

# NON INDIVIDUAL ACCOUNT OPENING FORM



Please fill the form in Black Ink and in CAPITAL LETTERS.  
ALL fields marked “\*\*” are mandatory.

**Date of Application**        
D D M M Y Y Y Y

If entity is an existing customer of IDFC Bank, simply share the Customer ID here  and fill only the sections marked “✓”

## TELL US ABOUT YOUR BUSINESS

**\*Entity Name**

**Account Title**

**\*Entity Type**

- Sole Proprietorship   
  One Person Company   
  Hindu Undivided Family (HUF)   
  Partnership  
 Public Limited Company   
  Private Limited Company   
  Limited Liability Partnerships (LLP)   
  Joint Venture (Not incorporated)  
 Embassy/Consulate/High Commission

**\*Line of Business**

- Manufacturing   
  Service Provider   
  Retail Trade   
  E-Commerce   
  Wholesale Trading   
  Financial Services

**\*Nature of Industry**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Advertising/Media   | <input type="checkbox"/> Agriculture              | <input type="checkbox"/> Airlines                              | <input type="checkbox"/> Arms/Antique/Art Dealer          |
| <input type="checkbox"/> Auto Finance Co.    | <input type="checkbox"/> Automobile               | <input type="checkbox"/> Bar/Casino/Night Club                 | <input type="checkbox"/> Bullion/Forex Dealer             |
| <input type="checkbox"/> Cement              | <input type="checkbox"/> Chemicals/Dyes/Paints    | <input type="checkbox"/> Consultancy                           | <input type="checkbox"/> Courier/Freight Forwarders       |
| <input type="checkbox"/> Consumer Durables   | <input type="checkbox"/> Dairy/Food Processing    | <input type="checkbox"/> Departmental/Grocery Store            | <input type="checkbox"/> Education                        |
| <input type="checkbox"/> Engineering Goods   | <input type="checkbox"/> Exchange House           | <input type="checkbox"/> Electronics/Computer Hardware         | <input type="checkbox"/> Fertilizers/Seeds/Pesticides     |
| <input type="checkbox"/> Fishery/Poultry     | <input type="checkbox"/> Furniture/Timber         | <input type="checkbox"/> Gems & Jewellery                      | <input type="checkbox"/> Government Contractor/Contractor |
| <input type="checkbox"/> Hospital            | <input type="checkbox"/> Hotel/Resort             | <input type="checkbox"/> Housing Finance Co.                   | <input type="checkbox"/> Insurance Co.                    |
| <input type="checkbox"/> Iron and Steel      | <input type="checkbox"/> Health Club/Spa          | <input type="checkbox"/> IT/Software/BPO                       | <input type="checkbox"/> Liquor Distributor               |
| <input type="checkbox"/> Marble/Granite      | <input type="checkbox"/> Mining                   | <input type="checkbox"/> Nursing Home/Clinic/Diagnostic Center | <input type="checkbox"/> Other Pvt. Financial Corp.       |
| <input type="checkbox"/> Petroleum Oil & Gas | <input type="checkbox"/> Printing/Publishing      | <input type="checkbox"/> Plastic/Paper & Allied Products       | <input type="checkbox"/> Pharmaceutical/Chemist           |
| <input type="checkbox"/> Real Estate         | <input type="checkbox"/> Realty & Infrastructure  | <input type="checkbox"/> Scrap Metal                           | <input type="checkbox"/> Telecom                          |
| <input type="checkbox"/> Term Lending Co.    | <input type="checkbox"/> Transportation/Logistics | <input type="checkbox"/> Textiles/Garments/Handloom            | <input type="checkbox"/> Travel & Tourism                 |
- Self Employed Professional (Doctor/CA/Architect/Lawyer/Consultant)  
 Self Employed Professional (Entertainment/Alternate Medicine Practitioner/Beautician)

**\*PAN**   **Form 60**     **Form 49A** (If yes, please a share copy of From 49A)

**\*Date of Incorporation**          
D D M M Y Y Y Y    **\*Gross Annual Turnover (in INR)**

**International Trade Turnover (in INR)**     **Import Export Code (IEC)**

**Website Address**

## \*COMMUNICATION ADDRESS

**Landmark**  **City**  **District**

**State**  **Country**  **Pin Code**

**Contact Details** Mobile          
Landline No.          
Fax          
(STD Code) (Number) (STD Code) (Number)

**E-mail**

CB/02/11-2017



IDFC BANK

**BUSINESS ADDRESS\***

Same as Communication Address  Yes  No (If no, please fill in below)

Two rows of empty boxes for address details.

