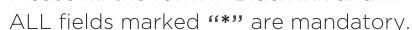


(APPLICABLE FOR NON-INDIVIDUALS OTHER THAN TRUSTS, ASSOCIATIONS, SOCIETIES, CLUBS, GOVT BODIES)

[illegible]

If entity is an existing customer of IDFC FIRST Bank, simply share the Customer ID here

--	--	--	--	--	--	--	--	--

 and fill only the sections marked “✓”

A4 Size

REGISTERED ADDRESS

Same as Communication Address ☐ Yes ☐ No (If no, please fill in below)

[illegible]

Landmark

 City

 District

State Country Pin Code

[illegible][illegible]

*TELL US THE DETAILS OF THE DEPOSIT TO BE BOOKED TO MAXIMIZE RETURNS ON YOUR SURPLUS FUNDS

Deposit Type	Amount	Tenure*			Interest Mandate - Long Term > 180 days			Interest Rate %
		Years	Months	Days	Simple Interest		Quarterly Compounding	
					Monthly	Quarterly		
<input type="checkbox"/> Standard	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	
<input type="checkbox"/> Tax Saver [#]		5 Years			<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	
In Words _____								

PAN / Form 60 is mandatory for booking time deposit exceeding Rs.50,000/- at each instance and for time deposits aggregating to more than Rs.5 lakhs during a financial year

*Tenure of deposit can range from 7 days to 10 years.

#Tax saver deposits can only be booked by HUFs that hold a valid PAN.

For short term FDs with tenure < 180 days, interest will be paid on maturity

For long term FDs with tenure > 180 days, interest pay-out will be as follows:

i) Simple interest FD: Monthly or Quarterly ii) Compound interest FD: On maturity

MODE OF OPERATION

Mode of Operation ☐ Singly ☐ Jointly ☐ Severally ☐ As per the Trust/Board Resolution/Account Opening Authority Letter

Number of Authorised Signatories

--	--

HOW WOULD THE ENTITY LIKE TO FUND THE FIXED DEPOSIT?

<input type="checkbox"/> Cheque	Cheque Number	<input type="text"/>	Cheque Drawn on	<input type="text"/>	Cheque Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> NEFT					D D	M M	Y Y	Y Y	

WHAT WOULD THE ENTITY WANT THE MATURITY INSTRUCTIONS TO BE AS?

FOR SIMPLE INTEREST FDs	FOR COMPOUND INTEREST FDs
<input type="checkbox"/> Renew	<input type="checkbox"/> Renew Principal & Interest
<input type="checkbox"/> Payout, do not renew	<input type="checkbox"/> Payout, do not renew
	<input type="checkbox"/> Renew Principal & Payout Interest

HOW WOULD THE ENTITY LIKE THE BANK TO PAY THE DEPOSIT INTEREST AND PRINCIPAL TO YOU?

PRINCIPAL

☐ NEFT/RTGS Account Type ☐ Current ☐ Savings

IFSC Code

Account Number*

INTEREST

☐ NEFT/RTGS Account Type ☐ Current ☐ Savings

IFSC Code

Account Number*

*Account has to be in the name of the depositor, Fixed Deposit proceeds will not be credited to third party accounts.

Tax Saver Deposit will not be renewed and will be paid to customer as per maturity instructions opted

If you do not have a PAN automatic renewal option will not be available for Fixed Deposits and maturity proceeds will be paid to customer as per maturity instructions opted

If you do not have a PAN, please fill Form 60

WOULD THE ENTITY LIKE THE BANK TO DEDUCT TDS ON THE DEPOSIT?

<input type="checkbox"/> Deduct TDS as applicable	<input type="checkbox"/> DO NOT deduct TDS as we are submitting Form 15G for this deposit
---	---

☐ Do not deduct TDS as we are exempt from Tax (We are submitting documents evidencing the same)

ENTITY PROOF

***Entity Proof:** Name of Document

ID Number (If applicable) Expiry Date (If applicable)

***Address Proof:** Name of Document

ID Number (If applicable) Expiry Date (If applicable)

Additional Documents Shared

1 2

3 4

Additional Document IDs (If applicable)

CIN TAN

Sales Tax Excise

✓ TELL US ABOUT THE PEOPLE WHO WILL BE OPERATING THIS ACCOUNT

SIGNATORY 1

Title ☐ Mr. ☐ Ms. ☐ Mrs.

