



ACCOUNT OPENING FORM (FOR RESIDENT INDIVIDUALS)

Bar Code

SBAOF PART I

Normal Speed Gate Express A/c Welcome Kit Account No. _____

(Please fill the form in CAPITAL LETTERS and BLACK INK only)

Cust.ID _____

The Branch Manager,
IDBI Bank Limited.

Date: 20042022

Please open my Sole/Our Joint Account Savings Current Pension A/c FD RD Salary Others (Please Specify) _____

Scheme Code _____

in your Branch Sol ID _____ Branch Name CANTONMENT

SOF Attached: (Please tick (✓) in the box)

PART I

DETAILS OF APPLICANT

	Title	First Name	Middle Name	Surname
1st Applicant:	DR	JANE	HEH24	SHEEBA
2nd Applicant:				

Relationship with 1st Applicant: _____ (To be filled in case of joint application, else mention SELF)

Mother's Maiden Surname: * 1st App. GLORY 2nd App. _____

Applicant	Date of Birth	Gender (M/F)	Marital Status (M/U/W/D/O)*	Citizenship	Existing Cust.ID (Mandatory for Existing Customers)
First	19091991	F	M	INDIAN	
Second					

(*M-Married/U-Unmarried/W-Widow/D-Divorced/O-Others)

Applicant	PAN (if not available attached Form 60)	Form 60	Aadhaar No.	Link
First	ABCD E123 F	<input type="checkbox"/> (Please tick in the box)	123456789102	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Second		<input type="checkbox"/>		

CKYC Number (if any) 1st Applicant _____ 2nd Applicant _____

CONTACT DETAILS

1st Applicant	Mobile* 9876543210	Email ID _____	Tel. (Res) _____
2nd Applicant	Mobile* _____	Email ID _____	

*Valid Mobile No. is a mandatory field and if you have not provided the same you may not receive the mandatory transactional update, OTP for securing Online transactions and other details of Government Benefits.

1st APPLICANT - CURRENT / PERMANENT / OVERSEAS ADDRESS (Please attach copy & furnish details in column 4)

Line 1 NO 123 CAR STREET MOON APARTMENT CANT

Line 2 _____

City / Town / Village* TRICHY District* TRICHY

State TAMILNADU Pin/Post Code* 620009 Country INDIA

1st APPLICANT - CORRESPONDENCE / LOCAL Same as current / Permanent / Overseas address details

Line 1 _____

Line 2 _____

City / Town / Village* _____ District* _____

State _____ Pin/Post Code* _____ Country _____

2nd APPLICANT - CURRENT / PERMANENT / OVERSEAS ADDRESS (Please attach copy & furnish details in column 4)

Line 1 _____

Line 2 _____

City / Town / Village* _____ District* _____

State _____ Pin/Post Code* _____ Country _____

2nd APPLICANT - CORRESPONDENCE / LOCAL Same as current / Permanent / Overseas address details

Line 1 _____

Line 2 _____

City / Town / Village* _____ District* _____

State _____ Pin/Post Code* _____ Country _____

INSTRUCTION FOR ACCOUNT OPERATION Single Either or survivor* Former or survivor* Anyone or survivor* Jointly by all Minor Rep by Guardian Minor by himself

POA/Mandate Others (Please specify): _____

GST RELATED INFORMATION GSTIN (final/provisional) # _____

Billing address: Correspondence address Permanent address

#For more than one GSTIN, kindly provide the details in a separate sheet.

