

OTHER BANK DETAILS * (MANDATORY)

I/we declare that I/We do not enjoy credit facilities with other bank/s
 I/We enjoy credit facility/have current account with other bank/s

Name of bank & branch										Account No.					Details of Facilities					Facility Amount															

DECLARATION CUM UNDERTAKING* (MANDATORY)

I/ We hereby declare that:

Sr. No. Select suitable option from below Sr. No.

1 I/ we are not availing any credit facility from any Banking System.

2 I/ We are availing cash credit/ overdraft facility (ies) from the Banking system and

2.1 The aggregate exposure of the Banking system is less than ₹ 5 cr.

2.2 The aggregate exposure of the Banking system is ₹ 5 cr and more as mentioned below:

Bank Name	Fund based Limit		Non Fund based Limit		Total Limit (fund based & Non-fund based)	% of Aggregate Exposure
	Nature of limit	Amt (₹ in lacs)	Nature of limit	Amt (₹ in lacs)		
Nature of facility					Amt (in lacs)	
IDBI Bank	CC/OD		(BG/ LC etc.)			
	TL					
Other Banks (name)	CC/OD		(BG/ LC etc.)			
	TL					
Other Banks (name)	CC/OD		(BG/ LC etc.)			
	TL					
Other Banks (name)	CC/OD		(BG/ LC etc.)			
	TL					
Other Banks (name)	CC/OD		(BG/ LC etc.)			
	TL					
Total aggregate exposure						

(in case of TL, outstanding will be considered as Limit)

“Exposure” shall mean sum of sanctioned fund based and non-fund-based credit facilities availed by the borrower. In case of proprietary firms, the aggregate exposure shall include all the credit facilities availed by the borrower, for business purpose or in personal capacity.

“Banking System” shall include Scheduled Commercial Banks and Payments Banks only.

3 I/We are not availing cash credit / overdraft facility (ies) from Banking system but exposure of the Banking system is ₹ 5Crore and more:

3A. Exposure ₹5 Crore and more but less than ₹50Crore.

3.A.1. IDBI Bank is lending Bank (Current Account can be opened)

3.A. 2. IDBI Bank is Non Lending Bank (Collection Account can be opened)

3B. Exposure more than ₹50 Crore

3.B.1. IDBI Bank is lending Bank acting as Escrow managing/agent Bank (Current Account can be opened)

3.B.2. IDBI Bank is other lending Bank (Collection Account can be opened)

3.B.3. IDBI Bank is non lending Bank (Current/Collection Account **cannot be opened**)

4 I/ We are having credit facility (ies) only from the NBFCs/ FIs/ Co-operative Banks/ Non-Bank institutions:

5 The account is a specific account under various statutes and specific instructions of other regulations/ regulatory departments/ Central and State Govt. and falls under exempted/permitted category and account label code is

(Please strike off the inapplicable option)

I/ We undertake to inform IDBI Bank, if and when the credit facilities availed by me/ us from the Banking system becomes ₹ 5 cr or more. I/ We also understand that it will be my/ our/ Firm/ Entity/ Company/ Institutions sole responsibility to inform IDBI Bank regarding any changes to the above facts/ aspects stated by us, by way of declaration cum undertaking. I/ We also agree to provide fresh declaration cum undertaking in case of any changes to the above facts/ aspects stated by us in the above declaration cum undertaking and/ or in case a fresh declaration cum undertaking is warranted in view of applicable law/ regulation. I/ We also agree to close the current a/c as and when required by the Bank due to non-compliance of RBI direction/ other regulatory directions.

Signature of the customer (s) with stamp

*Other bank details and Declaration cum Undertaking is mandatory and all the details should be filled properly for account opening process. If form is incomplete account would not be opened.

LEGAL ENTITY PROFILE

1	Cust ID	<input type="text"/>
2	Account Name	<input type="text"/>
3	Purpose of opening account	<input type="text"/>
4	Nature of Business	Trading/Manufacturing/Services/Stock Broker/Real Estate/Transport If Trading/Service/Trust/NGO/Others, please specify <input type="text"/>
5	Source of Income / Source of Funds	<input type="text"/>
6	Politically exposed	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Entity's Annual Turnover	<input type="text"/>
8	Expected Value of transactions (PA)	<input type="text"/>
I/We certify and declare that the information furnished herein are correct to the best of my/our knowledge.		
9	Authorised Signatory(s)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

DECLARATION

I/We have read and understood the IDBI Bank account terms and conditions, a copy of which, I am in possession of. I/We accept and agree to be bound by the said terms and conditions including those excluding/limiting your liability. I/We agree that the bank may debit my/our account for service charges as applicable from time to time.

Declaration for a HUF

As our HUF firm wishes to open an account with your bank in the said name we beg to say that the first signatory to this letter, i.e. is the karta of the joint family and other signatories are the adult co-parceners of the said family.