*First Name

*Middle Name

*Last Name

Designation

Internet Banking ☐ Yes ☐ No ☐ Transact ☐ View

If Existing IDFC Bank Customer

Customer ID

*DOB

*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.)

PEP ☐ Yes ☐ No CKYCR No.

*Father's Name

DIN

*Gender ☐ Male ☐ Female ☐ Third Gender

*Nationality

☐ Resident ☐ Foreign National Resident

☐ Non-Resident ☐ Foreign National Non-Resident

*Country of Birth

*Country of Tax Residence:

*Mother's Maiden Name

Landline

*Mobile No.

*E-mail ID

Account level Email Statements: ☐ Yes ☐ No

*Address as per OVD

Landmark (If any)

City

District

State

Country

Pin Code

OVD

Name of Document

Document ID No.

(In case of Aadhaar, write Aadhaar reference number)

Expiry Date

SIGNATORY 2

Title ☐ Mr. ☐ Ms. ☐ Mrs.

*First Name

*Middle Name

*Last Name

Designation

Internet Banking ☐ Yes ☐ No ☐ Transact ☐ View

If Existing IDFC Bank Customer

Customer ID

*DOB

*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.)

PEP ☐ Yes ☐ No CKYCR No.

*Father's Name

DIN

*Gender ☐ Male ☐ Female ☐ Third Gender

*Nationality

☐ Resident ☐ Foreign National Resident

☐ Non-Resident ☐ Foreign National Non-Resident

*Country of Birth

*Country of Tax Residence:

*Mother's Maiden Name

Landline

*Mobile No.

*E-mail ID

Account level Email Statements: ☐ Yes ☐ No

*Address as per OVD

Landmark (If any)

City

District

State

Country

Pin Code

OVD

Name of Document

Document ID No.

(In case of Aadhaar, write Aadhaar reference number)

Expiry Date

Contd...3/10

ANNEXURE 1: 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)* (the Firm). We hereby, unconditionally & irrevocably, undertake that the Firm, its Partners and/or its successors shall be jointly / 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) _____

Signature

Name (ii) _____

Signature

*Please strike off if not applicable

ANNEXURE 2: 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 _____ *Father's 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

Date of Birth Country of Birth

Country of Tax Residency

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

TIN Issuing Country

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

ANNEXURE 3: NOMINATION (FORM DA1) (Applicable to Sole Proprietorship concern only)

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

The Nominee or Guardian (if applicable) cannot be a holder on the account. If the Nominee is a foreign national, please contact IDFC Bank for an alternate Nomination Form

☐ **Yes**, I want to nominate the following person to whom in the event of my/our/minors 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:

***Father's Name:**

Relationship with Depositor (If any) **Date of Birth**

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

Guardians Name:

Guardians Address:

to receive the amount of deposits in the account on behalf of the nominee in the event of my/our/minors 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/advice ☐ 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

D D M M Y Y Y Y

SIGNATURE

Name _____

Place

WITNESS 1

(Required only if applicants use thumb impressions)

Name _____

WITNESS 2

(Required only if applicants use thumb impressions)

Name _____

Contd...5/10

ANNEXURE 4 - FATCA/CRS DECLARATION

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

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

ANNEXURE 5 - FATCA/CRS DECLARATION

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

ANNEXURE 6 -BENEFICIAL OWNERSHIP DECLARATION

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

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

Please tick the relevant option below:

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

Sr. No	Name	Current address	Does the OVD address match the current address (If "No" provide a deemed OVD)	Mobile No.	Date of Birth	Gender	Control Details Type	Controlling Ownership %
1.								
2.								
3.								
4.								
5.								

