

SAVINGS ACCOUNT OPENING FORM

Instruction to fill the forms 1. Please fill up in Black Inl	s k & in BLOCK letters only. Please leave one box blank between two words.
2. Tick ☑ the appropriate	
4. All Blank Spaces to be o	cancelled. (PLEASE DO NOT SIGN BLANK FORM)
5. Fields with*are Mandato Work Item ID	ory.
Customer ID	Account Number
edstorrier ib	TYPE OF ACCOUNT
*Type of Saving A/c	Pratham Vishesh Savings Vishesh (ALSA)
*Services required	SMS Alert Cheque Book I/We hereby declare that we are not holding
	PPLICANT DETAILS (Not Applicable for Pratham) One of the control
	ner of IDFC FIRST Bank, fill in your Customer ID here
CKYC No (If any)	
	PERSONAL INFORMATION
*Name	(Please complete as per your identity proof)
Prefix First name	Middle name Last name
*Maiden Name (If Any) In ca	ise of Female member
Prefix First name	Middle name Last name
Father's/Spouse Name	9 "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 *Date of Birth (Age Proof Mandatory for Minor)
*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 Identificat	ion Number *TIN Issuing Country
Separate annexure to be executed in case o	f dual country of tax residence.
*Nationality	*Citizenship India Others Others
*Residential Status	Resident Individual Non-Resident Indian Person of Indian Origin Foreign National
*Marital Status	Married Un-married Others Others
*Caste category	General OBC SC ST (Please specify)
*Religion/Community	Hindu Muslim Christian Sikh Jain Zoroastrians Buddhists
	Others (Please specify)
PAN	Form 60 Form 49A
Aadhaar Number	(Please fill if PAN is not available) (Please submit copy of form 49A) X X X X X X X X X
Addition Number	
MCNDECA Caral Na	Expiry Date DD MM YYYY Voter ID
MGNREGA Card No	
National Population Reg	
*Services required	Expiry Date DD MM YYYY Debit Card Mobile Banking Internet Banking
Name on Debit Card	
*Customer type	Minor Senior Citizens General Public
Proof of Identity	SIMPLIFIED MEASURES ACCOUNT
Document Type Code	Identification Number
Proof of Address Document Type Code	Identification Number
(Please refer at the end of form for	instructions/ Clarification)
	*ADDRESS AS PER OFFICIALLY VALID DOCUMENTS (OVD)
*Address	
Landmark Area	
*City/Town/Village	*District *Pin *Pin *Pin *Pin *Pin *Pin *Pin *Pin
*State/ U.T.	*Country *Country
Juic/ 0.1.	Country



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											
Landmark (If any)											
City State Pin Code											
ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES											
Same as per Officially Valid Document Same as Current Address											
*Address											
Landmark Area *City/Town/Village *City/Town/Village											
*District *ZIP / Post Code											
*State / U.T. *Country *Country											
*CONTACT DETAILS											
Land line No (Residence)											
STD Code Mobile No											
ISD Code Email ID											
*EMPLOYMENT DETAILS											
*EMPLOYMENT DETAILS Occupation Salaried Public Private Government (Please Specify Corporate Type) Self Employed Agriculture and Allied Dairy Artisan Technician/Skilled Worker											
Daily Wage Worker Weaver Services Retail Shop											
Business Manufacturer Trading Retail Shop Furniture Contractor Education Services											
Self Employed Professional Doctor Lawyer CA/CS Engineer Independent Consultant Architec											
Self Employed Specified Shroff Money Lender Stock Broker Dealer											
Home Maker Retired Student Farmer Politician Unemployed											
Source of Income Salaried Profession Investment Income Business Services Agriculture Family Income											
Annual Income Up to ₹1 Lakh ₹5 Lakh to ₹5 Lakh ₹5 Lakh to ₹10 Lakh ₹5 Lakh to ₹10 Lakh Above ₹5 Crores											
Please execute the GST annexure if you are registered or exempt under GST											
Are you a PEP* or related to one? Yes No *Definition: Politically Exposed Persons (PEPs): Politically exposed persons are individuals who are or have been entrusted with prominent public functions in a country. Examples of PEPs include, but not limited to: (i) Heads of States or of Governments (ii) Senior politicians (iii) Senior government / judicial / military officers (iv) Senior executives of state-owned corporations (v) Important political party officials (vi) Senior Indian Diplomatic personnel posted outside the country. The term PEP also includes the families and close associates of the PEPs mentioned above.											
SECOND /JOINT APPLICANT ONE DETAILS Type of Applicant General Guardian of Minor Power of Attorney Holder/Authorised representative Assignee											
If you are already a customer of IDFC FIRST Bank, fill in your Customer ID here											
CKYC No (If any)											



	PERSONAL INFORMATION	
*Name		(Please complete as per your identity proof
Prefix First name *Maiden Name(If Any) In case	Middle name Last name	
Transcription (array) in eas		
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	Middle name Last name	
Prefix First name	Middle name Last name	
*Gender Male	Female Third Gender *Date of Birth (Age Proof Mandatory fo	or Minor)
*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	on Number *TIN Issuing Country	
Separate annexure to be executed in case of	tual country of tay residence	
*Nationality	*Citizenship India Others	
*Residential Status	Resident Individual Non-Resident Indian Person of Indian	Please specify) n Origin Foreign National
*Marital Status	Married Un-married Others Please specify	
*Caste category	General OBC SC ST	
*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	X X X X X X X X Driving License	
	Expiry Date DD	M M Y Y Y Y
MGNREGA Card No	Voter ID	
National Population Reg	ister Passport Passport	
	Expiry Date DD	MM YYYY
*Services required	Debit Card Mobile Banking Internet Banking	
Name on Debit Card		
*Customer type	Minor Senior Citizens General Public	
Proof of Identity	SIMPLIFIED MEASURES ACCOUNT	
Document Type Code	Identification Number	
Proof of Address		
Document Type Code (Please refer at the end of form for i	Identification Number Identification Number	
	*ADDRESS AS PER OFFICIALLY VALID DOCUMENT	C (OVD)
*Address	ADDRESS AS PER OFFICIALLY VALID DOCUMENT	3 (04D)
Address		
Landmark Area	*City/Town/Village	
*District	*ZIP / Post Code	
*State / U.T.	*Country	
	CURRENT ADDRESS	
Come se Aberra en		Desidence Disco of Movie
Same as Above or	Deemed OVD* (select any 1 document) This is my	Residence Place of Work
	y or Municipal Tax Receipt Letter of Allotment/Leave and License Agreement	t Letter issued by Foreign Embassy
Deemed OVD Number		
Line 1		
Line 2		
	Landmark (If any)	
City	State State	Pin Code



