

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

Regular

SA (Single)

Salary Credit

No

Area Code

SA+FD

Yes

Country Code

Maxima

SA (Household Grouped)

MF/ DP Valuation

Upfront Brokerage

If Yes, Customer ID

Banking Program*

Qualification Criteria*

Name of the Customer*

Overseas Number*

Phone No.

Existing Customer

Contact Details India Number* Phone No.

(for Select & Exclusive

Program)

NRI Profiler No.

Mobile No.

Mobile No.

NRIP/0007	96 / 06	
Select	Exclusive	
SA + CA (Group) Life Insurance (Premium Paid) Home Loan/ LAP		
Duntry Code Number	er	
Duntry Code Number	er	
D MM YYYY	,	
No. of Years	Abroad*	
er Retired	Student	
Architect	Engineer	
acs 20 Lacs - 40 Lacs Travelling	More than 40 Lacs Books	
Investments Home Loan	Insurance Credit Card	
DOB D D	MM YYYY	

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 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 mer	nbers # 10 10 10 10 10 10 10 10 10 10 10 10 10
Spouse	Name DOB DD MM YYYY
Son	Name DOB D D M M Y Y Y Y
Daughter	Name DOB D D MM YYYY
Other Family Member	Name DOB D D MM YYYY

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:		
oodita'):	Country:	
Consent and Declaration:		
I/We hereby authorize IndusInd Bank Limited ("IBL") to upgrade/open my/our informed by IBL about the minimum relationship value required for up-gradatifeatures, offers, services, benefits, privileges and fees/charges that the progra	on/opening of my/our Account/s under the selected Banking Program and the	
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 It was agree If We authorize IBL to register my/our account/s for Doorstep Banking service. If We authorize IBL to register my/our account/s for Doorstep Banking service. If We agree to abide by IBL's Terms and Conditions for providing the Doorstep Banking service.		
Customer Signature* 1* A/c Holder Signature		
2 nd A/c Holder Signature	Date* D D M M Y Y Y Place*	
(In case of joint account, signature of 2nd account holder is mandatory)		
For Bank	Lise Only	
Customer ID		
Customer branch Name		
Branch ID		
	사용 <u>사용 기업 </u>	
Customer risk profile	ive Moderate Aggressive Very Aggressive	
Branch	THE STATE OF THE S	
RM Name Head Name	RM Head Name	
RM ECN Branch Head ECN Head ECN	OR RM Head ECN	
RM Sign Branch Head Sign	RM Head Sign	

MCSOP/CSE/OPS Executive Sign

NRIP/VER-10/11

MCSOP/CSE/OPS Executive ECN