1st Applicant Details		2nd Applicant Details	
Number of Dependents*	02		
Residential Status*	<input checked="" type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin	
Education*	<input type="checkbox"/> Illiterate <input type="checkbox"/> >SSC/10th <input type="checkbox"/> SSC/10th <input type="checkbox"/> HSC/12th <input checked="" type="checkbox"/> Graduation & above	<input type="checkbox"/> Illiterate <input type="checkbox"/> >SSC/10th <input type="checkbox"/> SSC/10th <input type="checkbox"/> HSC/12th <input type="checkbox"/> Graduation & above	
Occupation Type*	<input type="checkbox"/> Service (<input type="checkbox"/> State Govt. <input type="checkbox"/> Central Govt. <input type="checkbox"/> Public Sector <input type="checkbox"/> Service in Defence <input type="checkbox"/> Private Sector) <input type="checkbox"/> Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input checked="" type="checkbox"/> Business <input type="checkbox"/> Any other (Please specify)	<input type="checkbox"/> Service (<input type="checkbox"/> State Govt. <input type="checkbox"/> Central Govt. <input type="checkbox"/> Public Sector <input type="checkbox"/> Service in Defence <input type="checkbox"/> Private Sector) <input type="checkbox"/> Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> Business <input type="checkbox"/> Any other (Please specify)	
Name of organization* (Not mandatory if self employed)	JANE SHEEDA MEDIA (if in service)		(if in service)
If self employed professional consultant	<input type="checkbox"/> CA/CWA/Taxation/Finance <input type="checkbox"/> Doctor/Medical Profession <input type="checkbox"/> Engineer/Architect/Technical <input type="checkbox"/> Lawyer/legal Profession <input type="checkbox"/> Journalist <input type="checkbox"/> Artists / Writers <input type="checkbox"/> Share & Stock Broker <input type="checkbox"/> Capital Market Maker <input checked="" type="checkbox"/> Others (Please specify) ONLINE	<input type="checkbox"/> CA/CWA/Taxation/Finance <input type="checkbox"/> Doctor/Medical Profession <input type="checkbox"/> Engineer/Architect/Technical <input type="checkbox"/> Lawyer/legal Profession <input type="checkbox"/> Journalist <input type="checkbox"/> Artists / Writers <input type="checkbox"/> Share & Stock Broker <input type="checkbox"/> Capital Market Maker <input type="checkbox"/> Others (Please specify)	
Sources of Income	<input type="checkbox"/> Salary <input checked="" type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Inheritance <input type="checkbox"/> Investment <input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Inheritance <input type="checkbox"/> Investment <input type="checkbox"/> Others (Please specify)	
Annual Income (INR)	600000 Agri: _____ Non-Agri: 600000	_____ Agri: _____ Non-Agri: _____	
Religion*	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input checked="" type="checkbox"/> Christian <input type="checkbox"/> Buddhist <input type="checkbox"/> Jain <input type="checkbox"/> Jews <input type="checkbox"/> Neo Buddhist <input type="checkbox"/> Zoroastrian <input type="checkbox"/> Sikh <input type="checkbox"/> Others	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Buddhist <input type="checkbox"/> Jain <input type="checkbox"/> Jews <input type="checkbox"/> Neo Buddhist <input type="checkbox"/> Zoroastrian <input type="checkbox"/> Sikh <input type="checkbox"/> Others	
Category*	<input type="checkbox"/> General <input checked="" type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST	<input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST	
Disability Status	<input type="checkbox"/> Mentally Challenged <input type="checkbox"/> Physically Handicapped <input type="checkbox"/> Deaf <input type="checkbox"/> Visually Handicapped <input type="checkbox"/> Other Disability	<input type="checkbox"/> Mentally Challenged <input type="checkbox"/> Physically Handicapped <input type="checkbox"/> Deaf <input type="checkbox"/> Visually Handicapped <input type="checkbox"/> Other Disability	
Residence	<input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Others (Please specify)	
Transaction profile i.e. value of transaction 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.	<input checked="" type="checkbox"/> < ₹60,000/- <input type="checkbox"/> ₹60,000 - ₹1Lac <input type="checkbox"/> > ₹1Lac - ₹5Lac <input type="checkbox"/> > ₹5Lac - ₹15Lac <input type="checkbox"/> > ₹15Lac	<input type="checkbox"/> < ₹60,000/- <input type="checkbox"/> ₹60,000 - ₹1Lac <input type="checkbox"/> > ₹1Lac - ₹5Lac <input type="checkbox"/> > ₹5Lac - ₹15Lac <input type="checkbox"/> > ₹15Lac	
Details of Branch Offices/allied associate concerns and nature of their business			

2. RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (If "Yes" then mandatory to fill separate Addendum for Individuals under section 285BA of the Income-Tax Act, 1961)

Yes No

3. PROOF OF IDENTITY (PoI) (Details of PAN / Passport / Aadhaar furnished above and self attested copy attached.)

PAN Card UID (Aadhaar)
Or (Self attested copy at least one of the following Proof of Identity [PoI] needs to be submitted)

Passport Voter ID Card Driving Licence
 NREGA Job Card Others**
 Simplified Measures A/c- Doc Type code

Identity proof Number: 1234567891021

Validity Date (Mandatory for Driving Licence/Passport)

4. PROOF OF ADDRESS (PoA) (Self attested copy at least one of the following Proof of Address [PoA] needs to be submitted for Current/Permanent/Overseas Address).