*Address Landmark Area *City/Town/Village *District *ZIP / Post Code *State / U.T. *Country *Country Land line No (Residence) Land line No (Office)	
*District *ZIP / Post Code *State / U.T. *CONTACT DETAILS	
*District *ZIP / Post Code *State / U.T. *CONTACT DETAILS	
*State / U.T.	
*CONTACT DETAILS	
*CONTACT DETAILS	
STD Code STD Code	
Mobile No ISD Code I do not wish to disclose the mobile number and understand the implication of not receiving communication from bank	3
Email ID	
*EMPLOYMENT DETAILS	
Occupation Salaried Public Private Government (Please Specify Corporate Type)	
Self Employed Agriculture and Allied Dairy Artisan Technician/Skilled Worker Daily Wage Worker Weaver Services Retail Shop	
Business Manufacturer Trading Retail Shop Furniture Contractor Education Services	
Self Employed Professional Doctor Lawyer CA/CS Engineer Independent Consultant Archi	itact
Self Employed Specified Shroff Money Lender Stock Broker Dealer	teci
Home Maker Retired Student Farmer Politician Unemployed Source of Income	d
Salaried Profession Investment Income Business Services Agriculture Family Income	
Annual Income Up to ₹1 Lakh ₹1 Lakh to ₹5 Lakh ₹5 Lakh to ₹10 Lakh ₹10 Lakh to ₹25 Lakh	
₹25 Lakh to ₹50 Lakh Above ₹50 Lakh Above ₹5 Crores	
Please execute the GST annexure if you are registered or exempt under GST	
Are you a PEP* or related to one? Yes No	
Are you a PEP* or related to one? Yes No *Definition: Politically Exposed Persons (PEPs): Politically exposed persons are individuals who are or have been entrusted with prominent public functions in a country. Example 1.	ples
of PEPs include, but not limited to: (i) Heads of States or of Governments (ii) Senior politicians (iii) Senior government / judicial / military officers (iv) Senior executives of state-ow corporations (v) Important political party officials (vi) Senior Indian Diplomatic personnel posted outside the country. The term PEP also includes the families and close associated the PEPs mentioned above.	ned
THIRD/JOINT APPLICANT TWO DETAILS	
If you are already a customer of IDFC FIRST Bank, fill in your Customer ID here	
CKYC No (If any)	
PERSONAL INFORMATION	
*Name (Please complete as per your identity pro	oof)
Prefix First name Middle name Last name	Ш
*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	
	Ш
Prefix First name Middle name Last name *Condor Male Formula Third Condor *Date of Pirth	V
*Gender Male Female Third Gender *Date of Birth CAGE Proof Mandatory for Minor) *Place of Birth *Country of Tax Residence	Υ
Country of lax residence Frace of Birth	
*Foreign Tax Identification Number (Please complete below if you are a Tax Resident of any country other than India) *TIN Issuing Country *TIN Issuing Country	ш
*Foreign Tax Identification Number *TIN Issuing Country Separate annexure to be executed in case of dual country of tax residence.	
*Nationality	
*Residential Status Resident Individual Non-Resident Indian Person of Indian Origin Foreign Natio	nal
*Marital Status Married Un-married Others	
*Caste category General OBC SC ST (Please specify)	
*Religion/Community Hindu Muslim Christian Sikh Jain Zoroastrians Buddhi	ists
Others Others	



