Unmarried Others Citizenship (Applicable
for other than India)
Relationship with Primary Holder
Applicant Maiden Name (Not applicable for unmarried female customers)
TITLE FIRST NAME MIDDLE NAME LAST NAME
Place of Birth Country of Birth
For Tax Residents of countries <u>in addition</u> to India, please complete below:
Country of Tax Residence Foreign Tax Identification Number TIN Issuing Country
Separate annexure to be executed in case of dual country of tax residence Overseas Jurisdiction Address Type Address is same as Officially Valid Document Address is same as communication
Address is same as Officially Valid Document Address is same as communication Address is same as communication Address is different (Please update Overseas Jurisdiction Address separately)
Father's Name (Mandatory, if customer does not have PAN) Spouse Name
TITLE FIRST NAME MIDDLE NAME LAST NAME
[#] issued by Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies 2



PLEASE HELP US WITH DETAILS OF ONE OR MORE DOCUMENTS BELOW
Aadhaar No.
*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 a PAN, please complete a Form 60.
Voter ID
Driving License
Passport Expiry Date
PIO/OCI Card PIO/O
NREGA National Population Register D M Y Y Y
PLEASE COMPLETE YOUR ADDRESS AS MENTIONED IN YOUR OFFICIALLY VALID DOCUMENT (OVD)
Aadhaar Passport Driving License Voter ID NREGA NPR
Line 2
City State Pin Code
CURRENT ADDRESS
Same as Above or Deemed OVD* (select any 1 document) This is my Residence Place of Work
Utility Bill Property or Municipal Tax Receipt Letter of Allotment/Leave and License Agreement [#] Letter issued by Foreign Embassy
Deemed OVD Number I
Line 1
Line 2
City State Pin Code
I/We shall submit an Officially Valid Document with the updated current address within a period of three months of submitting the documents above.
HOW WOULD YOU LIKE US TO REACH YOU?
Mobile No. (91) Landline No. (91)
E-mail ID (Number)
Fill in CAPITAL LETTERS. All communication for this account will be sent to the Mobile / Email of the first holder.
TELL US WHAT YOU DO FOR A LIVING
1) Occupation (Select Anyone)
1a) Salaried (Select Anyone) Public Private Government
1b) Self Employed Doctor CA Architect Lawyer Consultant Entertainment Professional Automatic Lip utility Doctor Consultant Entertainment
1c) Self Employed Business Sole Proprietorship Partnership/Company No. of years in business < = 5 yrs > 5 yrs 1b Armosthan Operation Distinct Distinct Distinct Distinct No. of years in business
1d) Any other Occupation Homemaker Retired Farmer Politician Student Minor
2) Source of Income Salary Business Professional Fees Investments Agriculture Family Wealth
3) Gross Annual Income (INR)
DEBIT CARD
Do you need an Debit Card : Yes No
Do you need an Debit Card : Yes No You may fill in how you would like your name to appear Image: Comparison of the second s
on your debit card. (If different from the name on your account)
To enable international usage on your debit card, please use Limit Management under Debit Card section on Internet/Mobile Banking.
*issued by Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies



WOULD YOU LIKE TO CHOOSE A NOMINEE FOR THE ACCOUNT?

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nomination made by me	e/us ir	n favo	our o	f No	mir	nee	Nar	me																						
Form DA1	,							_																						
(Nomination under Section 45	ZA of	the Ba	nking	Regu	latic	ons A	ct, 19	949 a	and F	Rule	2(1) o	fthe	e Bar	king) Cc	omp	anie	es (N	lomi	natio	on) R	ule, 1	1985	in re	espe	ect t	o bi	ank a	acco	ounts
The Nominee or Guardia	n (if	appli	cable	e) ca	anno	ot be	e a	holo	der	on	the a	acco	oun	t																
Yes, I want to nomina	te the	e follo	wing	g pei	rsoi	n to	wh	om	in tł	ne e	vent	of	my,	/ou	r/m	ninc	or's	s de	ath	the	e am	our	nt o	fde	ерс	sit	in t	he i	aco	coun
may be returned by IDF	C FIR	ST B	ank L	_td																										
Please mention the	e nom	inee	nam	e in	the	stat	tem	nent,	/ad	vice	e/pa	ssb	ook																	
Customer ID							(Inc	ase a	n exi	sting	Acco	unt l	Holde	er)																
Nominee Name:				1	1																									
TITLE FIRST NA					•			DDLI										AST			·		•							
Nominee Address:	Sam	e as p	orima	ary a	9000	ount	: ho	lder	ad	dre	ss O	RL	Jpda	ate	ad	dre	ess	as	belo	wc										
Relationship with depos	sitor]	Da	te	of E	Birth	า	D	D		М	М	Γ	Y.	Y	ΥY
If the nominee is a mino	r**, p	lease	com	plet	:e tl	his s	ect	ion.	As	s the	e no	min	iee i	s a	mi	_						Vea	app	oin	t:		-			
Guardian Name:															_															
TITLE FIRST NA	ME				-		MI	DDLI	E N/	AME		_	_	-		-	L	AST T	NA	ME		_	-							
Guardian Address:				+					<u> </u>			_	_			<u> </u>					_		_							
of the nominee. (** Where	deposi	: is mad	de in th	ne nar	me o	f a mi	inor †	the no						n th d by							l to ac	t on	beh	alf of	f the	min	or)			
of the nominee. (** Where No, I do not want consequences of n I/We do hereby declare Date: DD MM	to no ot no	omina mina	ate a ting	nyor anyo aboʻ	ne (one	on n to r s tru	ny I ny I	beha acco	alf a oun	atior at t t.	must nis r	be s nor	nen	d by t. I	a pe UN	erso Ider	n la rsta	wfull and	y ent the	titled								on a	and	d the
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DECLARATION (Please read carefully and sign at the end of this section after you have filled in all the details in the form)