We further confirm that the business of the said family is carried on mainly by the said karta as also the other signatories hereto in the interest and for the benefit of the entire body of co-parceners of the joint family. We all undertake that the claims due to the bank from the said family shall be recoverable personally from all or any one of us and also from the entire family properties of which the first signatorys the karta, including the share of minor co-parceners. In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1952, we have not got our said firm registered under the same act. We hereby undertake to inform the bank of the death or birth of a co-parcener or any change occurring at anytime in the membership of our joint family during the currency of the account.

Name & signature of karta Signature

Sr No	Name of the Coparcener / Member	Gender (M/F)	Date of Birth (mandatory for minor Co-parceners)	Relationship with Karta	Signature (Adult Co-parceners)

Declaration for a Partnership firm

Opening of a new account in the name of

We refer to the captioned account opened by you and declare as under:

We, the undersigned, are the only partners in the firm and are jointly responsible for liabilities thereof. We shall advise you, in writing, of any change that takes place in the partnership and, all the partners will be liable to you on any obligation which maybe 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 of partners

Signature(s) without stamp

Declaration for a Sole proprietary firm

I 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 receipt of such notice and until all such obligations have been liquidated.

Date: - - Place:

Signature(s) without stamp

NOMINATION FORM DA 1 (only for sole proprietorship)

- I hereby confirm that I do not require any nomination facility in my account.
- I require nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits

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 nominate the following person to whom in the event of my/our/minors death, the amount of deposit in the above account may be returned by IDBI Bank Limited _____ Branch

Name:
 Add:
 State: Pin Code:

Relationship with Depositor:

As nominee is minor on this date, I/we appoint Mr./Mrs. to receive the amount of deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Nominee's Date of Birth: - - Relationship with Guardian:

Guardian
 Add: State: Pin Code:

I/We would like to extend this nomination for other Deposits/ Account(s) opened by me in the same name in future where request for such nominations are received through Internet/Mobile Banking Channels.

NAME(S), ADDRESS AND SIGNATURE(S) OF TWO WITNESSES (IF THUMB IMPRESSION OBTAINED)

Signature of Depositor

Number of Related Persons (All below listed Related Person should mandatorily fill Annexure A2 "Common application form-CKYCR-Related Person")

Related Person Type: Director/Promoter/Karta/Trustee/Partner/Proprietor/Court Appointment Official/Beneficiary/Authorised Signatory/Beneficial Owner/Power of Attorney Holder/Others(Please specify)

Name of Related Person	Related Person Type	Existing Customer ID (if any)
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>	<input type="text"/>

(If there are more than 6 Related Persons, please attach a separate sheet)

TERM DEPOSITS (TD)

Tenure of Deposit: Day Month Year **FD Interest Rate Payout:** Monthly (Discounted Basis) Quarterly Annual At Maturity (Cumulative)

For TDS: Tax to be deducted at source - PAN/GIR No. or No tax to be deducted-Form 15H enclosed (please tick as applicable)

MATURITY / PAYMENT INSTRUCTIONS

<input type="checkbox"/> Auto renew* principal	Auto renew for period : <input type="text"/> year(s) <input type="text"/> month(s) <input type="text"/> day(s)	<input type="checkbox"/> By credit to 1st applicant's operative account <input type="text"/>
<input type="checkbox"/> Auto renew* principal & interest		<input type="checkbox"/> By Payorder / Demand Draft
<input type="checkbox"/> Auto renew* ₹ <input type="text"/>		
<input type="checkbox"/> Pay principal & interest	<input type="checkbox"/> Pay principal	

*Renewal will be done at the then prevailing interest rate

1. 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.
2. Interest rates applied to your FD will be as per the prevailing rates of interest. Discounted rate will be applied in case of monthly interest payouts.
3. Interest on prematurely/Partially withdrawn/Sweep-in deposits shall be paid at the rate applicable to the amount and period for which the deposit remained with the Bank (and not at the contracted rate), less penalty of 1%.
4. Premature/Partial withdrawal /Sweep-in is not permitted for non-Callable deposits.
5. **Confirmation of Deposit (COD) Charges-** First COD receipt is Free and for issuance of Duplicate COD Receipt Charge of Rs. 150 plus GST
6. Interest rates applied to your Floating term Deposit will be as per the prevailing rates of interest. The interest is anchored to average yield at 91-Days Treasury Bills Auctions during the immediately preceding three months an Interest rates applied to your Floating term Deposit will be as per the prevailing rates of interest. The interest is anchored to average yield at 91-Days Treasury Bills Auctions during the immediately preceding three months undertaken by RBI. This would be reset every calendar quarter.
7. Floating Rate Fixed Deposit has a minimum lock in period of One Year and Premature Withdrawal is not allowed for One Year from the Date of Booking.