PAN										Forn			not avail	-1-1->					rm 4							
Aadhaar Number	\times	XX	X	X	XX					(Please			Lice					(Ple	ase su	bmit (ору	от тог	rm 49	JA)		
											Ex	piry	Date		D	D		М	М	Υ	Υ	Υ	Υ			
MGNREGA Card No					+								er ID					4	_						+	Щ
National Population Reg	ister												sport oiry D		D	D	<u> </u>	М	М	Y		Y				
*Services required	De	bit Ca	ard	[M	1obi	ile E	3anki	ng	In	terr		ankin				J L	1*1	1+1	1		1	I			
Name on Debit Card					\bot				Щ																	
*Customer type																										
SIMPLIFIED MEASURES ACCOUNT Proof of Identity																										
Document Type Code								Ide	ntific	ation	Nur	mber														
Proof of Address Document Type Code		/ Clarifia	ation					Ide	ntifica	ation	Nur	mber														
(Please refer at the end of form for instructions/ Clarification) *ADDRESS AS PER OFFICIALLY VALID DOCUMENTS (OVD)																										
*Address		AD	DRE	55	AS	PE	R C)FFI	CIA	LLY	VA	LID			ME	N I	5 (O'	/レ) 	Т				T	Т	
/ tadi ess					\pm									+			П			 					+	
Landmark Area					Ť	П				+				T				T		 					Ť	
*City/Town/Village				Ħ				*Dist	rict	Ī				Ī		T	Τ			*	Pin					
*State/ U.T.										*	Соι	untry														
						(CUF	RREN	T A	DRI	ESS															
Same as Above or	Dee	med O	VD* (s	select	any 1	_									s is	-		=	Resid						of W	
	y or Muni	cipal T	ax Red	ceipt		Le	etter	of All	otme	nt/Le	ave	and L	icense.	Ag	reer	nen	t L	_	etter	issu	ied I	эу F	ore	ign E	mba	ssy
Deemed OVD Number				$\overline{\Box}$	\perp			+	$\frac{1}{1}$	+		+		<u> </u>				_	_					_	+	Н
Line 1				H	+	$\frac{\square}{\square}$		+	H	+				+				\dashv	+	+	\perp			\pm	+	H
Line 2				\Box]	Land												+						
City				\Box			l S	(If tate	any)	\perp	Н	\pm	$\pm \pm$				П	F	in C	 ode					$^{+}$	
											1 1															
ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES																										
	JURISD e as pe						RE .	APPI	₋ICA	NT I	S RI	_	ENT (R TA	X F	PUR	RPC	SES	5	
							RE .	APPI	.ICA	NT I	S RI	_								R TA	X F	PUR	RPC	SES	5	
Sam							RE .	APPI	_ICA	NT I	S RI	_								R TA	X F	PUF	RPC	SES		
Sam							RE .	APPI	-ICA	NT I		S		as C	urr	ent				R TA	X F	PUR	RPC)SES		
*Address							RE .	APPI	-ICA		*Ci	ity/To	own/	as C	urr age	ent				R TA	X F	PUR	RPC)SES		
*Address Landmark Area							RE .	APPI	-ICA		*Ci	S ity/To	own/	as C	urr age	ent				R TA	X F	PUF	RPC)SES		
*Address Landmark Area *District						cum	RE nen	APPI		*	*Ci *ZI Cou	Silver Si	own/	as C	urr age	ent				R TA	X F	PUR	RPC	PSES		
*Address Landmark Area *District	e as pe	r Offic				cum	RE nen	APPI t	CT D		*Ci *ZI Cou	Sity/To	own/	villa	age e	ent	Ad			R TA	X F	PUR	RPC	DSES		
*Address Landmark Area *District *State / U.T. Land line No (Residence) Mobile No		r Offic				cum	RE nen	APPI t	CT D	*DET/	*Ci *Zi Cou AIL line	sity/To	own/	Willa	iurrium	ent	Ad	ldre	ess							
*Address Landmark Area *District *State / U.T. Land line No (Residence)	e as pe	r Offic				cum	RE nen	APPI t NTAC	CT D	*DET/	*Ci *Zi Cou AIL line	sity/To	own/ Post (Willa	iurrium	ent	Ad	ldre	ess							
*Address Landmark Area *District *State / U.T. Land line No (Residence) Mobile No	e as pe	r Offic			d Do	*C	RE nen	APPI t	CT D L wish nicatio	* * * * * * * * * * * * *	*CI *ZI COL AIL line	sity/To	own/ Post (Willa	iurrium	ent	Ad	ldre	ess							3
*Address Landmark Area *District *State / U.T. Land line No (Residence) Mobile No	e as pe	r Offic			d Do	*C	RE nen	APPI t NTAC	CT D L wish nicatio	* * * * * * * * * * * * *	*CI *ZI COL AIL line	sity/To	own/ Post (Willa	iurrium	ent	Ad	ldre	ess							
*Address Landmark Area *District *State / U.T. Land line No (Residence) Mobile No ISD Code Email ID Occupation	e as pe	r Offic	cially		d Do	*C	RE nen	APPI t	CT D L wish nicatic	* PET/ and distribution from	*CI *ZI COU AIL line ETA	Solution Sol	own/ Post (Willa Cod	e [ent	Ad	ldre	ess							
*Address Landmark Area *District *State / U.T. Land line No (Residence) Mobile No ISD Code Email ID Occupation	e as pe	r Offic	Pri	Valid	d Do	*C	RE nen	APPI t	ET D L wish nication IEN nt (P	* PET/ and distribution from	*Ci *Zi Cou line closee m ba	Solution Sol	ame a	Willa Code	curring age e still age age ate	Typ	Add	dre	ess	imp						
*Address Landmark Area *District *State / U.T. Land line No (Residence) Mobile No ISD Code Email ID Occupation Salaried Self Employed	e as pe	r Office	Prind Al	Validation	d Do	*C	RE nen	APPI t NTAG	L wish nication	** ** PET/ and disto di disto disto disto di di disto di di disto di	*Ci *Zi Cou AIL line babase m ba	S. S	ame a land a lan	willa Code	e STE	Typ	Add	dre	ess	imp						
*Address Landmark Area *District *State / U.T. Land line No (Residence) Mobile No ISD Code Email ID Occupation Salaried Self Employed	e as pe	r Offic	Pri Al	Validation	d Do	*C *C	RE nen	APPI t NTAG	L wish nication	** ** ** ** ** ** ** ** ** **	*Cou *ZI Cou *ZIL Iines Iines ETA	Sitity/To	ame (Willacodo	e STILLER AREA OF DEPT.	Type kill	Add	dre	ess	imp	llicat		of no	bt rec		
*Address Landmark Area *District *State / U.T. Land line No (Residence) Mobile No ISD Code Email ID Occupation Salaried Self Employed	e as pe	r Offic	Pri Al	Valid	*	*C *C Good Da Re	RE nen	APPI t VITAC OYM Short	L wish nication	* * PET/ and to disson from I DE Artis Servi	*Ci *Zi Cou NIL line ETA E Sp an ces ture	Solity/To	ame a company of the	willacodd	e STILLER AREA OF DEPT.	Type kill	Add	dre	ess	imp	Se	ion	and the control of th	bt rec		
*Address Landmark Area *District *State / U.T. Land line No (Residence) Mobile No ISD Code Email ID Occupation Salaried Self Employed Business	e as pe	r Offic	Pri nd Al Vorke	Valid Va	*	*C #C Good Daa Re Lav	RE nen	APPI t VITAC OYM Short	L wish nication	* * * * * * * * * * * * * * * * * * *	*Ci *Zi Cou NIL line ETA E Sp an ces ture	S. S	ame a company of the	Willa Code	STILL STORY OF THE	Typ kill	Add		ess	imp	Se	ion	and the control of th	bt rec	eiving	
*Address Landmark Area *District *State / U.T. Land line No (Residence) Mobile No ISD Code Email ID Occupation Salaried Self Employed Business Sam	e as pe	r Offic	Pri nd Al Vorke	Validation	*	*C *C Da Da Re Lav	RE nen	APPI t ITAGE OYM Short Short Len	L wish nication	* * * * * * * * * * * * * * * * * * *	*Ci *Zi Cou NIL line ETA E Sp an ces ture	Sitity/To	ame a common and a	willacodd porchastician should be seen action actio	STILL STORY OF THE	Type kill	Add	dre	ess	imp	Se	ion	ces	but rec	eiving	tect



