

TERM DEPOSIT APPLICATION FOR EXISTING CUSTOMER

* Fields are mandatory.

Br. Code: Branch: Date: Value Date:

1st APPLICANT INFORMATION

Cust. ID* (For existing customers)	<input type="text"/>
First Name*	<input type="text"/>
Middle Name	<input type="text"/>
Last Name*	<input type="text"/>
PAN#	<input type="text"/>
E-mail ID	<input type="text"/>

2nd APPLICANT INFORMATION

Cust. ID* (For existing customers)	<input type="text"/>
First Name*	<input type="text"/>
Middle Name	<input type="text"/>
Last Name*	<input type="text"/>
PAN#	<input type="text"/>

#Please submit Form 60 in absence of the PAN.

FIXED DEPOSIT (FD)/RECURRING DEPOSIT (RD)

FD RD Incase of FD, Premature withdrawal required Yes No

For Non-Resident customers, please check against the respective account types: NRE NRO FCNR

FCNR currencies to be chosen: USD EURO CAD AUD JPY GBP

FD Payment Instruction	RD Payment Instruction
<input type="checkbox"/> Cheque No.: <input type="text"/>	<input type="checkbox"/> Debit My Existing Account: <input type="text"/>
<input type="checkbox"/> Debit My Existing Account: <input type="text"/>	Amount: <input type="text"/>
Amount: <input type="text"/>	Tenure: <input type="text"/> Months Currency: <input type="text"/>
Tenure: <input type="text"/> Months <input type="text"/> Days Currency: <input type="text"/>	Rate of Interest: <input type="text"/> <input type="text"/> %
Rate of Interest: <input type="text"/> <input type="text"/> %	<i>Monthly debit shall be done on the date mentioned in the value date field.</i>

	OPTION 1	OPTION 2
Interest Payment Frequency⁵ (Please fill only for deposits > 180 days):	<input type="checkbox"/> Reinvestment	<input type="checkbox"/> Payout Quarterly <input type="checkbox"/> Payout Monthly
Maturity Instructions:	<input type="checkbox"/> Renew Principal and Interest <input type="checkbox"/> Renew Principal and Pay Back Interest <input type="checkbox"/> Do not Renew	<input type="checkbox"/> Renew Automatically <input type="checkbox"/> Do not Renew
Interest Payment and Maturity Payment Instructions:	<input type="checkbox"/> Credit to linked IndusInd Bank account# <input type="checkbox"/> For NEFT IFSC: <input type="text"/> Account No.: <input type="text"/>	
Sweep-in Facility#:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Linking of Fixed Deposits with Current/Savings Account for fulfillment of any shortfall(s) in the Current/Savings Account)	

⁵Interest (simple) on Fixed Deposits with tenure less than or equal to 180 days will be only paid on the maturity date of such deposit.

#Linked Current/Savings Account will be applicable for initial payment, interest/maturity payment, and sweep-in facility, if selected. This facility is not available on NRE deposits. Monthly/Quarterly interest payment options are not available on FCNR Deposits.

For deposits booked under 'Premature Withdrawal Not Allowed' scheme - in case of renewal, these deposits will be rolled over to 'Premature Withdrawal Allowed' scheme at the prevailing rate of interest. If TDS is not to be deducted, please submit Income Tax Exemption letter along with this Form.

In absence of specific request, existing Mode of Operations set up for your Non-Individual/Individual Account stands applicable for all Term Deposit operations.

MODE OF OPERATION

Single Either or Survivor** Anyone or Survivor** Former or Survivor** Jointly Others please specify

For Term Deposits: The above mandate will be applicable to premature withdrawal at any point of time, including death of any one but not all holders.

**In case of joint Term Deposits having operating instructions as 'Either or Survivor', 'Anyone or Survivor' or 'Former or Survivor', the Bank shall repay the deposit(s) before maturity of the deposit(s) in case such a request is received in accordance with the operating instructions of the respective deposit(s), along with relevant documents as may be specified by the Bank from time to time. The same would be applicable even in the event of death of the joint depositors prior to maturity of the deposit. Any such repayment before maturity shall constitute a valid discharge of the Bank's obligations against all concerned including, but not limited to, the nominee/legal heirs of the depositors or anyone claiming under them.

For bulk deposits, please refer to the deposit policy at our website for T&C on your Fixed Deposits.

NOMINATION FORM DA1* (Please choose one of the available options)

I/We hereby confirm that I/We do not require any nomination facility.

I/We require nomination facility.