AUTHORISED SIGNATORY DETAILS

Remarks (If any)

Declaration*

- I/We 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.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: - - Place:

Mode of Operation Singly Any One Jointly by all Proprietor Any One Partner As Per Board Resolution Others

(Applicants should also sign across photographs)

1st applicant

(Applicants should also sign across photographs)

2nd applicant

Signature

Signature

Name 1

Name 2

Related Person Type

Related Person Type

(Applicants should also sign across photographs)

3rd applicant

(Applicants should also sign across photographs)

4th applicant

Signature

Signature

Name 3

Name 4

Related Person Type

Related Person Type

(Applicants should also sign across photographs)

5th applicant

(Applicants should also sign across photographs)

6th applicant

Signature

Signature

Name 5

Name 6

Related Person Type

Related Person Type

FORM 60

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

If applied for PAN and it is not yet generated enter date of application - - and acknowledgement number

If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income - tax Act, 1961) for the financial year in which the above transaction is held

a	Agricultural income (₹)	<input type="text"/>
b	Other than Agricultural income (₹)	<input type="text"/>

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/ our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax. Verified today, the _____ day of _____, 20_____

Date _____, Place _____

Signature _____

Annexure A2 / Common Application Form - CKYCR - Related Person

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
 B) Tick '✓' wherever applicable.
 C) Please fill the form in English and in BLOCK letters.
 D) Please fill the date in DD-MM-YYYY format.
 E) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
 F) KYC number of applicant is mandatory for update application.

FOR OFFICE USE ONLY

Customer ID	<input type="text"/>	Application Type*	<input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Delete
KYC Number	<input type="text"/>	Branch Sol ID	<input type="text"/>
(Mandatory for KYC update and delete request)			
Aadhaar Reference Key (ARK)	<input type="text"/>		
Entity Cust ID	<input type="text"/>	Entity Account No	<input type="text"/>
Entity Name	<input type="text"/>		



1 DETAILS OF RELATED PERSON*

Addition of Related Person
 Deletion of Related Person
 Update Related Person Details

KYC Number of Related Person(if available*) If KYC number is available, only 'Related Person Type' and 'Name' is mandatory

Related Person Type*
 4 Director
 5 Promoter
 6 Karta
 7 Trustee
 8 Partner
 9 Proprietor
 10 Court Appointment Official
 11 Beneficiary
 12 Authorised Signatory
 14 Power of Attorney Holder
 15 Other (Please Specify*)
 13 Beneficial Owner If yes, provide % Share or Senior Management (Refer BO declaration form)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID Proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father/Spouse Name#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(# Father, Spouse Name or Mother Name any one is mandatory)				
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality*	<input type="checkbox"/> IN-Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>	Gender*	<input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> T-Transgender

1.2 PROOF OF IDENTITY AND ADDRESS*

I) Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

A - Passport Number Valid up to B - Voter ID Card
 C - Driving License Valid up to
 D - NREGA Job Card
 E - National Population Register Letter
 F - Proof of Possession of Aadhaar

II) E-KYC Authentication
 III) Offline verification of Aadhaar

(Proof of Identity and Address from (I), (II), (III) above, any one is mandatory)

Address

Line 1*

Line 2

Line 3

City/Town/Village* District* Pin/Post Code*

State/U.T* State/U.T Code* Country* ISO 3166 Country Code

1.3 CURRENT ADDRESS DETAIL: SAME AS ABOVE MENTIONED ADDRESS (IN SUCH CASES ADDRESS DETAILS AS BELOW NEED NOT BE PROVIDED)

I) Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

A - Passport Number Valid up to B - Voter ID Card
 C - Driving License Valid up to
 D - NREGA Job Card
 E - National Population Register Letter
 F - Proof of Possession of Aadhaar

II) E-KYC Authentication
 III) Offline verification of Aadhaar

IV) Deemed Proof of Address - Document Type Code
 V) Self Declaration

(Proof of Identity and Address from (I), (II), (III), (IV),(V) above, any one is mandatory)

Document Code	Deemed Proof of Address Description	Document Code	Property or Municipal tax receipt.
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).	02	Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with such employers allotting official accommodation.
03	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.	04	