Address Type* Residential / Business Residential Business
 Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar) Voter ID
 NREGA Job Card Others
 Simplified Measures A/c- Doc Type code

5. DETAILS OF RELATED PERSON (In case of additional related persons, Please fill 'Annexure B1')

Related Person Type* Assignee Authorized Representative Guardian of Minor: (Father Mother By Court order) Others (Please specify)

CKYC Number of Related Person (if available): _____ Existing Customer ID*: _____

Name*: _____

PROOF OF IDENTITY [PoI] OF RELATED PERSON (Self attested copy of following mentioned Proof of Identity [PoI] needs to be submitted)

PAN: _____ or Form 60 attached UID (Aadhaar) No: _____
(Mandatory in case of NRIs*)

Passport: Issuing Country _____
 Voter ID Card Driving Licence NREGA Job Card Others (any document notified by the central govt.)
 Simplified Measures A/c- Doc Type code

Identity proof Number: _____ Validity Date: _____
(Mandatory for Driving Licence/Passport)

I shall represent the minor in all future transaction of any description in the above account till the said minor attains majority. I shall indemnify the bank against any claims of the above minor of any withdrawals/transactions made by me in his/her account.

Applicant's Relationship with Related Person/Guardian: _____ Signature of Related Person: _____

ACKNOWLEDGMENT

App. Form No. _____
(Please note this number till you get your customer ID)

Acknowledgment Date: _____

Branch Name: _____

Signature of Bank Official & Name/EIN Seal

ACKNOWLEDGMENT FOR NOMINATION (Customer Copy)

We Acknowledge your Nomination Form Da1 relating to:

Nature of Account	Account No.	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

6. DECLARATIONS - CUM - UNDERTAKING

CHANNEL SERVICES AND INTERNATIONAL DEBIT CUM ATM CARD: I/We authorize 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 authorize 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 utilize 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 account(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).

AADHAAR: I hereby give my consent to IDBI Bank, to obtain my Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI. IDBI Bank has informed that for purpose of identity information would only be used for KYC and also informed that my biometrics will not be stored/shared and will be submitted to CIDR only for that purpose of authentication. Aadhaar no. of the first holder can be linked for receiving of Govt subsidies.

FATCA/KRS DECLARATION: The account holder(s) certify that: a) The information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income tax Rules, 1962. b) The information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.

APPLICANT DECLARATION: I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. My personal/KYC details may be shared with Central KYC Registry. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

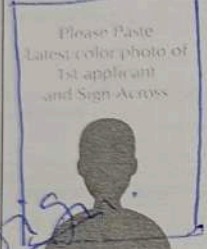
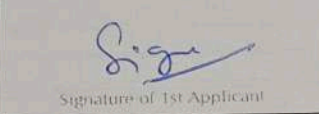
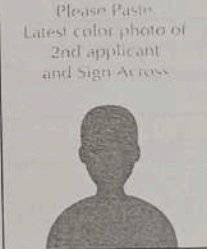
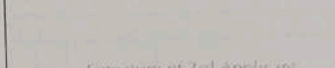
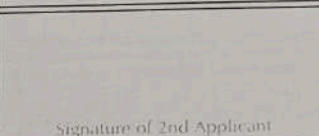
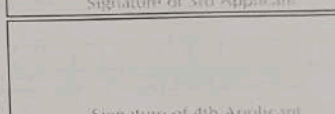
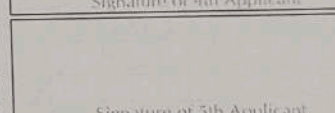
Please Note: 1) The Internet Banking Service will be available in case of Joint Accounts, only if the mandate for operation is given as 'Either or Survivor' or 'Anyone or Survivor' only. For these types of Joint Accounts, one I-Net Banking user-id will be issued to one of the account holder (primary account holder) whose name stands first in the account. The bank has the option to issue additional user-id and password (s) for any type of accounts including Joint Accounts. The other Joint Account holder(s) shall expressly agree with this arrangement and give his/her consent on a request in a prescribable form for use of I-Net Banking by the primary account holder. In case any of the Joint Account holder(s) gives a request to discontinue I-Net Banking Service in respect of operations through the use of I-Net Banking (or in writing) or by some other mode of communication (recognize and authorized by the Bank), for any of the Internet Banking Accounts held jointly by them, the Internet Banking service will be discontinued for all the Users of I-Net banking. 2) Default Internet Banking transaction limits will apply. For higher transactions limits a limit enhancement request to be submitted at the Branch. 3) Wherever 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 only be accessed.

There are total holders in this a/c. Below are the additional holders whose details are furnished in the "Supplementary Form-AOF".

Name of 3rd Applicant:

Name of 4th Applicant:

Name of 5th Applicant:

 <p>Please Paste Latest color photo of 1st applicant and Sign Across</p>	 <p>Signature of 1st Applicant</p>	 <p>Please Paste Latest color photo of 2nd applicant and Sign Across</p>	 <p>Signature of 3rd Applicant</p>
	 <p>Signature of 2nd Applicant</p>		 <p>Signature of 4th Applicant</p>
	<p>Date: <input type="text"/></p> <p>Place: <input type="text"/></p>		 <p>Signature of 5th Applicant</p>

For office use only (To be filled by financial institution)

Account Type Normal Simplified (for low risk customers) Small OTP Based E-KYC

Staff Account Yes No. If 'Yes' EIN:

Name of Vertical

ATTESTATION Documents Received Certified Copies

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 hereby 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.

