

MODIFICATION FORM

For Branch Use Only (Encircle count of Service Request)

1	2	3	4	5	6	7	8	9
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A/C No.:
 CIF ID:
 Date:

D	D	M	M	Y	Y	Y	Y
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I/We

Request you to update your records as per the details provided below:
 Updation will be done for all accounts linked to Customer ID (wherever applicable)

CONTACT DETAIL UPDATION

Update Mobile No.:

Update Fixed Line No.:

S	T	D							
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E-mail ID:
E-mail ID provided will be updated to receive e-statement. In case e-statement is activated, physical statement will be deactivated.

Register for E-statement: Yes No Differently Abled: Yes No

ADDRESS UPDATION (Address proof to be submitted)

Update Communication Address:

Address 1:

Address 2:

Address 3:

City: State: PIN:

Country: Landmark:

PAN UPDATION (PAN proof to be submitted)

Update PAN:

DOB UPDATE (DOB proof to be submitted)

Update DOB:

D	D	M	M	Y	Y	Y	Y
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BASE BRANCH CHANGE

I/We request to transfer my/our Account as per details below. I/We understand that the existing operating Instructions will apply for my/our account.

Existing Branch Details (From Branch)	New Branch Details (To Branch)	Reason for transfer of Account
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

CIF ID MERGER

CIF ID 1: CIF ID 2: CIF ID (to be retained):

CHANGE IN TERM DEPOSIT MATURITY INSTRUCTIONS

Change in maturity instruction for Term Deposit a/c number:

Tick any one: Auto renew principal & interest Auto renew principal & pay interest Close on maturity

Payment instructions:

Credit my/our IndusInd Bank Account Number:

Pay by Demand Draft payable at to my/our mailing address registered with the Bank

MODE OF OPERATIONS CHANGE (All holders to sign)

Singly Either / Survivor Jointly Anyone / Survivor *All holders to sign

NAME UPDATION & CORRECTION (Proof to be submitted)

I/We request you to update the name of my/our account. Necessary documents supporting the change in name are enclosed for your records.

Individual New Name*:

Mr/Ms	First Name	Middle Name	Last Name
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Entity New Name*:

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Declaration by Customer:

I/We confirm that

All cheques issued by me with the old name have been paid • All Postdated Cheques/ECS mandate issued with the old name shall be cancelled by me and re-issued with the new name. • Cheques drawn with the old name, if presented in the future, will be returned by the Bank. • All cheques collected and paid in future by the Bank in this account will be drawn in the same name as given in this request form. • The Name Changes will be done at Customer ID level and will be applicable to all linked accounts.

SIGNATURE CHANGE / UPDATE (Signature proof to be submitted)

Old specimen Signature of Application
(as per Bank Record)

New Specimen Signature of Applicant





I hereby state, confirm, declare and undertake that,

- All cheques issued by me with the old signature have been paid
- All Post dated Cheques / ECS mandate issued with old signature shall be cancelled by me and re-issued with new signature.

*Signature proof to be submitted

DECLARATION

I have read all Terms and Conditions applicable and understood the schedule of Charges (SOC) at www.indusind.com

			
_____ <i>Customer Signature / Authorised Signatory</i>	_____ <i>Customer Signature / Authorised Signatory</i>	_____ <i>Customer Signature / Authorised Signatory</i>	_____ <i>Customer Signature / Authorised Signatory</i>

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/discard 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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FOR BANK USE ONLY

Employee Name:

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Request No.

ECN Stamp & Signature

Branch Seal

CUSTOMER ACKNOWLEDGEMENT

Date

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Employee Name:

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Request No.

ECN Stamp & Signature

Branch Seal