Address

Line 1*

Line 2

Line 3

City/Town/Village* District* Pin/Post Code*

State/U.T* State/U.T Code* Country* ISO 3166 Country Code*

1.4 CONTACT DETAILS

Tel. (Off.) - Tel. (Res.) -

Mobile - Email ID

1.5 CUSTOMER PROFILE SHEET (MANDATORY FOR ALL RELATED PERSON)

Number of Dependents*	<input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin / Overseas Citizenship of India
Education*	<input type="checkbox"/> Illiterate <input type="checkbox"/> >SSC/10th <input type="checkbox"/> SSC/10th <input type="checkbox"/> HSC/12th <input type="checkbox"/> Graduation & above
Religion*	<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 (Please specify*) _____
Caste Category*	<input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Minority <input type="checkbox"/> Others (Please specify*) _____
Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
Residence	<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Rented <input type="checkbox"/> Others (Please specify*) _____
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 (Please specify*) _____
<input type="checkbox"/> Self Employed Professional	<input type="checkbox"/> CA/ICWA/Taxation/Finance <input type="checkbox"/> Doctor/Medical Profession <input type="checkbox"/> Engineer/Architect/Technician <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*) _____
<input type="checkbox"/> Self Employed Non- Professional	<input type="checkbox"/> Technician <input type="checkbox"/> Jewelers <input type="checkbox"/> Real Estate/Builder <input type="checkbox"/> Dealers in Precious Metals <input type="checkbox"/> Computer Hardware <input type="checkbox"/> Others (Please specify*) _____
<input type="checkbox"/> Business	<input type="checkbox"/> Any other (Please specify*) _____
<input type="checkbox"/> Others	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Farmer <input type="checkbox"/> Others (Please specify*) _____
Purpose of opening Account	<input type="text"/>
Name of organization* (Not mandatory if self employed)	<input type="text"/> (if in service)
Key Position (in any organization)	<input type="text"/>
Source of Income / Source of Funds	<input type="checkbox"/> Salary <input type="checkbox"/> Pension <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)	<input type="text"/> Agri <input type="text"/> Non-Agri <input type="text"/>
Transaction Profile / Expected Transaction Per Annum	<input type="text"/>
Details of Branch Offices/allied associate concerns and nature of their business	<input type="text"/>
Financial Status	<input type="checkbox"/> High Networth Individuals(HNI) <input type="checkbox"/> Non HNI
Risk Category (for office use)	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High Risk Level Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

1.6 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.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date - - Place

Signature / Thumb Impression of Applicant

1.7 ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification
 Digital KYC Process Equivalent e-document



Annexure A2 / Common Application Form - CKYCR - Related Person

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
 B) Tick '2' wherever applicable.
 C) Please fill the form in English and in BLOCK letters.
 D) Please fill the date in DD-MM-YYYY format.
 E) For particular section update, please tick (2) in the box available before the section number and strike off the sections not required to be updated.
 F) KYC number of applicant is mandatory for update application.

FOR OFFICE USE ONLY

Customer ID	<input type="text"/>	Application Type*	<input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Delete
KYC Number	<input type="text"/>	Branch Sol ID	<input type="text"/>
(Mandatory for KYC update and delete request)			
Aadhaar Reference Key (ARK)	<input type="text"/>		
Entity Cust ID	<input type="text"/>	Entity Account No	<input type="text"/>
Entity Name	<input type="text"/>		



1 DETAILS OF RELATED PERSON*

Addition of Related Person
 Deletion of Related Person
 Update Related Person Details

KYC Number of Related Person(if available*) If KYC number is available, only 'Related Person Type' and 'Name' is mandatory

Related Person Type*
 4 Director
 5 Promoter
 6 Karta
 7 Trustee
 8 Partner
 9 Proprietor
 10 Court Appointment Official
 11 Beneficiary
 12 Authorised Signatory
 14 Power of Attorney Holder
 15 Other (Please Specify*)
 13 Beneficial Owner If yes, provide % Share or Senior Management (Refer BO declaration form)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID Proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father/Spouse Name#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(# Father, Spouse Name or Mother Name any one is mandatory)				
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality*	<input type="checkbox"/> IN-Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>	Gender*	<input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> T-Transgender

1.2 PROOF OF IDENTITY AND ADDRESS*

I) Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

A - Passport Number Valid up to DD - MM - YYYY
 B - Voter ID Card
 C - Driving License Valid up to DD - MM - YYYY
 D - NREGA Job Card
 E - National Population Register Letter
 F - Proof of Possession of Aadhaar XXXXXX

II) E-KYC Authentication XXXXXX
 III) Offline verification of Aadhaar XXXXXX

(Proof of Identity and Address from (I), (II), (III) above, any one is mandatory)

Address

Line 1*
 Line 2
 Line 3
 City/Town/Village* District* Pin/Post Code*
 State/U.T.* State/U.T Code* Country* ISO 3166 Country Code

1.3 CURRENT ADDRESS DETAILS SAME AS ABOVE MENTIONED ADDRESS (IN SUCH CASES ADDRESS DETAILS AS BELOW NEED NOT BE PROVIDED)

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 B - Voter ID Card
 C - Driving License Valid up to DD - MM - YYYY
 D - NREGA Job Card
 E - National Population Register Letter
 F - Proof of Possession of Aadhaar XXXXXX

II) E-KYC Authentication XXXXXX
 III) Offline verification of Aadhaar XXXXXX

IV) Deemed Proof of Address - Document Type Code
 V) Self Declaration

(Proof of Identity and Address from (I), (II), (III), (IV),(V) above, any one is mandatory)

Document Code	Deemed Proof of Address Description	Document Code	Property or Municipal tax receipt.
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).	02	Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with such employers allotting official accommodation.
03	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.	04	Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with such employers allotting official accommodation.