Source of Income
Salaried Profession Investment Income Business Services Agriculture Family Income
Annual Income
Up to ₹1 Lakh to ₹5 Lakh to ₹5 Lakh to ₹10 Lakh to ₹25 Lakh
₹25 Lakh to ₹50 Lakh Above ₹50 Lakh Above ₹5 Crores
Please execute the GST annexure if you are registered or exempt under GST
Are you a PEP* or related to one? Yes No
*Definition: Politically Exposed Persons (PEPs): Politically exposed persons are individuals who are or have been entrusted with prominent public functions in a country. Examples of PEPs include, but not limited to: (i) Heads of States or of Governments (ii) Senior politicians (iii) Senior government / judicial / military officers (iv) Senior executives of state-owned corporations (v) Important political party officials (vi) Senior Indian Diplomatic personnel posted outside the country. The term PEP also includes the families and close associates of the PEPs mentioned above.
*INITIAL DEPOSIT DETAILS (Not Mandatory for Pratham A/C)
Amount _(Rs.) Mode of Payment Cheque DD IFT NEFT RTGS Cash
Cheque No Dated DD MM YYYYY Trace ID Trace ID
Drawn On Bank Branch
(The cheque should be crossed A/C payee and drawn Payable to "IDFC FIRST Bank Limited - Customer Name") UTR
*
*MODE OF OPERATION
Singly Jointly Either or Survivor Former or Survivor Any or Survivor
Singly Jointly Either or Survivor Former or Survivor Any or Survivor Minor under Guardian Minor Independent (above 10 years to less than 18 years) Self or POA Holder / Assignee
Singly Jointly Either or Survivor Former or Survivor Any or Survivor Self or POA Holder / Assignee Debit Card or Internet Banking transactions will not be available for accounts operated 'Jointly' or as 'Former or Survivor' *ACCOUNT IF OPERATED UNDER GUARDIAN
Singly Jointly Either or Survivor Former or Survivor Any or Survivor Minor under Guardian Minor Independent (above 10 years to less than 18 years) Self or POA Holder / Assignee Debit Card or Internet Banking transactions will not be available for accounts operated 'Jointly' or as 'Former or Survivor'
Singly Jointly Either or Survivor Former or Survivor Any or Survivor Self or POA Holder / Assignee Debit Card or Internet Banking transactions will not be available for accounts operated 'Jointly' or as 'Former or Survivor' *ACCOUNT IF OPERATED UNDER GUARDIAN (Please complete as per your identity proof)
Singly Jointly Either or Survivor Former or Survivor Any or Survivor Self or POA Holder / Assignee Debit Card or Internet Banking transactions will not be available for accounts operated 'Jointly' or as 'Former or Survivor' *ACCOUNT IF OPERATED UNDER GUARDIAN (Please complete as per your identity proof) Guardian's Name
Singly Jointly Either or Survivor Former or Survivor Any or Survivor Self or POA Holder / Assignee Debit Card or Internet Banking transactions will not be available for accounts operated 'Jointly' or as 'Former or Survivor' *ACCOUNT IF OPERATED UNDER GUARDIAN (Please complete as per your identity proof) Guardian's Name Middle name Last name Date of Birth DD MM YYYY Existing Customer ID Mandatory for existing customer Relationship with Minor Father Mother By Court Order (If yes please affix a copy)
Singly Jointly Either or Survivor Former or Survivor Self or POA Holder / Assignee Debit Card or Internet Banking transactions will not be available for accounts operated 'Jointly' or as 'Former or Survivor' *ACCOUNT IF OPERATED UNDER GUARDIAN (Please complete as per your identity proof) Guardian's Name Prefix First name Middle name Last name Date of Birth DD MM Y Y Y Y Existing Customer ID Mandatory for existing customer
Singly Jointly Either or Survivor Former or Survivor Any or Survivor Minor under Guardian Minor Independent (above 10 years to less than 18 years) Self or POA Holder / Assignee Debit Card or Internet Banking transactions will not be available for accounts operated 'Jointly' or as 'Former or Survivor' *ACCOUNT IF OPERATED UNDER GUARDIAN (Please complete as per your identity proof) Guardian's Name Middle name Last name Date of Birth DD MM YYYYY Existing Customer ID Mandatory for existing customer Relationship with Minor Father Mother By Court Order (If yes please affix a copy) Other (Please specify) Declaration: I shall represent the minor in all future transaction of any description
Singly Jointly Either or Survivor Former or Survivor Any or Survivor Self or POA Holder / Assignee Debit Card or Internet Banking transactions will not be available for accounts operated 'Jointly' or as 'Former or Survivor' *ACCOUNT IF OPERATED UNDER GUARDIAN (Please complete as per your identity proof) Guardian's Name Prefix First name Middle name Last name Date of Birth DD MM YYYY Existing Customer ID Mandatory for existing customer Relationship with Minor Father Mother By Court Order (If yes please affix a copy) Other (Please specify)
Singly Jointly Either or Survivor Former or Survivor Any or Survivor Minor under Guardian Minor Independent (above 10 years to less than 18 years) Self or POA Holder / Assignee Debit Card or Internet Banking transactions will not be available for accounts operated 'Jointly' or as 'Former or Survivor' *ACCOUNT IF OPERATED UNDER GUARDIAN (Please complete as per your identity proof) Guardian's Name Middle name Last name Date of Birth DD MM YYYY Existing Customer ID Mandatory for existing customer Relationship with Minor Father Mother By Court Order (If yes please affix a copy) Declaration: I shall represent the minor in all future transaction of any description in the above account till the same minor attains the majority. I shall indemnify the
Singly Jointly Either or Survivor Former or Survivor Any or Survivor Minor under Guardian Minor Independent (above 10 years to less than 18 years) Self or POA Holder / Assignee Debit Card or Internet Banking transactions will not be available for accounts operated 'Jointly' or as 'Former or Survivor' *ACCOUNT IF OPERATED UNDER GUARDIAN (Please complete as per your identity proof) Guardian's Name Middle name Last name Date of Birth DD MM YYYY Existing Customer ID Mandatory for existing customer Relationship with Minor Father Mother By Court Order (If yes please affix a copy) Other (Please specify) Declaration: I shall represent the minor in all future transaction of any description in the above account till the same minor attains the majority. I shall indemnify the bank against any claims of the above minor of any withdrawals/transaction made by me in his/her account.
Singly Jointly Either or Survivor Former or Survivor Any or Survivor Self or POA Holder / Assignee Debit Card or Internet Banking transactions will not be available for accounts operated 'Jointly' or as 'Former or Survivor' *ACCOUNT IF OPERATED UNDER GUARDIAN (Please complete as per your identity proof) Guardian's Name First name Middle name Last name Date of Birth Do Mandatory for existing customer ID Mandatory for existing customer Relationship with Minor Father Mother By Court Order (If yes please affix a copy) Other (Please specify) Declaration: I shall represent the minor in all future transaction of any description in the above account till the same minor attains the majority. I shall indemnify the bank against any claims of the above minor of any withdrawals/transaction made by me in his/her account. *INFORMATION ON OTHER PRODUCTS AND OFFERINGS
Singly Jointly Either or Survivor Former or Survivor Any or Survivor Minor under Guardian Minor Independent (above 10 years to less than 18 years) Self or POA Holder / Assignee Debit Card or Internet Banking transactions will not be available for accounts operated 'Jointly' or as 'Former or Survivor' *ACCOUNT IF OPERATED UNDER GUARDIAN (Please complete as per your identity proof) Guardian's Name Middle name Last name Date of Birth DD MM YYYY Existing Customer ID Mandatory for existing customer Relationship with Minor Father Mother By Court Order (If yes please affix a copy) Other (Please specify) Declaration: I shall represent the minor in all future transaction of any description in the above account till the same minor attains the majority. I shall indemnify the bank against any claims of the above minor of any withdrawals/transaction made by me in his/her account.
Singly Jointly Either or Survivor Former or Survivor Any or Survivor Minor under Guardian Minor Independent (above 10 years to less than 18 years) Self or POA Holder / Assignee Debit Card or Internet Banking transactions will not be available for accounts operated 'Jointly' or as 'Former or Survivor' *ACCOUNT IF OPERATED UNDER GUARDIAN (Please complete as per your identity proof) Guardian's Name Prefix First name Middle name Last name Date of Birth DD MM YYYYY Existing Customer ID Mandatory for existing customer Relationship with Minor Father Mother By Court Order (If yes please affix a copy) Other (Please specify) Signature of Guardian by me in his/her account. *INFORMATION ON OTHER PRODUCTS AND OFFERINGS From time to time IDFC FIRST Bank Limited communicates various new products/special features of existing products/promotional
Singly Jointly Either or Survivor Former or Survivor Any or Survivor Minor under Guardian Minor Independent (above 10 years to less than 18 years) Self or POA Holder / Assignee Debit Card or Internet Banking transactions will not be available for accounts operated Jointly' or as 'Former or Survivor' *ACCOUNT IF OPERATED UNDER GUARDIAN (Please complete as per your identity proof) Guardian's Name Prefix First name Middle name Last name Date of Birth D M M Y Y Y Y Existing Customer ID Mandatory for existing customer Relationship with Minor Father Mother By Court Order (If yes please affix a copy) Other (Please specify) Declaration: I shall represent the minor in all future transaction of any description in the above account till the same minor attains the majority. I shall indemnify the bank against any claims of the above minor of any withdrawals/transaction made by me in his/her account. *INFORMATION ON OTHER PRODUCTS AND OFFERINGS From time to time IDFC FIRST Bank Limited communicates various new products/special features of existing products/promotional offers which are of significant benefit to its customers. Please help us to serve you better by giving your consent to be informed about