Sr. No	Nationality	Resident of India	PAN [#]	OVD & Deemed OVD	Father's Name	Occupation	Country of Birth	Country of Tax Residence	Tax Identification Number (TIN)
1.		<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident							
2.		<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident							
3.		<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident							
4.		<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident							
5.		<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident							

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

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

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 of Authorised Signatories:

Name _____
 Designation _____
 Date

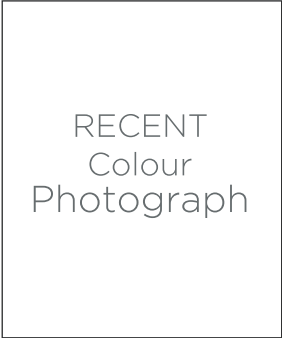
Signature with Stamp

2. Signature of Authorised Signatories:

Name _____
 Designation _____
 Date

Signature with Stamp

ANNEXURE 6* PHOTOGRAPHS OF BENEFICIAL OWNERS



Name _____



Name _____



Name _____



Name _____



Name _____



Name _____

ANNEXURE 7 GST ANNEXURE

CUSTOMER DETAILS

Branch Name

Customer Name

GST Status ☐ Registered ☐ Unregistered

Are you exempted from GST? ☐ Yes (Please submit documentary evidence for the exemption) ☐ No

If exempt ☐ Customer level exemption ☐ Account level exemption

Related person to IDFC FIRST Bank ☐ Yes ☐ No (If yes, please note that GST as may be applicable, needs to be paid by the related person.)

(Refer Glossary of terms for definition of related person)

If Registered then Provide the State wise GST details

Please mention the primary GSTN for this account as the first GSTN.

Sr.No.	Name of the State	GST Registration Number#	Address as per GSTN records\$	Remarks
		<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"/>		

\$ Address as per GSTN records is the address of receiving the service.

If you have more than 10 GST Registration Numbers; please use another copy of this sheet.

Name

Designation

Signature and Stamp

Name

Designation

Signature and Stamp

GLOSSARY OF TERMS

Definition of related person under GST is as under:

- (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 recognised 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.

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.

U.S. Persons

- a) A tax resident of U.S.
- b) A U.S. entity or organization incorporated in U.S.
- c) A partnership or a corporation organized in the U.S. or under the law of the U.S. 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 U.S. 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);
- i) Any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code
- j) 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
- k) 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
- l) A broker as defined in section 6045(c) of the U.S. Internal Revenue Code
- m) 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 U.S. 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

ANNEXURE 8-NATURE OF INDUSTRY

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Airlines | <input type="checkbox"/> Arms/Antique/Art Dealer | <input type="checkbox"/> Boat/Plane Dealership | <input type="checkbox"/> Bar/Casino/Night Club |
| <input type="checkbox"/> Bullion/Forex Dealer | <input type="checkbox"/> Dot-com Company or Internet business | <input type="checkbox"/> Electric power generation, transmission and distribution | <input type="checkbox"/> Exchange House |
| <input type="checkbox"/> Financial Advisory - Portfolio management services | <input type="checkbox"/> Gas-distribution of gaseous fuels | <input type="checkbox"/> Housing Finance Co. | <input type="checkbox"/> Insurance Co. |
| <input type="checkbox"/> Investment /Money Management / Personal Investment Company | <input type="checkbox"/> Iron and Steel | <input type="checkbox"/> Liquor Distributor | <input type="checkbox"/> Merchant Banking |
| <input type="checkbox"/> Money Services (Money transfer agent, remittance house, bank note traders) | <input type="checkbox"/> Mining | <input type="checkbox"/> Movie theatre | <input type="checkbox"/> Petroleum Oil & Gas |
| <input type="checkbox"/> Pawn Shop | <input type="checkbox"/> Stock Broker | <input type="checkbox"/> Term Lending Co. | <input type="checkbox"/> Used car dealer |
| <input type="checkbox"/> Veterinary activities | <input type="checkbox"/> Venture Capital Companies | <input type="checkbox"/> Waste collection, treatment and disposal activities; materials recovery | |
| <input type="checkbox"/> Other Pvt. Financial Corp. | | | |