- 1. I wish to avail the banking facilities/products from IDFC FIRST Bank Limited ("IDFC FIRST Bank"), and other products/services including Mutual Funds and/or insurance products that are offered by IDFC FIRST Bank in its capacity as an Intermediary and I have read, understood and agree to the Terms and Conditions displayed on the website of IDFC FIRST Bank i.e. www.idfcfirstbank.com, w.r.t. the said banking facilities and other products/services which may be amended by IDFC FIRST Bank from time to time and hosted and notified on the website of IDFC FIRST Bank
- I/ have read, understood and agree to the charges/costs, mentioned in the extant Schedule of Charges pertains to the banking facilities and products as well as the facilities and/or the other products which I wished to avail. This Schedule of Charges is also displayed on www.idfcfirstbank.com.
- 3. I agree to abide by and be bound by all applicable rules/regulations/instruction/guidelines issued by the Reserve Bank of India, and under the FEMA regulations, 2000 governing EEFC Accounts, the Foreign Exchange Management Act, 1999 and Foreign Account Tax Compliance Act 2010 (to the extent applicable to India) and the Common Reporting Standards (CRS), in force from time to time. I have declared my status as per the rules applicable under section 285BA of the Income Tax Act, 1961 (the Act) as notified by Central Board of Direct Taxes (CBDT) in this regard.
- 4. I authorize IDFC FIRST Bank to conduct my credit history verification with CIBIL or any other credit rating agency and acknowledge that IDFC FIRST Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to IDFC FIRST Bank. I declare that I have not availed any credit facility from any bank or have obtained NOC from such bank(s) for opening of a current account with IDFC FIRST Bank. I also hereby authorize IDFC FIRST Bank to retrieve my credit information report with help of accredited credit rating agencies and share the same with me directly as per bank's internal policy.
- 5. I agree to furnish and intimate to IDFC FIRST Bank any other particulars that I am called upon to provide on account of any change in law/statutory requirements either in India or abroad. I authorize IDFC FIRST Bank to exchange, share or part with all the customer information/KYC documents provided herein with financial institutions/agencies/statutory bodies/other such persons including but not limited to financial products/services providers e.g. Insurance companies, Asset Management Companies etc. for the services/products which I wished to avail and which whom IDFC FIRST Bank has agency/distribution/marketing/referral arrangement, as may be required by IDFC FIRST Bank. I shall not hold IDFC FIRST Bank or its agents/representatives liable for using/sharing such information.
- 6. I hereby declare that the information provided herein as well as in the documentary evidence provided by me to IDFC FIRST Bank (the "Customer Information") is true, correct and complete in all aspects to the best of my knowledge and that I have not withheld any Customer Information that may affect the assessment/categorization of the account as a Reportable account or otherwise. I further agree that any false/misleading Customer Information given by me or suppression of any material fact will render my account liable for closure and the bank shall have the right to initiate any action, under law or otherwise.
- 7. If any of the information provided here is incorrect, I hereby agree to indemnify and keep indemnified IDFC FIRST Bank, affiliates and their successors or assignees.
- 8. I agree and understand that IDFC FIRST Bank reserves the right to reject my account opening application form/request and/or the request for availing the services/products without assigning any reason thereof and without being liable to me in any manner whatsoever.
- 9. I authorise IDFC FIRST Bank to submit applications/other relevant documents, debit my bank account and transfer funds in any form and manner for transactions in Mutual Funds/Other investment products or do any such incidental things in pursuance of the specific instructions given by me or my Attorney from time to time for the services and/or the products I wished to avail. I state that all the acts, deeds and things done by IDFC FIRST Bank based on such instructions shall be binding on me. I hereby agree and consent to avail other products/services including Mutual Funds and/or insurance products and further agree to absolutely abide by all the Terms and Conditions in respect thereof.
- 10. I, being the Sole Proprietor of the Sole Proprietorship Concern (as mentioned above) hereby agree and consent to avail the "Truly One Account" of IDFC FIRST Bank and further agree to absolutely abide by all the Terms and Conditions in respect thereof, as may be notified by IDFC FIRST Bank from time to time.
- 11. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the registered number/email address shared with IDFC FIRST Bank.
- 12. I am fully aware that the bank sends SMS alerts on all account/card related transactions promptly on the mobile number shared at the time of account opening/updated subsequently and any failure to update contact information with the bank may result in any financial loss in case of misuse of cards.
- 13. For accounts with Method of Operation "Either or Survivor": I/We hereby confirm that premature withdrawals of all Term Deposits placed and/or proposed to be placed shall be paid by IDFC FIRST Bank under the operation rule of "Either or Survivor"
- 14. All fees/charges to be paid shall be exclusive of goods and services tax (GST), as may be applicable. IDFC FIRST Bank will provide me/us Services Accounting Code (SAC) and this will quoted in all our invoices/credit/debit notes. IDFC FIRST Bank will determine if I/We are related party based on documents available or submitted for this purpose. IDFC FIRST Bank will determine the location of service provided which shall be binding on me/us. I/We shall provide the Bank with the details of exemption or lower rate of tax, if any supported by relevant documents prior to availment of services. For smooth realisation of input tax credit, I/We shall validate the invoices uploaded in the GSTN portal by the Bank between the 10th 15th day of the month succeeding the relevant period. In case of any discrepancies, I/We shall bring it to the notice immediately. IDFC FIRST Bank will issue invoices on a monthly basis. The contents of all the invoices, debit notes, credit notes, etc. will be as per rules and guidelines in the GST law.
- 15. IDFC FIRST Bank protects the interest of its customers against any unauthorised electronic banking transaction. You may visit Bank's website www.idfcfirstbank.com for more details in respect of the same.
- 16. I understand, acknowledge and authorize that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter-Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and / or any other similar arrangements.
- 17. I undertake the responsibility to declare, disclose and recertify within 30 days any changes that may take place in the information provided in the account opening form and signed by me as well as in the documentary evidence provided by me or if any certification become incorrect.
- 18. I also agree that our failure to disclose any material fact known to me now or in future, may invalidate my application and IDFC FIRST Bank would be within its right to put restrictions in the operations of my account or take appropriate action permissible under the Indian regulations for the purpose or take any other action as may deemed appropriate if the deficiency is not updated/rectified by me within the stipulated period.
- 19. I agree to furnish any particulars/information that is called upon me by IDFC FIRST Bank on account of any change in law either in India or abroad in the subject matter herein.
- 20. In the event there is any tax demand {including interest(if any)} raised due to nondisclosure/inaccurate disclosure of information/documents on my/our part, I undertake to pay the demand forthwith and provide the bank with all information/documents that may be necessary for any proceeding before GOI/RBI/Income Tax Authorities.