Landmark (If any)  City  District

State  Country  Pin Code

Contact Details Mobile  Landline No.  (STD Code)  (Number)   
Fax  (STD Code)  (Number)

E-mail

**✓ WHICH OF OUR SOLUTIONS WOULD YOU LIKE FOR YOUR BUSINESS?**

<input type="checkbox"/> <b>Current Account</b>	<input type="checkbox"/> <b>Foreign Currency Account</b>
<input type="checkbox"/> Dynamic Business Account <input type="checkbox"/> World Business Account	<input type="checkbox"/> Special Economic Zone <input type="checkbox"/> Overseas Travel Operators
<input type="checkbox"/> Truly One Account <input type="checkbox"/> HUF Savings Account	<input type="checkbox"/> Exchange Earners Foreign Currency Account
<input type="checkbox"/> Escrow Account <input type="checkbox"/> Nodal Account	Currency <input type="checkbox"/>
<input type="checkbox"/> Liaison Office <input type="checkbox"/> Branch Office	

Account Branch

Do you wish to opt for our Point of Sale (POS) terminal?  Yes  No

Do you wish to opt for our Payment Gateway facility?  Yes  No

Mode of Operation  Singly  Jointly  Severally  As per the Document (Attached BR, Partnership Letter)

Number of Signatories

Cheque Book  Yes  No If yes  25 leaves  50 leaves

Statements  Physical **Frequency**  Monthly  
 Via E-mail **Frequency**  Daily  Weekly  Fortnightly  Monthly

Doorstep Banking (Cheque pickup and drop only)  Yes  No

• Locations  Business Address  Communication Address

• Frequency  Ad-hoc  Beat (Daily)

• Contact Person  Mobile

SMS Alerts  Yes  No (SMS will be sent to the mobile number mentioned in the Communication Address)

**CREDIT FACILITY FROM ANY OTHER BANK?**

I/We declare that we do not enjoy credit facility from other bank(s)

I/We enjoy credit facility from other bank(s), details as below

Bank and Branch	Facility Type	Account Number	Amount





**ANNEXURE 1: DECLARATION FOR PARTNERSHIP FIRM**

"We, the undersigned hereby declare that we are the partners or members of the Firm carrying on business in the name and style of \_\_\_\_\_ (registered under the Indian Partnership Act (IPA)1932)\* (the "Firm"). We hereby, unconditionally & irrevocably, undertake that the Firm, its Partners and/or its successors shall be jointly and severally liable and responsible from time to time and at all times hereinafter to the Bank in connection with our existing and future transactions and dealings with the Bank, in any manner whatsoever.

Our undertaking and liability as aforesaid shall continue notwithstanding: a) any change in the constitution or membership of the Firm and/or its successors and assignees by any cause whatsoever or dissolutions thereof; or b) that we or any of us cease to be partners or members or to have any interest in the Firm, in any of which events the liability and responsibility (in addition to that provided by law) of us or such of us respectively, as the case may be, to have any interest in the Firm and/or its successors as assignees as aforesaid shall extend to or continue in respect of all transactions and dealings existing prior to or at the date of receipt by you of written notice from us of such events respectively."

Name (i) \_\_\_\_\_

Name (ii) \_\_\_\_\_



Signature

Signature

\*Please strike off if not applicable

**ANNEXURE 2: DECLARATION FOR SOLE PROPRIETORSHIP FIRMS**

I, \_\_\_\_\_, hereby declare that I am the sole proprietor of the firm under the name of \_\_\_\_\_ and am solely responsible for the liabilities thereof. I shall advise you in writing of any change that takes 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 shall have been liquidated.

Name \_\_\_\_\_

Maiden Name (if any)  Mother's Name

Marital Status  Married  Unmarried  Other

Residential Status  Resident Individual  Non Resident Indian  Foreign National  Person of Indian Origin

Date of Birth     Country of Birth

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Country of Tax Residency

If Country of Birth or Tax Residency is other than India, please provide Tax Identification Number

**ANNEXURE 2A: NOMINATION (FORM DAT) (Applicable to Sole Proprietorship concern only)**

(Nomination under Section 45 ZA of the Banking Regulations Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rule, 1985 in respect to Bank Accounts.)

The Nominee or Guardian (if applicable) cannot be a holder on the account. If the Nominee is a foreign national, please contact IDFC Bank for an alternate Nomination Form

Yes, I want to nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the account may be returned by IDFC Bank Ltd.