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

I/We being prospective/existing customer of IDFC FIRST Bank Limited ("IDFC FIRST Bank"), have read, understood and agree to abide by and be bound by all the Terms and Conditions displayed on website of the IDFC FIRST Bank i.e. www.idfcfirstbank.com and other applicable laws which governs/will govern, all of my/our accounts, for present and future, maintained/opened/to be maintained/to be opened with IDFC FIRST Bank Limited, from time to time and also by the provisions of the various services/facilitieswhich are availed/utilised at present or may be availed/utilised in future as & when required including but not limited to (a) ATMs (b) Phone Banking (c) Debit Card (d) Mobile Banking.

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 gu lines. 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 have read, understood and agree to the charges/costs, including but not limited to the charges/costs mentioned in the extant Schedule of Charges and all other facilities availed/to be availed by me/us and hereby agree to bear the charges as revised by IDFC FIRST Bank Limited, from time to time, at 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 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/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 do hereby authorise 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 have not 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, (Name) hereby declare that I don't have any other type of saving account with IDFC FIRST Bank Limited In case of any existing saving accounts maintained in my name, IDFC FIRST Bank Limited is hereby authorized to close the existing account within 30 days of this account opening and transfer the credit balances thereunder (if any) to this account. (This is applicable for IDFC FIRST Pratham Account only) I further request you to register my mobile number & Email ID as mentioned in the Form to this account. SMS alerts may be sent to this mobile number.

I have been explained about the nature of information that may be shared upon authentication. I have been given to understand that my information submitted to the bank herewith shall not be used for any purpose other than mentioned above, or as per requirements of law. I hereby declare that all the above information voluntarily furnished by me is true, correct and complete.