Address

Line 1*

Line 2

Line 3

City/Town/Village* District* Pin/Post Code*

State/U.T* State/U.T Code* Country* ISO 3166 Country Code*

1.4 CONTACT DETAILS

Tel. (Off.) - Tel. (Res.) -

Mobile - Email ID

1.5 CUSTOMER PROFILE SHEET (MANDATORY FOR ALL RELATED PERSON)

Number of Dependents*	<input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin / Overseas Citizenship of India
Education*	<input type="checkbox"/> Illiterate <input type="checkbox"/> >SSC/10th <input type="checkbox"/> SSC/10th <input type="checkbox"/> HSC/12th <input type="checkbox"/> Graduation & above
Religion*	<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 (Please specify*) _____
Caste Category*	<input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Minority <input type="checkbox"/> Others (Please specify*) _____
Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
Residence	<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Rented <input type="checkbox"/> Others (Please specify*) _____
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 (Please specify*) _____
<input type="checkbox"/> Self Employed Professional	<input type="checkbox"/> CA/ICWA/Taxation/Finance <input type="checkbox"/> Doctor/Medical Profession <input type="checkbox"/> Engineer/Architect/Technician <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*) _____
<input type="checkbox"/> Self Employed Non- Professional	<input type="checkbox"/> Technician <input type="checkbox"/> Jewelers <input type="checkbox"/> Real Estate/Builder <input type="checkbox"/> Dealers in Precious Metals <input type="checkbox"/> Computer Hardware <input type="checkbox"/> Others (Please specify*) _____
<input type="checkbox"/> Business	<input type="checkbox"/> Any other (Please specify*) _____
<input type="checkbox"/> Others	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Farmer <input type="checkbox"/> Others (Please specify*) _____
Purpose of opening Account	<input type="text"/>
Name of organization* (Not mandatory if self employed)	<input type="text"/> (if in service)
Key Position (in any organization)	<input type="text"/>
Source of Income / Source of Funds	<input type="checkbox"/> Salary <input type="checkbox"/> Pension <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)	<input type="text"/> Agri <input type="text"/> Non-Agri <input type="text"/>
Transaction Profile / Expected Transaction Per Annum	<input type="text"/>
Details of Branch Offices/allied associate concerns and nature of their business	<input type="text"/>
Financial Status	<input type="checkbox"/> High Networth Individuals(HNI) <input type="checkbox"/> Non HNI
Risk Category (for office use)	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High Risk Level Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

1.6 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.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date - - Place

Signature / Thumb Impression of Applicant

1.7 ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification
 Digital KYC Process Equivalent e-document



Addendum to Account opening Form for Non-Individuals containing information for reporting requirement under section 285BA of the Income-tax Act, 1961

To
IDBI Bank Limited

Name of Entity

Customer Id

SECTION 1: DECLARATION OF TAX RESIDENCY (IF TAX RESIDENCY IS ONLY INDIA, THEN PLEASE SKIP THIS SECTION)

1. Please indicate the Entity's country of tax residence (if resident in more than one country please detail all countries and associated tax identification number and TIN issuing country)

Country/ies of Tax Residency	Tax Identification number (TIN)/ functional equivalent number	TIN/ functional equivalent number Issuing Country	Document Type# attached (Tax Residence Certificate and/ or TIN Card or others)	Date up to which documentary evidence valid

Address in the jurisdiction where entity is resident outside India for tax purposes:

Number Building Name

Street

Locality

City/Town

State/Province Pincode

Country

Address Type (Refer Appendix 2 for Codes):

Address type Residential or Business Residential Business Registered Office Unspecified

2. a) If USA, then is it a Specified US Person? Yes No
(Please refer Table 2 for definition of "Specified US Person") If No, provide exclusion code from Appendix1

b) If Other than India and USA, then is it an Other Reportable Person? Yes No
If No, provide exclusion code from Appendix1

**(Documentary evidence to be provided for foreign country of tax residence and TIN)*

SECTION 2: CLASSIFICATION OF ENTITIES

1. Is the Entity a Financial Institution? Yes No **If No, then please skip this section.**
 ("Financial institution" means a custodial institution, a depository institution, an investment entity, or a specified insurance company.)

