

NEW CUSTOMER TERM DEPOSIT FORM

The Branch Manager,
IDBI Bank Limited,

Date
D D M M Y Y Y Y

Please open my sole/our joint/sole proprietorship Fixed Deposit (FD) Floating rate (Please Select)

account at your branch

PERSONAL DETAILS

	Title	First Name	Middle Name	Surname
1st applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Guardian's Name _____ (In case applicant is minor)

Relationship with minor Father Mother By court order (if yes please affix a copy) Others (Please Specify) _____

	Date of Birth (dd/mm/yy)	Sex M/F	Mother's maiden surname	Marital status	Relationship with first applicant	PAN/GIR*
1st applicant	<input type="text"/>	<input type="checkbox"/>	_____	_____	_____	<input type="text"/>
2nd applicant	<input type="text"/>	<input type="checkbox"/>	_____	_____	_____	<input type="text"/>
3rd applicant	<input type="text"/>	<input type="checkbox"/>	_____	_____	_____	<input type="text"/>

*please fill form 60 in case of non-availability of pan/gir number

Firm name (for sole proprietorship)

	Mobile no.	Office phone no.	Email id	Existing Customer ID
1st applicant	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>
2nd applicant	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>
3rd applicant	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>

Correspondence Address

Bldg./Road Name	<input type="text"/>		Area	<input type="text"/>	City	<input type="text"/>
Landmark (near/opposite)	<input type="text"/>	State	<input type="text"/>	Pin code	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	Phone(res):	<input type="text"/>	Fax no.	<input type="text"/>	<input type="text"/>

Permanent Address Same as above

Bldg./Road Name	<input type="text"/>		Area	<input type="text"/>	City	<input type="text"/>
Landmark (near/opposite)	<input type="text"/>	State	<input type="text"/>	Pin code	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	Phone(res):	<input type="text"/>	Fax no.	<input type="text"/>	<input type="text"/>

INTRODUCTION DETAILS

Introduction by existing IDBI Bank account holder and Document confirming mailing address in name of applicant

Name

Cust ID Account No.

I confirm that I am an account holder with IDBI Bank for over six months. I confirm that I personally know the applicant/s detailed herein for _____ years and confirm his/her identity and address.

Signature of introducer _____ Signature verified (for bank use) _____

Self introduction Signature & EIN No. _____

INITIAL PAYMENT DETAILS

Amount _____ Cash Transfer from a/c no. Cheque no. _____
_____ dated _____ drawn on _____ bank, _____ branch

(All Cheques for initial payment amount, will be drawn in favour of "IDBI Bank Ltd. - Customer Name")

FIXED DEPOSITS

Simple Reinvestment Period _____ Others (please specify) _____

Fixed Interest Rate : Annual Quarterly Monthly Discounted At Maturity (Cumulative)

Floating Interest Rate : Quarterly Payout At Maturity

Senior Citizens : No Yes (please attach proof)

Overdraft Against FD Account (minimum amount of FD is 10,000, available only on deposit of tenure 6 months and above)

For TDS (please tick as applicable): No tax to be deducted at source - PAN/GIR No. OR

No tax to be deducted- Form 15G/15H enclosed

MATURITY/PAYMENT INSTRUCTIONS

<input type="checkbox"/> Auto renew* principal <input type="checkbox"/> Auto renew* principal & interest <input type="checkbox"/> Auto renew* ₹ _____	Auto renew for period : _____ _____ year(s) _____ month(s) _____ day(s)	<input type="checkbox"/> By credit to my bank account no. _____ <input type="checkbox"/> By Payorder / Demand Draft
<input type="checkbox"/> Pay principal & interest <input type="checkbox"/> Pay principal		

*Renewal will be done at the then prevailing interest rate

OTHER DECLARATION

Sweep in Savings Account
 in case of insufficient balance in my savings account no. _____ please clear my cheque/allow withdrawal by transferring funds to my savings account by breaking units of my/our fixed deposits.

Minor Account
 I shall represent the minor in all future transactions of any description in the above account till the said minor attains majority. I shall fully indemnify the bank against any claim of the above minor for any withdrawal/transaction made by me in his/her account.

Sole Proprietorship Account
 I/We refer to the account opened by you in the name of _____ and declare as under, I the undersigned, am the sole proprietor of the firm and solely responsible for liabilities thereof. I shall advise you in writing of any change that may take 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 the receipt of such notice and until all such obligations shall have been liquidated.
 yours faithfully,
 Name _____ Signature _____
 (please sign without the stamp)

FORM DA 1 - NOMINATION FORM

Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits.

