

CUSTOMER ACKNOWLEDGEMENT FORM (MID)

5108071340

APPLICANT INFORMATION

Primary Holder Name: L V I N O T H

(As per Aadhaar)

Mobile Number: 8 6 6 8 1 2 4 0 0 3

Account Number: 1 5 8 6 6 8 1 2 4 0 0 3

Joint Holder/ Guardian Name:

(As per Aadhaar)

C5 Code: N F

DECLARATION FOR DIGITAL ACCOUNT OPENING

I/We confirm that I/We have read and understood the detailed terms and conditions on www.indusind.com/tabdeclaration.html and that the contact details provided on the form/during digital account opening process are correct. I/We hereby confirm that all the information entered by Bank's official on my/our behalf through Bank's digital platform is accurate & the same has been provided by me/us for the purpose of banking services. I/We do not have any objection that this information has been filled in as a part of digital account opening process. Further, I/We agree that all the information submitted by me/us to the Bank shall be deemed and remain property of the Bank and the Bank will be free to use this information for the purpose of providing banking services to me/us from time to time. I/We have read and understood the IndusInd Bank Privacy Policy hosted on the banks website (Privacy Policy: <https://www.indusind.com/in/en/personal/privacy-policy.html>) and consent myself and/or as the legal guardian of minor to the processing of Personal Data as described in the privacy policy. I/We have agreed to avail Debit Card issued with my/our Savings Account.

I have gone through the Schedule of charges associated with my Savings Account hosted on <https://www.indusind.com/in/en/personal/schedule-of-charges.html>

Consent to Use, Share and Disclose Registered Communication Contact Details and to Avail Value-added Services

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)** A PI 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, 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.

Yes

Not with standing anything contained here in above, in case I/we optout from the above and tick 'NO' No 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 perthe applicable laws and guidelines/regulations/directions/notifications prescribed by the Reserve Bank of India, Ministry of Finance India, government/ quasi-government authorities andanyother authorities governing the financial and banking operations whether in India or outside India. I/We here by confirm that, I/We have given voluntary consent to avail certain value added services provided by Bank through third party Service Provider(s). I/We hereby agree and declare that, I/We have read relevant terms and conditions ofthe product/services offered under value added services and shall no the Id Bank liable for any loss/damage caused to me/us by availing such value added services or for any defect/deficiency in such value added services.

DISCLAIMER: This material is for general informational purposes only and is not investment advice nor does it constitute an offer, recommendation or solicitation to buy or sell a particular financial instrument. It does not have regard to the specific investment objectives, financial situation, risk profile or the particular needs of any specific person who may receive this material. No representation is made that the information contained herein is accurate in all material respects, complete or upto date. Recipients of this document are to contact the representative in their local jurisdiction or contact details given in this document with regard to any matters or questions arising from, or in connection with, the document. The information contained herein is not intended for distribution to, or use by, any person in any jurisdiction where such distribution or use would be contrary to applicable law or regulation or which would subject IndusInd Bank to additional licensing or registration requirements. It may not be copied, reproduced, posted, transmitted or redistributed in any form without the prior written consent of the Bank. This publication is for general information only, without addressing any particular needs of any individual or entity, and should not be relied upon without obtaining specific advice in the context of specific circumstances.

FOR SALARY ACCOUNT

In case there is no salary credits in my/our account, the Bank at its own discretion may withdraw all the benefits provided for salary account holders without any further notice. I understand that any benefits under Salary Account will stand true till the time the account is eligible under this category. I also authorise IndusInd Bank to convert my Salary Account to Savings Account, basis confirmation received from my employer. Also, the Bank has the discretion to convert my Salary Account to a Regular Savings Account and Terms & Conditions and Schedule of Charges of the same will be applicable, as updated on Bank's website www.indusind.com in case there are no salary credits in my account for 3 consecutive months or the Salary Account proposition is withdrawn at the employer level with due notice. I confirm that I will not dispute and raise any legal action against IndusInd Bank towards such remittance/ conversion of account status.

