

To be processed on priority

Account Opening Form for Resident Individuals/Sole Proprietorship Firms

The Branch Manager,
IDBI Bank Limited,

Date (dd/mm/yyyy)

Please open my sole/our joint/sole proprietorship account at your branch

PERSONAL DETAILS

	Title	First Name	Middle Name	Surname
1st applicant	<input style="width: 30px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
2nd applicant	<input style="width: 30px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
3rd applicant	<input style="width: 30px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" 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 style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 40px;" type="text"/>
2nd applicant	<input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 40px;" type="text"/>
3rd applicant	<input style="width: 40px;" type="text"/>	<input type="checkbox"/>	<input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 40px;" 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 style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 40px;" type="text"/>
2nd applicant	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 40px;" type="text"/>
3rd applicant	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 40px;" type="text"/>

Correspondence Address

Bldg./Road Name

Area City

Landmark (near/opposite) State Pin code

Country Phone(res): Fax no.

Permanent Address Same as above

Bldg./Road Name

Area City

Landmark (near/opposite) State Pin code

Country Phone(res): Fax no.

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. _____

ACCOUNT OPTIONS

SuperSavings Super Shakti Jubilee Plus Power Kids Powerplus Savings Salary Others (please specify) _____

INITIAL PAYMENT DETAILS (For Savings and Current Account)

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") **will be accepted only with a self-signed cheque.

Amount to be deposited in Savings / Current account ₹ _____

DELIVERABLES

Statement by mail collect personally OR Passbook Chequebook

Preferred time of day for courier delivery 7 am to 9 am 10 am to 6 pm 7 pm to 9 pm Any Time

Channel Services

- Internet Banking
 Mobile Banking
 Phone Banking
 Statement by e-mail
 Debit cum Atm Card

Please indicate the name to be embossed on the card

Primary Card

1st Applicant

Add on Cards

2nd Applicant

3rd Applicant

Please Note:

- Internet Banking access will be provided only to the primary account holder It will not be provided if mode of operation is "jointly".
- Default Internet Banking transaction limits will apply. For higher transaction limits a limit enhancement request to be submitted at the Branch.
- Whenever you make a purchase at a Merchant Establishment or make a Cash Withdrawal at another bank's ATM the Primary Account (as specified by you) will be accessed.

Declaration for Channel Services and International Debit cum ATM Card

I/We authorise IDBI Bank to issue an IDBI Bank Debit cum ATM Card to me/us. I/We acknowledge that the issue and usage of the card is governed by the terms and conditions as in force from time to time and agree to be bound by the same. I/We accept that the terms and conditions are liable to be amended by IDBI Bank from time to time. I/We further unconditionally and irrevocably authorise IDBI Bank to debit my/our account with an amount equivalent to the annual fee and charges for use of the Debit cum ATM (wherever applicable / amended as per the schedule of charges/fees). I/We hereby confirm that in case of Joint Accounts the operating instruction will not be jointly by all.

I/We undertake to strictly utilise the card in accordance with the Exchange Control Regulations as laid down by Reserve Bank of India from time to time. I/We confirm that the foreign exchange which will be used will be within the limits of the Basic Travel Quota as per Foreign Exchange Management Act 1999. I/We will adhere to guidelines, which are issued by the Reserve Bank of India concerning the use of foreign exchange.

I/We have read and understood the Terms and Conditions (a copy of which I am in possession of) also hosted at www.idbi.com, governing the opening of an account with IDBI Bank and those relating to various channel services including but not limited to Debit cum ATM Cards / Phone Banking / Mobile Banking / Internet Banking / Bill Payment facility / Account Alerts. I accept and agree to be bound by the said Terms and Conditions including those excluding/limiting the Bank's liability. I/We authorize the applicant to access the accounts(s) via the channels selected and authorize IDBI Bank to link new accounts opened by the applicant to the channels selected.

I/We understand that the Bank may, at its absolute discretion, discontinue any of the services completely or partially without any notice to me/us. I agree that the bank may debit my account for service charges as applicable from time to time (wherever applicable / amended as per the schedule of charges/fees).