Customer ID  (In case of an existing Account Holder)

Nominee Name:

Nominee Address:

Relationship with Depositor (If any)  Date of Birth

D D M M Y Y Y Y

If the nominee is a minor\*\*, please complete this section. As the nominee is a minor on this date, I/We appoint:

Guardian's Name:

Guardian's Address:

to receive the amount of deposits in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee. (\*\* Where deposit is made in the name of a minor the nomination must be signed by a person lawfully entitled to act on behalf of the minor)

Would you like the nominee name to be mentioned on your account statements/advices  Yes  No

No, I do not wish to nominate anyone on my behalf at this moment. I understand the advantages of nomination and the consequences of not nominating anyone to my account

I/We do hereby declare what is stated above is true to the best of my knowledge and belief.

Date     Place

D D M M Y Y Y Y

SIGNATURE

WITNESS 1

(Required only if applicants use thumb impressions)

WITNESS 2

(Required only if applicants use thumb impressions)




Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_



IDFC BANK

**ANNEXURE 3 - FATCA/CRS DECLARATION**

A		Incorporation Information	Details
		Place of Incorporation	
		Country of Incorporation	
		Company Identification Number	
B		Declaration of Tax Residency	
	Sr. No.	Country(ies) of Tax Residency	Tax Identification Number
C		Exclusion Category, if applicable, for tax residents outside India (Refer Glossary)	Details
1		US Persons	
2		Other than US Persons	

**Note:** Please attach a copy of the Tax Residency Certificate/Copy of Incorporation or Equivalent Document for each of the countries mentioned above.

**ANNEXURE 4 - FATCA/CRS DECLARATION**

A. Listed entity/its related entity	Yes	No
a) Whether the entity is a listed entity? If yes, Listed in <input type="checkbox"/> NSE, <input type="checkbox"/> BSE <input type="checkbox"/> Others _____ (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>
b) Whether the entity is a related entity^ of a listed entity? Specify the name of the listed company _____ Listed in <input type="checkbox"/> NSE, <input type="checkbox"/> BSE <input type="checkbox"/> Others _____ (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>
<small>^An entity is a related entity of another entity if either entity controls the other entity, or the two entities are under common control (i.e., Ownership of more than 50% of the votes/value in an entity)</small>		
B. Non - Individuals other than Listed entity/its related entity (Tick applicable category)		
a) Government Entity	<input type="checkbox"/>	<input type="checkbox"/>
b) International Organization	<input type="checkbox"/>	<input type="checkbox"/>
c) Central Bank	<input type="checkbox"/>	<input type="checkbox"/>
d) Entity wholly owned by a, b or c above	<input type="checkbox"/>	<input type="checkbox"/>
e) Tax-exempt Entity engaged in a Charitable Purpose	<input type="checkbox"/>	<input type="checkbox"/>
C. Business		
a) Holding Company (with subsidiaries engaged in non-financial trade or business)	<input type="checkbox"/>	<input type="checkbox"/>
b) Company providing, financing and hedging services to related entities	<input type="checkbox"/>	<input type="checkbox"/>
D. Income/Assets Criteria		
a) 50% or more of the income in preceding financial year is from trading/business activities <b>AND</b>	<input type="checkbox"/>	<input type="checkbox"/>
b) 50% or more of the assets in preceding financial year are held for trading/business purposes	<input type="checkbox"/>	<input type="checkbox"/>

**ANNEXURE 5\* - BENEFICIAL OWNERSHIP DECLARATION**

(Not to be filled in for listed entities, subsidiaries of listed entities, Government Entities, and International Organisations)

Please tick the relevant option below:

The following natural person(s) (listed in table below) exercise control or ultimately have a controlling ownership interest i.e. having ownership/entitlement of the specified limit (**Note 1**) of shares/capital/profit/property or exercise control through other means such as voting rights, agreement, arrangement etc.

**OR**

There are no natural person(s) who exercise control or ultimately have a controlling ownership interest as stated above, therefore details of all partner(s) (for partnership)/trustees (for trust)/senior managing official (for unincorporated bodies)/directors/senior management (for companies) who are natural person(s) as stated in the below table.

Sr. No	Name	Please tick the type of Address mentioned R - Residence / O - Office	Date of Birth	Gender	Control Details	
					Type (Note 2)	%
1.		<input type="checkbox"/> R <input type="checkbox"/> O				
2.		<input type="checkbox"/> R <input type="checkbox"/> O				
3.		<input type="checkbox"/> R <input type="checkbox"/> O				
4.		<input type="checkbox"/> R <input type="checkbox"/> O				
5.		<input type="checkbox"/> R <input type="checkbox"/> O				

Sr. No	Nationality	Documents (Note 3)		Father's Name (Note 4)	Occupation (Service/Business/Others)	Country of Birth	Country of Tax Residence	Tax Identification Number
		PAN <sup>s</sup>	Document Collected					
1.								
2.								
3.								
4.								
5.								