DST/STF Code: Label Code-1: Label Code-2:

KYC VERIFICATION CARRIED OUT BY (To be completed mandatorily)

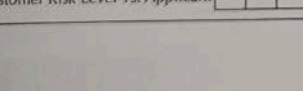
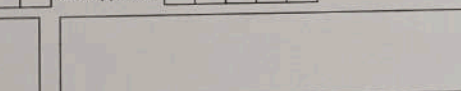
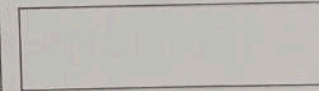
Name of the Branch Head / Acting Branch Head:

Employee Code: Employee Designation:

Branch Name: Sol Id:

Area Code: State District Sub-District (Taluka) Village

Customer Risk Level-1st Applicant: 2nd Applicant:

 <p>Signature of Officer & Name/EIN Seal</p>	 <p>Signature of Approver (BH/ SOM) & Name/EIN Seal</p>	 <p>Employee Signature (CPU)</p>
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Most Important Terms & Conditions (MITCs) IDBI BANK LTD. BRANCH

Please obtain a copy of BCSBI Codes available with the Branch. Also requested to retain a copy of Schedule of Facility (SOF) signed by you.

SAVINGS ACCOUNT RULE 1: SB accounts may be opened for the purpose of savings and not for doing any business transactions. The object of the savings bank account is to encourage private individuals to deposit their savings with the bank, allowing them interest on the sums so deposited and at the same time permitting the facility of certain limited withdrawals on demand. Hence firms/companies are not allowed to open SB account. Transactions of commercial nature are not permitted. If the Bank at any stage finds that the Savings Bank Account is being used either for the purpose for which it is not allowed or for the purpose of routing transactions which are dubious or undesirable, the Bank reserves the right to close such Savings Bank Account. 2. A minimum balance shall always be maintained in the account. Non-maintenance of minimum balance will attract charges as prescribed from time to time. 3. Applicable charge for closure of the account from time to time would be collected. 4. Interest is calculated on the balance maintained in the SB account on daily balance method and paid at quarterly rests. The rate of interest payable is subject to the directives that may be issued by RBI from time to time. 5. As per extant Reserve Bank of India (RBI) guidelines, an account would be treated as inoperative / dormant if there are no customer induced transactions in the account for over a period of two years. Operation in such inoperative accounts would be resumed / restarted / allowed after obtaining the revised KYC document as per the extant guidelines of the Bank. 6. The Bank reserves the right to alter service charges for which the customer will be duly notified through Bank's website and/or branch notice board, SMS, statement or Email. Any changes in the schedule of charges or the terms and conditions will be communicated to the customers 30 days in advance. During the notice period, the charges for facilities would be the same as applicable prior to the notice period.

CURRENT ACCOUNT RULE 1: Current accounts are meant for customers who have to carry out business and/ or large number of transactions in the account every day. 2. There are no restrictions on the number of transactions in current accounts. 3. No interest is paid on the balances in current accounts. 4. Free Facilities would vary every month based on Monthly Average balance (MAB) maintained during the previous/current month.

RETAIL TERM DEPOSIT RULES 1: No penalty for premature withdrawal on all the above deposits opened / renewed with effect from 1st Jan. 2011. In case the customer prefers to prematurely withdraw the deposit (FD booked before 1st Jan 2011) from the Bank, the then prevailing penalty norms will be applicable. 2. In case of premature withdrawal of deposits before 15 days, by any category of depositors including senior citizen/ staff and retired staff, the savings bank interest rate shall be applicable. No interest is paid if the deposit is held for the tenure of below 7 days, the minimum period for Term Deposits as per RBI guidelines. 3. Interest payable on prematurely withdrawn deposits will be the contracted rate or the rate applicable for which the deposit remained with the Bank (rate applicable for that tenure on the original date of the deposit) whichever is lower. The above interest payment clause on premature withdrawal of Term Deposits is applicable on all Fixed Deposits. 4. The premature withdrawal allowed, unless specified otherwise, at the rate applicable for the period for which the deposit has run or the contracted rate whichever is lower, subject to penalty, if any, prescribed by the Bank from time to time. 5. Interest rates applied on Retail Term Deposit will be as per the prevailing rates of interest. Discounted rate will be applied in case of monthly interest payouts. Annual Interest Payable is calculated on Simple Interest basis.