a) Reporting Financial Institution? Yes No *If "Yes", please provide GIIN*

b) Non-reporting financial Institution? Yes No *If Yes provide category from Appendix 1*

c) Sponsored Investment Entity / Trustee Documented Trust? Yes No

If Yes, Name of the Sponsoring Entity / Trustee:

GIIN of the Sponsoring Entity / Trustee:

d) Non- Participating Financial Institution? Yes No

e) Owner documented Financial Institution? Yes No *If yes, each controlling person should fill details in Section 4 below) (Refer Appendix 1 for definitions)*

2. Is the Entity a Non- Financial Entity (NFE)?

a) Is the Entity an Active NFE? **If No, then please skip this section.**

Category of NFE (PI provide category from Appendix 1)	
If listed company, name of the stock exchange on which listed:	
If related entity of listed company, name of the listed company and name of the stock exchange on which listed:	

b) Is it a Passive NFE ? Yes No **If No, then please skip this section.**

Category of Passive NFE (please provide category from Appendix 1)	
---	--

Each controlling person of the Passive NFE should fill Controlling Persons details in Section 4 below (please refer Appendix1 for definitions)

c) Is it a Direct Reporting NFE? **If No, then please skip this section.**
GIIN

SECTION 3: CONTROLLING PERSON DECLARATION

If you are classified as "Passive NFE with Controlling Person(s)" or "Owner documented FFI", please provide the following details:

Name	Correspondence Address (including details of City, state, country and PIN code)	Country of residence for tax purpose	TIN / Functional equivalent	TIN issuing country	Controlling person type (Please refer Appendix 2 for options)	Document Type# attached (Tax Residence Certificate and/ or TIN Card or others)	Validity of Documentary evidence

Details	Controlling person 1	Controlling person 2	Controlling person 3	Controlling person 4	Controlling person 5
Mother's Name					
Father's Name					
Gender (Refer Appendix 2 for options)					
Permanent Account Number (PAN)					
Identification Type					
Identification Number					
Occupation Type					
Occupation					

Birth Date – DD/MM/YYYY					
Nationality – IN - Indian/ Others (If "Others", please mention the country)					
Place of Birth					
Country of Birth					
Address in the jurisdiction where controlling person is resident outside India for tax purposes					
Address Type (Refer Appendix 2 for codes)					

SECTION 4: DECLARATION AND UNDERTAKINGS

I/we certify that

- 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.
- 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.
- I/We permit/authorise IDBI Bank to collect, store, communicate and process information relating to the Account and all transactions therein, by the Bank and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- I / We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification alongwith documentary evidence.
- I / We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and IDBI Bank 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 for the purpose or take any other action as may be deemed appropriate by IDBI Bank if the deficiency is not remedied by us within the stipulated period.
- I / We hereby accept and acknowledge that IDBI Bank 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 IDBI Bank.
- It shall be my / our responsibilities to educate myself / ourself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules there under.
- I/We also agree to furnish such information and/or documents as the Bank may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- I/We shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.
- I / We certify that I/we have the capacity to sign for the Entity as per CBDT rules/SEBI/RBI guidelines.
- I/We declare that the information provided on this form is, to the best of my knowledge and belief, correct and complete. I/We agree to inform the bank within 30 days if any information on this form gets changed.

Authorised Signature(s):

Seal and Stamp of the Entity

Name(s): _____

Position(s)/Title(s): _____

Date :

***Instructions:**

- All the information mentioned above have to be mandatorily provided.
- The above Annexure to the account opening form should be signed by all the Authorised Signatories.

Appendix I - Further instruction for completing the Addendum.

(You may consult your professional tax advisor for further guidance on FATCA & CRS classification)

"Financial Institution"

Custodial Institution	any entity that holds, as a substantial portion of its business, financial assets for the account of others
Depository Institution	any entity that accepts deposits in the ordinary course of a banking or similar business
Investment Entity	any entity that: (A) primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer, namely:- (i) trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or (ii) individual and collective portfolio management; or (iii) otherwise investing, administering, or managing financial assets or money on behalf of other persons; (B) the gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a financial institution.
Specified Insurance Company	Any entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract
Owner Documented Financial Institution	It is a Financial Institution which does not report to the US IRS. Owner documented FI are generally small investment entities.
Direct Reporting Non-Financial Entity	It is a Passive NFE but will not share the details of the controlling persons with the financial institution it maintains accounts with but will report directly to US IRS and so its GIIN should be taken
Related Entity	An entity is a "related entity" of another entity if either entity controls the other entity, or the two entities are under common control. For this purpose, control includes direct or indirect ownership of more than fifty per cent. of the votes and value in an entity

(A) "Passive NFE"

Sr no.	Category of Passive NFFE
1	Any non-financial entity which is not an active non-financial entity
2	An investment entity described in sub-clause (B) of clause (c) of the Explanation to clause (3)*
3	A withholding foreign partnership or withholding foreign trust

* Explanation to Rule 114F

(c) "investment entity" means any entity,-

(1) that primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer, namely:-

(i) trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or

(ii) individual and collective portfolio management; or

(iii) otherwise investing, administering, or managing financial assets or money on behalf of other persons; or

(2) the gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity mentioned in sub-clause (A) of this clause.