I/We _____ (Name) _____ (Name)
 Address _____ Address _____

Nominate the following person to whom in the event of my/our/minors death, the amount of deposit in the account(s), particulars whereof are given below, may be returned by IDBI Bank Limited _____ branch.

Nature of Deposit	Account No.	Additional details, if any
_____	_____	_____

Nominee

Name _____
 Mailing Address _____
 City _____ State _____ PIN Code _____
 Country _____

Relationship with depositor (if any) : _____ Age (yrs): _____

Nominee Guardian (if nominee is minor): Father Mother Court Appointed Guardian Court Receiver Defacto Guard Others

Date of Birth (if nominee is minor) _____

*As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum. _____
 Mailing Address _____
 City _____ State _____ PIN Code _____
 Country _____, to receive the amount of the deposit in the account on behalf of the nominee in the event of my/our/ minor's death during the minority of the nominee.

I do not wish to avail nomination facility

_____ 1st Applicant Signature	_____ 2nd Applicant Signature	_____ 3rd Applicant Signature
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Witness(es)***

Name _____ Signature *** _____ Address _____ Place _____ Date _____	Name _____ Signature *** _____ Address _____ Place _____ Date _____
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* Strike out if nominee is not a minor. ** Where the deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor. *** Thumb impression(s) shall be attested by two witnesses.

Registration No. (To be filled in by the bank) _____

ACKNOWLEDGMENT FOR NOMINATION

We acknowledge your Nomination Form DA1 relating to:

Nature of Account	Account Number	Additional Details, if any

In the name of _____ held with us. Please quote the Nomination Number _____ in all your future correspondence with us in this regard.

For IDBI Bank Limited

Authorised Signatory

Form Serial No. IN _____ Branch Copy
 Name of the customer _____
 Forwarded to CPU / RPU on _____

Form Serial No. IN _____ Customer Copy
 (Please note this number till you get your customer ID)
 Ack. date _____ Signature of bank official _____

INSTRUCTION FOR ACCOUNT OPERATION

Single Either or survivor* Former or survivor* Anyone or survivor* Jointly by all Others (please specify)

* We jointly agree and authorize IDBI Bank Limited to permit premature withdrawals of the Fixed Deposit by survivor/s in the event of death of the deposit holder/s before maturity.

<div style="border: 1px solid black; width: 150px; height: 120px; margin: 0 auto;"></div> <p align="center">1st Applicant</p>	<div style="border: 1px solid black; width: 150px; height: 120px; margin: 0 auto;"></div> <p align="center">2nd Applicant</p>	<div style="border: 1px solid black; width: 150px; height: 120px; margin: 0 auto;"></div> <p align="center">3rd Applicant</p>
<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> <p align="center">Signature</p>	<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> <p align="center">Signature</p>	<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> <p align="center">Signature</p>

Application/ guardian should also sign across photographs as well as space provided for signature.

CUSTOMER PROFILE FORMAT (INDIVIDUALS/SELF EMPLOYED)

Residential status	<input type="checkbox"/> Resident <input type="checkbox"/> Non resident
Occupation	<input type="checkbox"/> Service <input type="checkbox"/> Retired <input type="checkbox"/> Self employed <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Please specify) _____
If in service Name of organization	_____
If self employed-nature of business	<input type="checkbox"/> Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> Services <input type="checkbox"/> Agriculture <input type="checkbox"/> Real estate <input type="checkbox"/> Other (Please specify) _____
Since when in business specify Year	Since _____ (Year)
If self employed professional	<input type="checkbox"/> CA <input type="checkbox"/> Doctor <input type="checkbox"/> Lawyer <input type="checkbox"/> Stock broker <input type="checkbox"/> Consultant <input type="checkbox"/> Others (Please specify) _____
Sources of Income	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Others pl specify _____

Annual Income (Pl attach copy of latest IT return / form16 / salary slip)

Transaction profile i.e. value of transactions likely to be routed through the account in a month/ quarter/half year. In case of new firm sales tax return of the previous quarter or projected sales may be accepted. :

< ₹ 50,000 < ₹ 1,00,000 > ₹ 10 lakh > ₹ 100 lakh

Details of branch offices/allied associate concerns and nature of their business :

Details of foreign collaboration if any.