- I agree and confirm that the Salary Account would be activated for debit transactions only after submission of Employment Proof to the Bank

TATKAL KIT (If Applicable)

Tatkal CIF Number

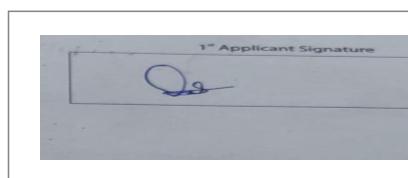
VERNACULAR DECLARATION (If Applicable)

- I confirm that Bank executive has explained me all the product features, charges and important T&C in my preferred language and all the same has been understood and agreed by me.

SIGNATURE DECLARATION

Please treat the signature signed as below in presence of Bank official as my current signature and valid for all future banking transactions.

Date: 3 0 1 0 2 0 2 5



BANK USE SECTION

- I hereby confirm that I have seen the original document/s and verified customer's details. All relevant documents have been signed in my presence.

Sourcing Executive ECN: i b l 1 7 5 6 2 7

RM Name

POORANA SIVASANKARAN

RM Mobile Number

9566882129

RM Geo Location

13.0365197,80.230854

Date and Timestamp

30-10-2025 17:17:56

- I hereby declare that I have given the OTP consent to open an IndusInd Bank Savings Account on **30 Oct 2025 at 05:24 PM**.

ACCOUNT OPENING FORM (AOF)

Dear L VINOOTH ,

Welcome to the IndusInd Bank family! We trust your account opening experience was smooth and effortless. Your details are as mentioned below:

ACCOUNT HOLDER'S INFORMATION

Description	1 st Applicant	2 nd Applicant
Name (as per Aadhaar):	L VINOOTH	
Joint Holder / Guardian Name: (if applicable, as per Aadhaar)		
DOB:	10/06/2002	
Differently Abled:	NO	
Politically Exposed Person:	NO	
Declaration as per FATCA Are you an Indian Citizen:	YES	Customer Photo(Live)
Nationality:	INDIAN	
Gender:	MALE	
Mobile No.:	8668124003	
E-mail ID:	VINOOTHOFFICIAL0550@GMAIL.COM	
Father's / Husband's Name:	LOKESH	
Mother's Maiden Name:	L SEETHALAKSHMI	
PAN / Form 60:	FORM60	
Masked Aadhaar:	XXXXXXX5407	
Nominee Name:	SEETHALAKSHMI	
Nominee Relationship:	MOTHER	
CKYC ID:		
Edu. Qualifications:		
Occupation:	SALARIED	
Monthly Income:	10k-25k	
Source of Funds:	Salary	

ADDRESS DETAILS

Communication Address:	DOUBLETAP INNOVATIONS AND TECHNOLOGIES PVT LT NO 78 2ND FLOOR NORTH USMAN ROAD SARAVANA STO OPPOSITE T NAGAR	
Permanent Address:	LOKESH NO 2 GROUND FLOOR 18TH CROSS STREET SAI GANESH NAGAR PALLIKARANAI PALLIKARANAI .	

ACCOUNT DETAILS

Account Number:	158668124003	Application ID:	5108071340
Account Variant:	Indus Comfort Optima	AMB / AQB Requirement:	0
Primary Account Number: (in case of Add-on Account)		Relationship with Primary:	
Branch Name:	T-NAGAR	IFSC:	INDB0000328
Tatkal Kit:	73696391	Mode of Operation:	SINGLE
Initial Deposit Amount:		Mode of Payment:	
FD / RD:		FD /RD No:	
Interest Rate:		Tenure:	Maturity Instruction:

Debit Card Details:

Debit Card Opt Flag:	Yes	Debit Card Type:	Titanium Salary Card	Issuance / Annual Fee of Debit Card:	0
----------------------	-----	------------------	----------------------	--------------------------------------	---

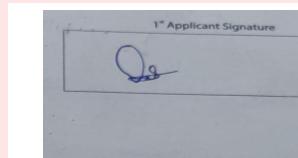
Vernacular Declaration (if applicable):

I confirm that Bank executive has explained me all the product features, charges and important T&C in my preferred language and all the same has been understood and agreed by me.

Signature Declaration

Please treat the signature signed as below in presence of Bank Official as my current signature and valid for all future banking transactions.

Date: 30/10/2025



Joint Holder/ Guardian Signature



Details of RM/Sourcer:

Name: POORANA SIVASANKARAN

RM Declaration

I have done the OSV & met customer in person at (Branch/Residence/Office)