**Note:**

- 1) 25% or more in case of a company and 15% or more in other type of entities
- 2) Types of control - please use the applicable one  
(a) Ownership (b) Other means (c) Senior managing official (d) Trustee (e) Settlor (f) Protector (g) Beneficiary (h) others
- 3) Please quote PAN<sup>s</sup>. Please provide a copy of any of the following documents: Passport/Voter ID/Driving License/Aadhaar/UIDAI letter/ National Population Register Letter and mention the same in the space above.
- 4) Father's name is mandatory if PAN is not provided

<sup>s</sup>Applicable for Indian nationals/resident individuals. For other countries, functional equivalent of PAN (like Tax identification number or any unique number like SSN) can be provided

I/We agree that I/We will notify **IDFC Bank** without delay of any changes to the Beneficial Owner/Controlling natural person, as declared in the table above.

1. Signature of Authorised Signatories:

Name \_\_\_\_\_

Designation \_\_\_\_\_

Date

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2. Signature of Authorised Signatories:

Name \_\_\_\_\_

Designation \_\_\_\_\_

Date

D D M M Y Y Y Y



**ANNEXURE 6 - GST ANNEXURE**

**CUSTOMER DETAILS**

Branch Name

Customer Name

GST Status  Registered  Unregistered

Are you exempted from GST?  Yes (Please submit documentary evidence for the exemption)  No

If exempt  Customer level exemption  Account level exemption

Related person to IDFC Bank  Yes  No (If yes, please note that GST as may be applicable, needs to be paid by the related person.)

(Refer Glossary of terms for definition of related person)

If Registered then Provide the State wise GST details

# Please mention the primary GSTN for this account as the first GSTN.

Sr.No.	Name of the State	GST Registration Number#	Address as per GSTN records\$	Remarks
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		

\$ Address as per GSTN records is the address of receiving the service.  
 If you have more than 10 GST Registration Numbers; please use another copy of this sheet.

Name \_\_\_\_\_

Designation \_\_\_\_\_

Signature and Stamp

Name \_\_\_\_\_

Designation \_\_\_\_\_

Signature and Stamp



## GLOSSARY OF TERMS

### Definition of related person under GST is as under:

- (a) persons shall be deemed to be "related persons" if-
- (i) such persons are officers or directors of one another's businesses;
  - (ii) such persons are legally recognised partners in business;
  - (iii) such persons are employer and employee;
  - (iv) any person directly or indirectly owns, controls or holds twenty-five per cent or more of the outstanding voting stock or shares of both of them;
  - (v) one of them directly or indirectly controls the other;
  - (vi) both of them are directly or indirectly controlled by a third person;
  - (vii) together they directly or indirectly control a third person; or they are members of the same family;
- (b) the term "person" also includes legal persons;
- (c) persons who are associated in the business of one another in that one is the sole agent or sole distributor or sole concessionaire, howsoever described, of the other, shall be deemed to be related.

Explanation I. - The term "person" also includes legal persons.

Explanation II. - Persons who are associated in the business of one another in that one is the sole agent or sole distributor or sole concessionaire, howsoever described, of the other, shall be deemed to be related.

### U.S. Persons

- a) A tax resident of U.S.
- b) A U.S. entity or organization incorporated in U.S.
- c) A partnership or a corporation organized in the U.S. or under the law of the U.S. or any states thereof
- d) A trust- (i) where a court within the United States 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,
- e) An estate of a decedent that is a citizen or resident of the United States

### Exclusion Categories for U.S. Persons

- a) A corporation the stock of which is regularly traded on one or more established securities markets
- b) 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)
- c) The United States or any wholly owned agency or instrumentality thereof
- d) 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
- e) 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
- f) Any bank as defined in section 581 of the U.S. Internal Revenue Code
- g) Any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code
- h) 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);
- i) Any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code
- j) 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
- k) 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
- l) A broker as defined in section 6045(c) of the U.S. Internal Revenue Code
- m) 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

### Exclusion Category – For other than U.S. Persons

- a) A corporation, the stock of which is regularly traded on one or more established securities markets
- b) Any corporation that is a related entity of a corporation mentioned above:
- c) A Governmental Entity
- d) An International Organisation
- e) A Central Bank
- f) A Financial Institution