



**References:**

Reference 1	Reference 2
Name: _____	Name: _____
India Contact No.: _____	India Contact No.: _____
Overseas Contact No.: _____	Overseas Contact No.: _____
E-mail ID: _____	E-mail ID: _____
Country: _____	Country: _____

**Consent and Declaration:**

I/We hereby authorize IndusInd Bank Limited ("IBL") to upgrade/open my/our Account/s to/under the Banking Program as indicated above. I/We have been informed by IBL about the minimum relationship value required for up-gradation/opening of my/our Account/s under the selected Banking Program and the features, offers, services, benefits, privileges and fees/charges that the program would entail for me/us.

I/We hereby agree and undertake to abide by all the terms and conditions pertaining to the Account/s falling within the ambit of the selected Banking Program and further as intimated by IBL from time to time and to continue to meet the relationship value requirement with a view to avail the offers, benefits, services and privileges offered under the Program, failing which, my/our accounts may cease to enjoy the benefits and privileges of the Program or I/We may be liable to pay applicable charges for non maintenance of relationship value as prescribed by IBL from time to time and I/We shall not raise any claim and /or dispute in this regard.

**For Select and Exclusive Customers**

**For Existing Customers** - By completing this form, I hereby authorize IBL to send me a new look cheque book and Premium Platinum Debit Card to the communication address registered against my Account/s and update my contact details as provided in this form, in IBL's records. I authorize IBL to deactivate my existing debit card/s issued on my account/s, 45 days post activation of the new Premium Platinum Debit Card.

**For Customers Opening New Account with Ready2Use Kit** - By completing this form, I/We hereby authorize IBL to send me/us a personalized cheque book and Premium Platinum Debit Card to the communication address mentioned by me/us in the Account Opening Form.

Please  to agree I/ We authorize IBL to register my/our account/s for Doorstep Banking service.  
I/We agree to abide by IBL's Terms and Conditions for providing the Doorstep Banking service.

Customer Signature* 1 <sup>st</sup> A/c Holder Signature	<input type="text"/>	Date* <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D		M	M	Y	Y	Y	Y		
2 <sup>nd</sup> A/c Holder Signature	<input type="text"/>	Place* <input type="text"/>								

(In case of joint account, signature of 2nd account holder is mandatory)

**For Bank Use Only**

Customer ID

Customer branch Name

Branch ID

Customer risk profile  Very Conservative  Conservative  Moderate  Aggressive  Very Aggressive

RM Name <input type="text"/>	Branch Head Name <input type="text"/>	RM Head Name <input type="text"/>
RM ECN <input type="text"/>	Branch Head ECN <input type="text"/>	RM Head ECN <input type="text"/>
RM Sign <input type="text"/>	Branch Head Sign <input type="text"/>	RM Head Sign <input type="text"/>

**OR**

MCSOP/CSE/OPS Executive ECN

MCSOP/CSE/OPS Executive Sign

BRANCH STAMP