I/We also agree to furnish and intimate to IDFC FIRST Bank, any other particulars that are called upon me to provide on account of any change in law either in India or a broad in the subject matter herein. I/We hereby authorise 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.

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") are 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 allect the assessment/categorisation of the account as a Reportable account or otherwise.

assessment/categorisation of the account as a Reportable account or otherwise.

I/We further agree that any false/misleading Customer Information given by me/us or suppression of any material fact will render my/our account liable for closure and the bank shall be, in its sole discretion, have the right to initiate any further action, under law or otherwise. In the event of any change/inaccuracy in the Customer Information, I/We further agree and confirm to declare, disclose and furnish, within a maximum period of 30 days, to IDFC FIRST Bank 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 hereby agree to indemnify and keep indemnified IDFC FIRST Bank Limited, alliates and their successors or assignees if any of the representations and declarations made hereunder by me/us is incorrect, false or misleading in any of its particulars and/or any non-compliance by me of the terms hereunder. I/We hereby declare that all Foreign Exchange transactions, as may be entrusted by me/us to the IDFC FIRST Bank Limited 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 effect.

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

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 agree and understand that IDFC FIRST Bank Limited 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 Limited reserves the right to retain this account opening application form, and the documents provided herewith by me/us, including photographs, KYC documents, and are not liable to return the same to me/us.

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.

Central KYC Registry through SMS/mail on the above registered number/email address.

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.

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.

I also agree that our failure to disclose any material fact known to me now or in future, may invalidate my application and IDFC 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.

I agree to furnish any particulars/information that is called upon me by IDFC Bank on account of any change in law either in India or abroad in the subject matter herein.

In the event there is any tax demand (including interest(if any)) raised due to prodisclosure/inaccurate disclosure of information documents on my/our part. Lundertake to

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.

For IDFC Vishesh (ALSA), The account will be converted to Vishesh Savings account and MAB requirement of Rs. 5,000/- will have to be maintained and other charges basis the latest schedule of charges related to the account will apply in case of below scenarios:	
• Loan account not set-up within 3 months of Asset Linked Savings Account opened • Loan account closed and no other Live Asset relationship	
I hereby give my consent and understand that IDFC FIRST Bank reserves the right to assign any activities related to the Debit Card operations (such as transaction processing, debit card generation, inventory management and any other Debit Card related service, basis service agreement), to the service provider/s appointed by IDFC	

FIRST Bank, whether located in India or overseas or to any IDFC FIRST Bank Group entity, at Bank's sole discretion, in accordance with the applicable regulatory guidelines. I give my consent to IDFC FIRST Bank to provide/share details of my Card /add-on Card member and our Account/ application details, with its service providers for activiti such as Application Processing, Card Manufacturing & Embossing, Transaction and Payments processing, Rewards Management services, Statement services, Card Feature/Benefit Utilisation, Sales/Marketing, and Customer Service related to the Debit Card, for smooth and seamless processing and servicing. The current list of such service providers is appended in the Terms & Conditions webpage under ATM/Debit Card section https://www.idfcfirstbank.com/terms-and-conditions/atm-debit-card

Signature/Thumb Impression of 1st Applicant	Signature/Th	numb Impression of 2nd Applicant	Signature/Th	umb Impression of 3rd Applicant
Witness		Name		Name
(required only if Applicant uses thumb impression)	Witness 1	Signature	Witness 1	Signature
Date of Declaration DD MM YY	YY	Place of Declaration		

(r



I/We wish to c Sweep Out is a f Through Sweep Fixed deposits a Sweep Out will b Sweep In facility The frequency o	facility which Out facility, are formed fo be triggered vis enabled l	n pro savir or de basi oy de	vides lid ngs bald fault te s freque efault fo	quidit ance f nure c ency : or all I	y of from of 37 selec FDs l	a Sa the O da ted	aving acc ays o , sub k thr	gs A ount only oject oug	cco ist at to hS	unt tran app avai wee	cou sfer lica ilab p C	red ble ility ut	d w au inte of	ith tom eres bal	high nation at ra ance	ner ally tes es ir	inte into	resi o a	ear Fixe	rnin ed E gs <i>A</i>	gs (Dep	osit oun	, at t	a sp	oeci	ific t			ıld l	imit	Ī.
			Deta	ails													Sen	ior	Citi	zen	Ac	cou	nt			Mir	nor	Acc	oui	nt	
Balance required in	account to	enab	le Swe	ep In												₹75,000									₹1:	5,00	00				
Remaining balance	post deposi	t boo	oking													₹50,000								₹10,000							
Minimum amount of	Minimum amount of deposit booked through Sweep Out													₹25,000 ₹5,000																	
Maximum amount of deposit booked through Sweep Out																		;	₹99,	,99,	999										
*Applicable only for Ser	Applicable only for Senior citizen/Minor Account												_																		
	*Applicable only for Senior citizen/Minor Account Annexure 1: NOMINATION DETAIL (Nomination form DA1)																														
Nomination under Section The Nominee or Gu Yes, I want to no may be returned	uardian (if a ominate the	appli e foll	icable) owing	cani	not l	oe a	a ho	ldei	r or	n th	e a	ccc	un	t.																	
Nominee Name										<u> </u>	<u> </u>												L	L		Ш					
	Prefix		First n	ame					_	Mı	iddl T	e na	ame	=		_			_				Lá	ast r	nam	₁e ┌──					_
Nominee Address																										Ш					
Relationship with d	lepositor's,	if ar	ny 🗀						Τ				Da	ate	of E	3irt	h] (M	1 M		Υ	Υ	Υ	Υ		Ag	е	T	\neg
If the nominee is min the amount of depo (Where deposit is ma	sit in the ac	coun	it on be	ehalf o	of no	mir	nee i	n th	e e	vent	t of	my,	/ou	r/m	ino	r's (deat	h c	lurir	ng t	he i	min	orit	у о	f th	e no	omi	nee	٠.		е
Guardian Name																															
	Prefix		First n	ame					_	Mı	iddl	e na	ame	e 	_	_		_	_		_	_	Lá	ast r	nam	₁e ┌──				_	_
Guardian Address		_			\perp		<u> </u>	+	+	<u> </u>					4	4	+	+	+	+	+	<u> </u>	<u> </u>			ᆜ	ᆜ	4	4	4	닠
																										Ш					
**Where deposit is ma											_		-										n b	eha	If o	f the	e m	inor	:		
Would you like the No, I do not wa consequences	nt to nomi	nate	anyor	ne on	my	bel	nalf	at t	his						•			_	Yes Idva	_		lo es c	of n	om	ina	tior	n aı	nd t	he		
I/We do hereby de	clare what	is st	ated a	bove	e is t	rue	to t	he	bes	st o	f m	y k	no	wle	dge	ar	nd k	eli	ef.												
Date D D	1 M Y	Y	Y		Pla	се																									
Signature/Thumb Imp	ression of 1s	t Apı	plicant	S	Signa	ture	/Th	umb	Im	pres	ssio	n of	2n	d A	ppli	can	t	Sig	gnat	ure,	/Th	uml	o In	npre	ssic	on o	ıf 31	d A	.ppl	icaı	nt
	Name Name Name																														
(required only if Applic	cant uses thu	ımb i	impress	sion)					Sig	gnat	ture												S	Sign	atu	re					
				L					W	itne	ss 1						_	L					٧	Vitn	ness	; 2					

