

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 Limited - 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](http://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

\* 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



**CUSTOMER PROFILE FORMAT (INDIVIDUALS/SELF EMPLOYED)**

Residential status	<input type="checkbox"/> Resident <input type="checkbox"/> Non resident
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
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 Since when in business specify Year	<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 pls specify _____ Since _____ (Years)
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 please 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  > ₹ 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
Whether Senior Citizen	<input type="checkbox"/> YES <input type="checkbox"/> NO
Religion	_____
Caste	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> Open Category <input type="checkbox"/> Other, please specify _____
Minority	<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature

**My Family & Me**

Name of Spouse - Mr / Mrs: \_\_\_\_\_

Date of birth of spouse:         Marriage anniversary :          
d d m m y y y y d d m m y y y y

Other dates important to me : 1. Occasion \_\_\_\_\_         2. Occasion \_\_\_\_\_          
d d m m y y y y d d m m y y y y

Mother Tongue: \_\_\_\_\_

**Details of children :**

- Name \_\_\_\_\_ Male/Female DOB: \_\_\_/\_\_\_/\_\_\_  Resident /  Non-resident  Married /  Single
- Name \_\_\_\_\_ Male/Female DOB: \_\_\_/\_\_\_/\_\_\_  Resident /  Non-resident  Married /  Single
- Name \_\_\_\_\_ Male/Female DOB: \_\_\_/\_\_\_/\_\_\_  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  Vacating  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  Indian  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