Residence	<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Others (Please specify) _____
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single

Signature

MY FAMILY & ME

Name of Spouse - Mr / Mrs:

Date of birth of spouse: Marriage anniversary :

Other dates important to me: 1. Occasion 2. Occasion

Mother Tongue: _____

Details of children :

1. Name _____ Male/Female Age : _____ Resident / Non-resident Married / Single
 2. Name _____ Male/Female Age : _____ Resident / Non-resident Married / Single
 3. Name _____ Male/Female Age : _____ Resident / Non-resident Married / Single

MY WORK LIFE

Office address: _____ City: _____ Pin:

Type of organisation: Public Ltd. Private Ltd. Public Sector Proprietary Partnership

MY LIFESTYLE

I like : Travelling Vacationing Reading Partying Sports/Games Eating out Yoga/Meditation Shopping Performing Arts
 Photography Collection Fine Arts Others _____

The Vehicle I drive: _____

My favourite cuisine: Home cooked food Indian Chinese Thai French Italian Mexican

My preferred vacation site: Hills Coastal Wild life trip Cruise Religious trip Health Resorts Family home

My preferred music: Vocal India Pop Remix Ghazals Western Traditional Religious Instrumental Others _____

Books/Newspapers I read: _____ Language in which I Prefer to read _____

Preferred topics: Fiction History Personalities Inspirational Literature Others _____

No. of times I travel in a year: Within India _____ Abroad _____

My favourite airline: Within India _____ Abroad _____ I normally travel for Business Leisure Both

EDUCATION & ACCOMPLISHMENTS

Academic Qualification: Graduate Post Graduate Professional Other _____

University / College last attended _____ Batch _____

Signature

FOR BANK USE

Risk Level (Customer Profile): Low Risk (Level 1) Medium Risk (Level 2) High Risk (Level 3)

- We have complied with all the requirements of the KYC and AML policy, KYC & AML Master Circular of the Bank updated till now.
- We have complied with all requirements, Circulars/instructions issued by the Bank till date with regard to the proposed Product.
- All Statutory, Regulatory and Internal Guidelines issued up-to-date have been complied with regard to this AOF.
- "I here by certify that all the necessary KYC documents have been obtained/verified by me. I confirm that the documents are adequate to comply with KYC requirement of the Bank. I hereby confirm that I have verified UN list of terrorist groups & GOI advices & bank's guidelines & confirm the applicant/s are not included in caution advices/black list. Based on this account may be opened.

Name of the Branch Head/Acting Branch Head

Date Employee Code Branch:

DST code:1 Lable Code:1

DST code:2 Lable Code:2

Signature

Scheme Code

Cust. Id 1

Name of Vertical

Cust. Id 2

A/c No.

Cust. Id 3

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

Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in clauses (a) to (h) of rule 114B

1. Full name and address of the declarant _____

2. Particulars of transaction _____

3 Amount of the transaction _____

4. Are you assessed to tax ? Yes /No

5. If yes,

(i) Details of Ward/ Circle/ Range where the last return of income was filed?

(ii) Reasons for not having permanent account number?

6. Details of the document being produced in support of address in column (1)

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

Date : _____

Place : _____

Signature of the declarant

Instructions:

Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.

DUPLICATE FORM 60

Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in clauses (a) to (h) of rule 114B

1. Full name and address of the declarant _____

2. Particulars of transaction _____

3 Amount of the transaction _____

4. Are you assessed to tax ? Yes /No

5. If yes,

(i) Details of Ward/ Circle/ Range where the last return of income was filed?

(ii) Reasons for not having permanent account number?

6. Details of the document being produced in support of address in column (1)

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

Date : _____

Place : _____

Signature of the declarant

Instructions:

Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.

FORM NO. 61 [See proviso to clause (a) of rule 114C(1)]

Form of declaration to be filed by a person who has agricultural income and is not in receipt of any other income chargeable to income-tax in respect of transactions specified clauses (a) to (h) of rule 114B

1. Full name and address of the declarant _____

2. Particulars of transaction _____

3. Details of documents being produced in support of address in column (1)
Yes /No

I hereby declare that my source of income is from agriculture and I am not required to pay income-tax on any other income if any.

Date : _____

Place : _____

Signature of the declarant

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____.

Place : _____

Signature of the declarant

Instructions:

Documents which can be produced in support of the address are:-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.

DUPLICATE FORM 61

Form of declaration to be filed by a person who has agricultural income and is not in receipt of any other income chargeable to income-tax in respect of transactions specified clauses (a) to (h) of rule 114B

1. Full name and address of the declarant _____

2. Particulars of transaction _____

3. Details of documents being produced in support of address in column (1)
Yes /No

I hereby declare that my source of income is from agriculture and I am not required to pay income-tax on any other income if any.

Date : _____

Place : _____

Signature of the declarant

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____.

Place : _____

Signature of the declarant

Instructions:

Documents which can be produced in support of the address are:-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.