SWEEP OUT FACILITY



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																	2				,		ation			
	Middle Name																				T					
	Surname																									
																		T								
3	Father's Name (in case of individual)																									
	Middle Name																									
	Surname																									
4	4 Flat/ Room No.									5	Floor No.															
6	Name of premis	es							-	7	Block Name/No.															
8	Road/ Street/ L	ane							9	9	Area,	/ Loc	ality													
10	Town/ City								1	11	Distri	ct					12	State								
13	Pin code			14		Teleph	ione N	Numb	er (\	with	STD o	ode)				15	Mobi	le Nur	nber							
16	Amount of trans	acti	on (F	Rs.)												18		se of t						,		
17	Date of transact (DD/MM/YYYY)															10		oer of action		ons ii	IVOIV	ea in	trie			
19	Mode of transac	tion	: 🗆	Cash,	ı	□ Che	eque,		□ C	ard,		Draf	t/Bar	nker's	Che	que,		Online	trans	fer,	[□ Otl	ner			
20	Aadhaar Numbe (if available)	er iss	sued	by UII	DAI		X	X	X		XX	X		Ţ												
21	If applied for PA enter date of ap																									
21	Acknowledgem	ent I	Numk	oer																						
22	If PAN not appli the financial yea							•	•	_	ome (of spo	ouse, I	mino	r chile	d etc.	as per	sectio	n 64	of In	come	e-tax	Act,	961)	for	
	a Agricultur	al in	come	e (Rs.))																					
	b Other than	n agı	ricult	ural ir	ncom	ie (Rs	.)																			
23	Details of docur support of ident (Refer Instruction	ity i	n Col	lumn 1		ed in	Doc	cume de	nt	Document Identification Number Name and address of document										of the authority issuing the						
24	Details of docur support of addr (Refer Instruction	ess i	n Co	lumns			Doc	cume de	nt		cume mber	nt Ide	entific	ation		Name and address of the authority issuing the document										
							•		I	\	/erif	icat	ion													
l,																	ove is									
	I further declare t																			-						
	tc. as per section th the above tran					-	-										incom	е-тах	ACt, 1	1961	or th	e rina	ancial	yeaı		
Verifie	d today, the			da	ay of	:			20)	_ P	lace:						(Signa	ature	of de	eclara	ant)			
Note:	erified today, the day of 20 Place: (Signature of declarant) Dete:																									

- 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)

SI.	Nat	ure of Document	Document Code	Proof of Identity	Proof of Address
Α.	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)			
		by of trust deed or copy of certificate of registration issued by writy Commissioner	27	Yes	Yes
C.		Association of persons (other than Trusts) or Body of viduals or Local authority or Artificial Juridical Person			
	con or a	by of Agreement or copy of certificate of registration issued by Charity or any other competent authority on other document originating from any Central or State Government partment 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 SI. No. 18 and the total amount of transaction is to be filled in SI. No. 16.



ANNEXURE 3: GST DETAILS Date D D M M Y Y Y Y											
_	h Name	<u></u>									
	mer Name										
First N	Name										
	e Name										
Last N		State wise GST details as below:									
Sr No			ddress as per GSTN records \$ Any other information								
# Plea	ase mention primary G	ore than 5 GST Registration No., a separate AnnexulesTN as the first GSTN. Primary GSTN will be considered in the address of receiving the service.	re shall be obtained from the customer. dered as the default GSTN for the purpose of invoicing.								
Defini	tion of Related Pers	on									
		ned to be "related persons" if e officers or directors of one another's businesses	5.								
	(ii) such persons are	e legally recognized partners in business; e employer and employee;	• 1								
		ctly or indirectly owns, controls or holds twenty-fi	ive per cent or more of the outstanding voting stock								
	(v) one of them dire	ectly or indirectly controls the other; e directly or indirectly controlled by a third persor	n:								
	(vii) together they di	irectly or indirectly control a third person; or they									
(c)	persons who are asso	o includes legal persons; ociated in the business of one another in that one oever described, of the other, shall be deemed to	is the sole agent or sole distributor or sole be related.								
			Name :								
			Designation :								

