

Account Branch

Mode of Operation Singly Jointly Either or As per the Document (Attached BR, partnership letter, etc.)

Number of Signatories

Cheque Book Yes No If yes 25 leaves 50 leaves

Statements Physical **Frequency** Monthly Quarterly Annually
 Via E-mail **Frequency** Daily Weekly Monthly

Doorstep Banking (Cheque pickup and drop only) Yes No

- Locations Business Address Communication Address
- Frequency Ad-hoc Beat Daily **OR** Mon Tue Wed Thurs Fri Sat
- 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 are not enjoying any credit facility from other bank(s)

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

Bank and Branch	Facility Type	Limit	Rate of Interest

ENTITY PROOF

***Entity Proof**

Name of Document

ID Number (If applicable) Expiry Date (If applicable)
D D M M Y Y Y Y

***Address Proof**

Name of Document

ID Number (If applicable) Expiry Date (If applicable)
D D M M Y Y Y Y

Additional Documents Shared

1 2

3 4

Additional Document IDs (If applicable)

CIN Sales Tax

TAN Excise

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.

Table 1: For each beneficial owner/controlling natural person, please fill in the following details:

Sr. No	Name	Address	Date of Birth	Gender	Control Details	
					Type (Note 2)	%
1.						
2.						
3.						
4.						
5.						

If the beneficial owner/controlling natural person is a U.S. citizen or a U.S. tax resident or is having Tax Residency status outside India (other than U.S.), please fill in the following details:

Sr. No.	Nationality	PAN/DIN/Others (Note 3)		Father's Name (Note 4)	Occupation (Service/Business/Others)	Country of Birth	Country of Tax Residence	Tax Identification Number
		Number	Document Type					
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/DIN, if available. Otherwise, please provide a copy of any of the following documents
Passport/Voter ID/Driving Licence/Aadhaar/UIDAI letter and provide the ID number in the space provided above.
- 4) Father's name is mandatory if PAN is not provided

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

Signature of Authorised Signatories:

Name _____

Designation _____

Date

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D D M M Y Y Y Y

Name _____

Designation _____