(B) "Passive income" includes income by way of: (i) dividends; (ii) interest; (iii) income equivalent to interest; (iv) rents and royalties (other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the non-financial entity); (v) annuities; (vi) the excess of gains over losses from the sale or exchange of financial assets that gives rise to the passive income; (vii) the excess of gains over losses from transactions (including futures, forwards, options, and similar transactions) in any financial assets; (viii) the excess of foreign currency gains over foreign currency losses; (ix) net income from swaps; or (x) amounts received under cash value insurance contracts:

(C) "Active non-financial entity" means any non-financial entity which meets any of the following criteria, namely:-

(i) less than 50 per cent of the entity's gross income for the preceding financial year is passive income and less than 50 per cent of the assets held by the entity during the preceding financial year are assets that produce or are held for the production of passive income; or

(ii) the stock of the entity is regularly traded on an established securities market or the non-financial entity is a related entity of an entity the stock of which is regularly traded on an established securities market; or *Explanation.*- For the purpose of this sub-clause, an established securities market means an exchange that is officially recognised and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange.

(iii) the entity is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing; or

(iv) substantially all of the activities of the entity consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a financial institution, except that an entity does not qualify for this status if it functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes; or

(v) the entity is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a financial institution, provided that the entity does not qualify for this exception after the date that is 24 months after the date of the initial organization of the entity; or

(vi) the entity was not a financial institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a financial institution; or

(vii) the entity primarily engages in financing and hedging transactions with, or for, related entities that are not financial institutions, and does not provide financing or hedging services to any entity that is not a related entity, provided that the group of any such related entities is primarily engaged in a business other than that of a financial institution; or

(viii) the entity meets all of the following requirements, namely:-

a) It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labour organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;

b) It is exempt from income-tax in India;

c) It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;

d) The applicable laws of the entity's jurisdiction of residence or the entity's formation documents do not permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or non-charitable entity other than pursuant to the conduct of the entity's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the entity has purchased; and

e) The applicable laws of the entity's jurisdiction of residence or the entity's formation documents require that, upon the entity's liquidation or dissolution, all of its assets be distributed to a Governmental Entity or other non-profit organization, or escheat to the government of the entity's jurisdiction of residence or any political subdivision thereof.

D) "Controlling person" means the natural persons who exercise control over an entity and includes a beneficial owner as defined in *Explanation* to sub-rule (1A) of rule 9 of Prevention of Money-laundering (Maintenance of Records of the Nature and Value of Transactions, the Procedure and Manner of Maintaining and Time for Furnishing Information and Verification and Maintenance of Records of the Identity of the Clients of the Banking Companies, Financial Institutions and Intermediaries) Rules, 2005.

Pursuant to guidelines on identification of Beneficial Ownership issued vide RBI circular no. DBOD.AML.BC. No.71/14.01.001/2012-13 dated January 18, 2013, persons (other than Individuals) are required to provide details of Beneficial Owner(s) ('BO'). Accordingly, the Beneficial Owner means 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest of /entitlements to:

i. More than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;

ii. More than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or

iii. More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

Where the client is a trust, the banking company and financial institution, as the case may be, shall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

I. In cases where there exists doubt under

II. as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means. *Explanation:* Control through other means can be exercised through voting rights, agreement, arrangements, etc.

III. Where no natural person is identified under (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

E) "U.S. Person" means a United States of America citizen or resident individual, a partnership or corporation organized in the United States of America or under the laws of the United States of America or any State thereof, a trust if (i) a court within the United States of America would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust, and (ii) one or more U.S. persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the United States of America.