To be filled for corporate salary accounts only (if applicable)

Corporate label: _____

Corporate name: _____

Signature of the authorised company official: _____

Name of designated official of the co.: _____

Designation of the official: _____

Company seal: _____

Insurance form attached YES NO NA

Note: # Account opening amount in cash, to be deposited at IDBI Bank (Home Branch) only

Fixed Deposits (FD) / Recurring Deposit (RD)

simple
 reinvestment
 recurring deposit
 period _____
 installment _____ (for RD) others (please specify) _____

please recover installment for the recurring deposits from my savings bank account.

interest payout : Annual Quarterly Monthly Discounted At maturity (Cumulative)

Senior citizens : No Yes (please attach proof)

Overdraft Against FD Account (minimum amount of FD is 50,000, available only on deposit of tenure 6 months and above)

MATURITY/INTEREST PAYMENT INSTRUCTIONS

On maturity of Fixed Deposit

A) renew principal and interest* renew principal only issue dd/pay order B) await renewal instructions post maturity
 (Same tenor at the rate of interest prevailing on maturity) (In case of absence of specific instructions for renewal, interest will be paid at the applicable savings bank rate, if the deposit is not renewed thereafter)

credit to 1st applicant's operative account

For regular interest payment (fill only in case of monthly/quarterly interest payout and on maturity if the interest is not to be renewed with the principal)

credit to 1st applicant's operative account issue dd/pay order

*In case of automatic renewal, if the customer thereafter decides to prematurely close the term deposit/renew it for a period shorter than the remaining period of the contract, premature penalty will be applicable as per Bank's extant policy.

For NEFT / RTGS Transfers

Credit to account no. Beneficiary Name: _____

Beneficiary Account Type Savings Account Current Account Loan Account Cash Credit NRE Account

Bank Name: _____ Branch IFSC Code: _____

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.

I/We wish to nominate existing Savings Account nominee for my FD/RD also.

Current Account

I/We declare that

I/We do not enjoy any credit facilities with any other bank/s

I/We enjoy credit facility/have current accounts with other bank/s (please attach details of such facilities separately)

Name of bank	Account No.	Facility	Amount

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 Registration No.

Nomination: Nomination under Sec 45ZA of the Banking Regulations Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits. (From DA 1).

I/We _____ (names) nominate the following person whom, in the event of my / our / minor's death, the amount of the deposit in the amount may be returned by IDBI Bank _____ Branch.

Name & Address of the Nominee	Relationship with the Depositor if any	Age	If Nomine is a minor his/her Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* As the nominee is a minor on this date, I/We appoint _____ (Name, Address, Age & Relationship with depositor, if any) to receive the amount of the deposit / Insurance claim amount in the account on behalf of the nominee in the event of my / our minor's death during the minority of the nominee.

Signature (Depositors) _____, _____, _____

Personal Details & Signature of the Witness:

(1) Name: _____ (2) Name: _____
 Address: _____ Address: _____

 Signature: _____ Signature: _____

I do not wish to nominate Signature: _____

ACCOUNT OPERATION & DECLARATION

"I/We confirm that I am/We are Residents of India. I/We hereby declare that the information furnished above is true & correct & to the best of my/our knowledge."

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

1st applicant	2nd applicant	3rd applicant
Signature	Signature	Signature

Applicant/guardian should also sign across photographs as well as in the space provided for signature.

Form Serial No. IN _____ Name of the customer _____ Forwarded to CPU / RPU on _____	Branch Copy	Form Serial No. IN _____ (Please note this number till you get your customer ID) Ack. date _____ Signature of bank official _____	Customer Copy
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FORM NO. 61 [provisio 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 in 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 _____

year _____ Place : _____

Signature of the declarant

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 in 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 _____

year _____ Place : _____

Signature of the declarant

FORM 60* (see third provisio of rule 114 B)

Form of declaration to be filled by a person who does not have either a PAN or GIR number and who makes payment in cash in respect of transactions specified in clauses (a) to (h) of rule 114B.

Are you assessed to tax ? Yes / No

If yes,

(i) Details of Ward / circle / range where the last return of income was filed ?

(ii) Reasons for not having PAN / GIR ? _____

Details of the document being produced in support of address _____

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 _____

year _____ Place : _____

*In case Form 61 is applicable, please submit the same.

Signature of the applicant

Duplicate Form 60

Form of declaration to be filled by a person who does not have either a PAN or GIR number and who makes payment in cash in respect of transactions specified in clauses (a) to (h) of rule 114B.

Are you assessed to tax ? Yes / No

If yes,

(i) Details of Ward / circle / range where the last return of income was filed ?

(ii) Reasons for not having PAN / GIR ? _____

Details of the document being produced in support of address _____

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 _____

year _____ Place : _____

*In case Form 61 is applicable, please submit the same.

Signature of the applicant