				IDFC FIRST
				Bank
Would you like IDFC FIRST Bank or its (including insurance), services and offe		ou and tell you about vario	us products	Yes No
Please issue a new cheque bo	ok for this account.			
Signature for Existing Account Ho	der Signature fo	or Joint Account Holder 1	Signa	ture for Joint Account Holder 2
News	Neme		Neme	
Name				
Date D D M M Y Y Y	Y F	Please paste a RECENT Colour hotograph. Please sign across the		Please paste a RECENT Colour Photograph. Please sign across the
Place		photograph		photograph
	BAN	K USE SECTION:		
Profit Centre (Joint Account Hold			nt Account Hold	der 2)
Joint Holder 1				
Staff Family Staff Cu	istomer ID		Spous	e Parent Child
Joint Holder 2				
Staff Family Staff Cu	istomer ID		Spous	e Parent Child
Banker Certification				
I have met the Customer at:		Place of Work		
I have seen and verified the o	iginal KYC documents. C	opy/photo taken for rec	ord. The custor	mer has signed in my presence Signature of Employee
Name	Cer	tification Date	_	
Employee ID/RM Code	D		Y	
RbiCrCatg	RbicrCode	RbiDrCa	atg	RbiDrCode
180 Household, MFI, TASC	189 Resident Individ		frastructure	383 Other Retail
 (ii) such persons are legally (iii) such persons are emploied (iv) any person directly or in or shares of both of them (v) one of them directly or in or shares directly or in the directl	e " related persons " if- s or directors of one anot recognised partners in b yer and employee; directly owns, controls o n; ndirectly controls the oth y or indirectly controlled indirectly control a third	usiness; r holds twenty-five per o her; by a third person;		f the outstanding voting stock ame family;
(b) the term "person" also include				
(c) persons who are associated in concessionaire, howsoever de				le distributor or sole
Explanation I The term "person" Explanation II Persons who are a concessionaire, howsoever descri	associated in the business	s of one another in that	one is the sole	agent or sole distributor or sole
Definition of Deemed OVD is as u			,	
(a) Utility bill which is not more t piped gas, water bill)		ny service provider (elec	tricity, telepho:	ne, post-paid mobile phone,
(b) Property or Municipal tax rec		ad to votive devid	by Cour	
(c) Pension or family pension pay Undertakings, if they contain	the address			
(d) Letter of allotment of accommodation statutory or regulatory bodie	s, public sector undertaki	ngs, scheduled commer	cial banks, fina	ncial institutions and listed
companies and leave and lice	nse agreements with suc	h employers allotting oc	ial accommoda	ation

(e) OVD presented by a foreign national does not contain the details of address, in such case the documents issued by the Government departments of foreign jurisdictions and letter issued by the Foreign Embassy or Mission in India shall be accepted as proof of address