Name of Sourcer:

ECN of Sourcer:



CONSUMER BANKING Date of Request: DDMMMYYYYY Standard Exclusive Program Type: Maxima (SA Group only) Select Grouping & Upgrade Request Type: **Grouping Only** Upgrade Only PRIMARY ACCOUNT DETAIL CIF ID Mobile No Account Number E-mail ID Account Name ADD-ON ACCOUNT DETAILS (In case of Current Account - Stamp is mandatory) Relationship with **Account Number Account Holder Name** Signature **Primary Account** Add-on 4 For Current Account - Related Entities (Entities with common Authorised Signatory(s)) For Savings Account - Self/ Family Member of Primary Account Holder Family Members means: Parents/ Spouse/ Siblings/ Children/ Grandparents/ Grand Children/ Mother in law/ Father in law/ Son in law/ Daughter in law **Customer Consent & Declaration - Grouping** I/ We hereby authorise IndusInd Bank Ltd. to group all my/ our Account(s) linked to my/ our customer ID's to/ under the Program as indicated above. I/ We confirm that details mentioned herein by me/ us are correct including 'Relationship with Primary Account'. I/We understand that failure to maintain the prescribed relationship criterion across all of the Grouped Accounts, may lead to applicable balance non-maintenance charges or conversion of our accounts to a lower/ previous variant. In scenario where Group is disbanded when Primary Account ceases to exist or is not part of the Group, add-on accounts may get converted to a lower/ previous variant and may lead to applicable non-maintenance charges as per the SOC. I/ We shall not raise any claim and/or dispute in this regard, of any kind. I have read and understood the features, eliqibility criterion and complete information available on IndusInd Bank's Website under Terms & Condition, and agree to abide. I/We understand that we have to maintain a Group Quarterly _ across all grouped accounts. **Customer Consent & Declaration - Upgrade** $I/We\ hereby\ authorize\ IndusInd\ Bank\ Ltd.\ to\ upgrade\ my/\ our\ Account(s)\ to/\ under\ the\ Program\ as\ indicated\ above.\ I/\ We\ have\ read,\ understood\ and\ concur\ to\ all\ Terms\ \&\ to\ upgrade\ my/\ our\ Account(s)\ to/\ under\ the\ Program\ as\ indicated\ above.\ I/\ We\ have\ read,\ understood\ and\ concur\ to\ all\ Terms\ \&\ to\ upgrade\ my/\ our\ Account(s)\ to/\ under\ the\ Program\ as\ indicated\ above.\ I/\ We\ have\ read,\ understood\ and\ concur\ to\ all\ Terms\ \&\ to\ upgrade\ my/\ our\ Account(s)\ to/\ under\ the\ Program\ as\ indicated\ above.\ I/\ We\ have\ read,\ understood\ and\ concur\ to\ all\ Terms\ &\ to\ upgrade\ understood\ under\ the\ upgrade\ understood\ understood\$ Conditions (T&Cs), Schedule of Charges (SOC), features, offers, services, privileges, fees and charges associated with the upgrade of my/our account(s) under the Program and re-affirm that all details provided as per my/our consent stand true and factual. I/ We abide to maintain the minimum relationship value requirement related and specified to the account. I/We understand that any/all account held by joint account holders will also be upgraded to the same variant as primary. I/We hold liability to pay all obligatory $charges \ as \ prescribed \ by \ the \ bank \ for \ non-maintenance \ of \ the \ same, \ additionally \ refrain \ from \ raising \ any \ claim/ \ dispute \ in \ this \ regard. \ I/We \ agree \ to \ receive \ an \ upgraded$ personalized kit with international chip debit card at the communication address and authorize IndusInd Bank Ltd. to deactivate my/our existing Debit Card(s) issued on my/our account(s), 45 days post activation of new international Debit Card (For Select & Exclusive Savings Account Only). I/ We understand that the Average Quarterly Balance (AQB)/Average Monthly Balance (AMB) of my upgraded account has to be _ (Applicable in case of upgrade only). I choose to opt for Platinum Plus Debit Card (For Maxima Savings Account), issuance fee of INR 249 p.a. Note: Special Current Accounts like Dollar One, Exim Basic, Exim Advantage, EEFC, Indus Green, InfoTech and Custome Current Accounts will continue to run on existing Product SOC and not be upgraded to Program Variant, however their account balances will be considered for Group Balance. Signature of 1st Account Holder/Authorised Signatory Signature of 2nd Account Holder/Authorised Signatory Signature of 3rd Account Holder/Authorised Signatory **BANK USE SECTION** Existing balance (ENR)/ Last month's AMB for existing A/Cs and initial funding amount for new Accounts (NTB) Add-on 2: <u>Value</u> Add-on 1: Value Primary Account: Value Add-on 4: Value Add-on 5: Value Add-on 3: Value Group Value: (Sum of all above values) Standard Grouping Maxima Grouping Select Grouping **Exclusive Grouping Initiating Branch Details** Branch Code: Branch Name: Date: | D | D | M | M | Y | Y | Y | Y I have verified the relationship of the Primary Account holder with the add-on Accounts and have also verified the Group Value (Sum of last month's AMB/ ENR/ Initial Funding) of all Accounts getting grouped from the system and confirm they meet the desired criteria. Signature & Seal of Sourcer: Signature & Seal of Supervisor:

Name of Supervisor:______ECN of Supervisor:_____