Non Resident Indian (NRI) Customer Profiler

IndusInd Bank

(Please Note: All sections marked with (*) are mandatory)

NRI Profiler No. NRIP/000796 / 06

Banking Program* ☐ Regular ☐ Maxima ☐ Select ☐ Exclusive

Qualification Criteria* (for Select & Exclusive Program)
☐ SA (Single) ☐ SA (Household Grouped) ☐ SA + CA (Group)
☐ SA + FD ☐ MF/ DP Valuation ☐ Life Insurance (Premium Paid)
☐ Salary Credit ☐ Upfront Brokerage ☐ Home Loan/ LAP

Name of the Customer* _____

Existing Customer ☐ Yes ☐ No If Yes, Customer ID _____

Contact Details

India Number*

Phone No. ☐☐☐☐☐☐☐☐☐☐☐☐☐ Mobile No. ☐☐☐☐☐☐☐☐☐☐☐☐☐
Country Code Area Code Number Country Code Number

Overseas Number*

Phone No. ☐☐☐☐☐☐☐☐☐☐☐☐☐ Mobile No. ☐☐☐☐☐☐☐☐☐☐☐☐☐
Country Code Area Code Number Country Code Number

E-mail Id* _____

Date of Birth* DD MM YYYY Anniversary Date DD MM YYYY

Passport Number ☐☐☐☐☐☐☐☐☐☐

Country of Residence* _____ No. of Years Abroad* ☐☐☐

Occupation* ☐ Service ☐ Self Employed ☐ Business Owner ☐ Retired ☐ Student
☐ Others (Please specify) _____

If Service

Name of Organization _____

Designation _____

If Self Employed

Profession ☐ Doctor ☐ CA ☐ Lawyer ☐ Architect ☐ Engineer
☐ Others (Please specify) _____

If Business

Name of Company _____

Nature of Business _____

Annual Household Income* ☐ Less than 5 Lacs ☐ 5 Lacs - 10 Lacs ☐ 10 Lacs - 20 Lacs ☐ 20 Lacs - 40 Lacs ☐ More than 40 Lacs

What are your hobbies / areas of Interest? ☐ Movies ☐ Music ☐ Sports ☐ Travelling ☐ Books
☐ Others (Please specify) _____

Interested in:* ☐ Savings account ☐ Fixed Deposits ☐ Investments ☐ Insurance
☐ Remittances ☐ 3 in 1/ PIS account ☐ Home Loan ☐ Credit Card
☐ Others (Please specify) _____

Details of family members

Spouse Name _____ DOB DD MM YYYY

Son Name _____ DOB DD MM YYYY

Daughter Name _____ DOB DD MM YYYY

Other Family Member Name _____ DOB DD MM YYYY

IndusInd Bank

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* 1st A/c Holder Signature

2nd A/c Holder Signature

Date* D D M M Y Y Y Y

Place*

(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

RM ECN

RM Sign

Branch Head Name

Branch Head ECN

Branch Head Sign

OR

RM Head Name

RM Head ECN

RM Head Sign

MCSOP/CSE/OPS Executive ECN

MCSOP/CSE/OPS Executive Sign

BRANCH STAMP