Signature



	Aleasures Accounts for verifying the identity & address of the applicant, any one POI & POA each from the following documents need to be submitted documents d
Document Code	Description
01	Identity card with applicant's photograph issued by Central/State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.
Proof of Address [Po	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone,
02	piped gas, water bill). Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.
	*FOR BANK USE
Branch Name	Branch Code
Lead Generator C	
(BC/RM/RO/Othe	
Lead Converter C	
Certification:	
I have met th	he Customer at his: Residence Place of Work Other
	verified the original KYC documents. Copy/photo taken for record. The customer has signed in my presence
avo ooo aa v	
Name of the Bran	nch Official/BC Retailer
Employee ID/BC	C Code
Date	
	Signature & Stamp
Name of the Oper	pration Officer
Name of the Oper	radion officer
Employee ID	
Date	
_	Signature & Stamp
Customer ID 1:	Customer ID 2:
Customer ID 3 :	Account No:
Product Code	
Definition of Deemed O' (a) Utility bill which	OVD is as under: h is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill)
(b) Property or Muni	ins not more than two months old or any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill) nicipal tax receipt ily pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the addr
(d) Letter of allotme	nent of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sect
undertakings, sci	
accommodation	I by a foreign national does not contain the details of address, in such case the documents issued by the Government departments of foreign
accommodation (e) OVD presented b	d letter issued by the Foreign Embassy or Mission in India shall be accepted as proof of address
accommodation (e) OVD presented b	
accommodation (e) OVD presented b	
accommodation (e) OVD presented to jurisdictions and	d letter issued by the Foreign Embassy or Mission in India shall be accepted as proof of address
accommodation OVD presented by jurisdictions and OVD presented by presented by purisdictions and OVD presented by purisdictions and purisdictions and purisdictions and purisdictions and purisdictions are presented by presented	d letter issued by the Foreign Embassy or Mission in India shall be accepted as proof of address ACKNOWLEDGEMENT
accommodation OVD presented by jurisdictions and OVD presented by The Bank official Schedule of Char	ACKNOWLEDGEMENT ribed for the product Pratham Vishesh Vishesh (ALSA) Savings al has explained to you the Terms & Conditions of account opening, details of Features & Charges as per Bank's arges (SOC) and Average Quarterly / Monthly Balance requirement as applicable to the product subscribed by
accommodation OVD presented by jurisdictions and OVD presented by The Bank official Schedule of Char	ACKNOWLEDGEMENT ribed for the product Pratham Vishesh Vishesh (ALSA) Savings al has explained to you the Terms & Conditions of account opening, details of Features & Charges as per Bank's
accommodation OVD presented by jurisdictions and OVD presented by The Bank official Schedule of Char	ACKNOWLEDGEMENT ribed for the product Pratham Vishesh Vishesh (ALSA) Savings al has explained to you the Terms & Conditions of account opening, details of Features & Charges as per Bank's arges (SOC) and Average Quarterly / Monthly Balance requirement as applicable to the product subscribed by ond and abide by the Bank's General Terms & Conditions available on Bank's website www.idfdirstbank.com.
accommodation OVD presented b jurisdictions and OVD presented b jurisdicti	ACKNOWLEDGEMENT ribed for the product Pratham Vishesh Vishesh (ALSA) Savings al has explained to you the Terms & Conditions of account opening, details of Features & Charges as per Bank's arges (SOC) and Average Quarterly / Monthly Balance requirement as applicable to the product subscribed byound and abide by the Bank's General Terms & Conditions available on Bank's website www.idfdirstbank.com.
You have subscri The Bank official Schedule of Char You will be bound	ACKNOWLEDGEMENT ribed for the product Pratham Vishesh Vishesh (ALSA) Savings al has explained to you the Terms & Conditions of account opening, details of Features & Charges as per Bank's erges (SOC) and Average Quarterly / Monthly Balance requirement as applicable to the product subscribed by ond and abide by the Bank's General Terms & Conditions available on Bank's website www.idfdirstbank.com.
accommodation OVD presented b jurisdictions and OVD presented b jurisdicti	ACKNOWLEDGEMENT ribed for the product Pratham Vishesh Vishesh (ALSA) Savings al has explained to you the Terms & Conditions of account opening, details of Features & Charges as per Bank's arges (SOC) and Average Quarterly / Monthly Balance requirement as applicable to the product subscribed byo and and abide by the Bank's General Terms & Conditions available on Bank's website www.idfdirstbank.com.
accommodation OVD presented b jurisdictions and OVD presented b jurisdicti	ACKNOWLEDGEMENT ribed for the product Pratham Vishesh Vishesh (ALSA) Savings al has explained to you the Terms & Conditions of account opening, details of Features & Charges as per Bank's arges (SOC) and Average Quarterly / Monthly Balance requirement as applicable to the product subscribed by ond and abide by the Bank's General Terms & Conditions available on Bank's website www.idfdirstbank.com. details Mode of Payment Cheque DD IFT NEFT RTGS Cas
You have subscrite Bank official Schedule of Char You will be bound Customer Name Initial payment de Amount(Rs.)	ACKNOWLEDGEMENT ribed for the product Pratham Vishesh Vishesh (ALSA) Savings al has explained to you the Terms & Conditions of account opening, details of Features & Charges as per Bank's arges (SOC) and Average Quarterly / Monthly Balance requirement as applicable to the product subscribed by ond and abide by the Bank's General Terms & Conditions available on Bank's website www.idfdirstbank.com. details Mode of Payment Cheque DD IFT NEFT RTGS Cas
You have subscrite Bank official Schedule of Char You will be bound Customer Name Initial payment de Amount(Rs.)	ACKNOWLEDGEMENT ribed for the product Pratham Vishesh Vishesh (ALSA) Savings al has explained to you the Terms & Conditions of account opening, details of Features & Charges as per Bank's arges (SOC) and Average Quarterly / Monthly Balance requirement as applicable to the product subscribed by ond and abide by the Bank's General Terms & Conditions available on Bank's website www.idfdirstbank.com. details Mode of Payment Cheque DD IFT NEFT RTGS Cas
You have subscrite Bank official Schedule of Char You will be bound Customer Name Initial payment de Amount(Rs.)	ACKNOWLEDGEMENT ribed for the product Pratham Vishesh Vishesh (ALSA) Savings al has explained to you the Terms & Conditions of account opening, details of Features & Charges as per Bank's arges (SOC) and Average Quarterly / Monthly Balance requirement as applicable to the product subscribed by ond and abide by the Bank's General Terms & Conditions available on Bank's website www.idfdirstbank.com. details Mode of Payment Cheque DD IFT NEFT RTGS Cas