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.

I/We _____ nominate the following person(s) to whom in the event of my/our minor's death, the amount of deposit in the account may be returned by IndusInd Bank Ltd.

I/We agree/ do not agree for the name of my/our nominee to be displayed on Fixed Deposit Advice/Statement of Account and/or other documents/letters.

Details of Deposit		Nominee***				
Nature of Deposit & Distinguishing No.	Additional Details, if any	Name	Address	Relationship with Depositor, if any	Age	If Nominee is a minor, his/her date of birth

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

Details are mandatory.***

Signature/Thumb impression of the depositor **

Witness(es) - Required only if the depositor is giving thumb impression and not signature.

Name: _____ Address: _____	Signature***
Name: _____ Address: _____	Signature***

*Where deposit is made in the name of minor, the nomination must be signed by a person lawfully entitled to act on behalf of the minor. **Strike out if nominee is not a minor.

***Thumb impression(s) shall be attested by two witnesses. *Right thumb impression required in case the depositor is female and left in case it is male.

DECLARATION

In the event of the death of the depositor(s), premature termination will be allowed without levy of penal charges as under:

1. With Nomination: In the event of the death of all depositors, the nominee will have the right to seek premature withdrawal of Term Deposit account; 2. Without Nomination: In the event of the death of all depositors, premature withdrawal will be permitted on joint request by all legal heirs (or any of them as mandated by all the legal heirs) and upon verification of the authority of the legal heirs; 3. Term Deposit with survivorship clause: Bank may permit withdrawal of Fixed/ Term Deposits in accordance with the mandate of 'Either or Survivor', 'Former/Latter or Survivor', 'Anyone of Survivors or Survivor', etc. as the case may be; 4. Term Deposit with Mandate Jointly: Premature withdrawal will be permitted on joint request by the Survivor and legal heirs of the deceased depositor (or any of them as mandated by all the legal heirs) and upon verification of the authority of the legal heirs.

1st Applicant
Signature/Thumb impression of the depositor

2nd Applicant
Signature/Thumb impression of the depositor

Consent to Use, Share and Disclose Registered Communication Contact Details

I/We hereby **ACCEPT, AUTHORISE, CONFIRM AND PERMIT** IndusInd Bank Limited ("Bank") to **USE, SHARE AND DISCLOSE** any/all of my/our registered communication contact addresses/details (postal, e-mail, mobile number, social media platforms/channels etc.), that I/we have willingly registered/shared with the Bank for the purpose of (A) receiving information, either from the Bank, Central KYC Registry and/or through any of the Bank's authorised Service Providers / Agency(ies)/Professional Advisors related to the operations of my/our account(s)/services availed by me /us from the Bank; and/or (B) API based authentication where my/our details are being auto fetched/ populated to process my banking requests/applications on/through the Bank's Web Applications/Systems; and/or (C) any kind of promotional/research/feedback based exercise about the Bank's products/services that I/we must/may be made aware for general consumption or to provide feedback as an existing customer of the Bank; until such time I request/notify the Bank to stop sending communication to any/all of my/our registered communication addresses/details as per the Bank's defined process and knowing that the Bank will ensure security and confidentiality to all my communication contact details provided by me/us. If I am /we are or become a Non Resident Indian (NRI) / foreign national, I confirm that the following consent is well within my capacity as a Non-Resident Indian and by doing so I do not violate or breach in any manner the regulations or statutes of the country of my residence as are applicable to me.

Notwithstanding anything contained herein above, in case I/we opt out from the above and tick 'NO' below, the Bank shall be entitled to use/share/disclose my communication contact addresses/details to send me/us all communication either through select/mandated communication channels, those that are deemed necessary for the (A) smooth processing of my/our account operations/service request(s) (B) for general awareness and/or (C) any statutory action required to be undertaken by me/us as per the applicable laws and guidelines/ regulations/directions/notifications prescribed by the Reserve Bank of India, Ministry of Finance India, government/quasi-government authorities and any other authorities governing the financial and banking operations whether in India or outside India.

Yes No

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BANK USE ONLY

I confirm having met the customer in person at the Residence/ Office address and I hereby confirm that I have verified the copies with the original documents and the AOF has been filled up in my presence.

ECN

Sourcing Executive Signature

ACKNOWLEDGEMENT FOR NOMINATION

We acknowledge your nomination in form DA1 relating to Account Number _____ in the name of _____ held with us.

Ref. No. _____ Date of Registration _____ DBM _____

Branch Round Stamp/Seal