F) Specified U.S. person – A U.S. person other than the following:

I. a corporation the stock of which is regularly traded on one or more established securities markets;

II. any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);

III. the United States or any wholly owned agency or instrumentality thereof;

IV. any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;

V. any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code;

VI. any bank as defined in section 581 of the U.S. Internal Revenue Code;

VII. any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;

VIII. any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);

IX. any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;

X. any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code;

XI. a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State;

XII. a broker as defined in section 6045(c) of the U.S. Internal Revenue Code; or

XIII. any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code.

(G) Exclusions from being treated as Other Reportable Accounts

Sr. No.	Type of Entity
1	a corporation, the stock of which is regularly traded on one or more established securities markets
2	any corporation that is a related entity of a corporation mentioned in item 1
3	a Governmental entity
4	an International organisation
5	a Central bank
6	a financial institution

(H) Non reporting financial institution means any financial institution that is-

- a. a Governmental Entity, International Organization or Central Bank, other than with respect to a payment that is derived from an obligation held in connection with a commercial financial activity of a type engaged in by a Specified Insurance Company, Custodial Institution, or Depository Institution;
- b. a Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank;
- c. a non-public fund of the armed forces, Employees' State Insurance fund, a gratuity fund or a provident fund;
- d. an entity that is an Indian financial institution solely because it is an investment entity, provided that each direct holder of an equity interest in the entity is a financial institution referred to in sub-clauses (a) to (c), and each direct holder of a debt interest in such entity is either a depository institution (with respect to a loan made to such entity) or a financial institution referred to in sub-clauses (a) to (c);
- e. a qualified credit card issuer;
- f. an investment entity established in India that is a financial institution solely because it,-
 - (I) renders investment advice to, and acts on behalf of, or
 - (II) manages portfolios for, and acts on behalf of, or (III) executes trades on behalf of a customer for the purposes of investing, managing, or administering funds or securities deposited in the name of the customer with a financial institution other than a non-participating financial institution;
- g. an exempt collective investment vehicle;
- h. a trust established under any law for the time being in force to the extent that the trustee of the trust is a reporting financial institution and reports all information required to be reported under rule 114G with respect to all reportable accounts of the trust;
 - l. a financial institution with a local client base;
 - j. a local bank;
- k. a financial institution with only low-value accounts;
- l. sponsored investment entity and controlled foreign corporation, in case of any U.S. reportable account; or a. sponsored closely held investment vehicle, in case of any U.S. reportable account.

Appendix 2 – Reference Codes

Entity Constitution Type

A - Sole Proprietorship	D-Private Limited Company	G- AOP/BOI	J – Limited Liability Partnership
B - Partnership Firm	E- Public Limited Company	H – Trust	K- Artificial Juridical Person
C - HUF	F- Society	I – Liquidator	Z – Others

Entity Identification type

T- Tax identification number	G- US Global intermediary Identification	C- Company Identification Number	E- Global Entity Identification Number (EIN)	O - Other number
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Address Type Codes (For Entity and Controlling Person)

1- Residential Or Business	2 - Residential	3 - Business	4 – Registered Office	5 – Unspecified
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Controlling Person Type

C01- CP of legal person – ownership	C05 – CP of legal arrangement – trust – trustee	C09 – CP of legal arrangement – trust – other- settlor equivalent	C13 – CP of legal arrangement – other – other equivalent
C02- CP of legal person – other means	C06 – CP of legal arrangement– trust - protector	C10 – CP of legal arrangement – other- trustee equivalent	C14 - Unknown
C03- CP of legal person –senior managing official	C07 – CP of legal arrangement – trust- beneficiary	C11 – CP of legal arrangement – other- protector equivalent	
C04- CP of legal arrangement – trust settlor	C08 – CP of legal arrangement – trust – other	C12 – CP of legal arrangement– other- beneficiary equivalent	

Controlling person identification type

A-Passport	C-Pan card	E-Driving License	H- NREGA job card	Z-Others
B-Election ID card	D-ID Card	G-UIDAI Letter	X-Not categorised	

Controlling person occupation type

S- Service	O- Others	B- Business	X- Not categorised
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Controlling Person Gender Type

F- Female	M - Male	T- Transgender	O-Others
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Controlling Person Residential Status

Resident individual	Non Resident Indian	Foreign National	Person of Indian Origin
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ACKNOWLEDGMENT- BRANCH COPY

Form Serial No. IN

Name of the customer

Forwarded to CPU/RPU on

ACKNOWLEDGMENT- CUSTOMER COPY

Form Serial No. IN

(Please note this number till you get your customer ID)

Acknowledgement Date:

Signature of bank official

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- NRI Services
- International Debit Card
- Preferred Banking
- Gift Card
- World/Global Currency Card
- Credit Card
- Special Accounts for Kids/ Youth/ Women/ Salaried/ Senior Citizen
- Capital Gains Account Scheme
- Capital Market Products
- Home Loan
- Education Loan
- Auto Loan
- Loan Against Property
- Home Loan Interest Saver
- Locker Facility



IDBI Bank Limited, Regd. Office: IDBI Tower, WTC Complex, Cuffe Parade, Mumbai – 400 005.

Toll Free Numbers: 1800-209-4324 / 1800-22-1070, **Non-Toll Free Number:** 022-67719100.

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- Locker Facility
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- Savings Account
- Recurring Deposits
- International Debit Card
- Gift Card
- Credit Card
- Capital Gains Account Scheme



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