PREMIUM DEBIT CARD APPLICATION FORM

IndusInd Bank

Name:

Account No:

PLEASE CHOOSE ONE OF THE PREMIUM DEBIT CARD CATEGORY

☐ **Platinum Premier**: ₹2,500 First Year Fee ₹799 Annual Fee ₹2,500 worth of XtraSmiles Points	☐ **Signature Debit Card**: ₹5,000 First Year Fee ₹1,499 Annual Fee ₹5,000 worth of XtraSmiles Points	☐ **Signature Supreme**: ₹10,000 First Year Fee ₹1,499 Annual Fee ₹10,000 worth of XtraSmiles Points

* Above mentioned fee is excluding applicable taxes.
* XtraSmiles Points / vouchers will be issued via SMS to the registered mobile number after a successful debit card transaction at a merchant establishment.
*** As per RBI guidelines, New Card by default will be enabled on Domestic ATM and Domestic POS only.**

CUSTOMER DECLARATION

☐ I understand that the above mentioned XtraSmiles Points / vouchers would be issued to me via SMS to my mobile number registered with the Bank, subject to a successful Debit card transaction at a merchant establishment within 180 days of receipt of the card.

☐ I hereby authorise Indusind Bank Ltd to issue me the above selected Debit Card and debit my bank account with the first year fee & subsequent annual. fee. In the event of insufficient funds in my account to recover the fee, I hereby authorise the Bank to mark a lien in my account for the full or partial amount of debit card fee and recover the fee on availability of the funds. I acknowledge and understand that till such time the lien continues in the account, I/We will only be able to utilise the residual balance, if any.

NOTE: For detailed Terms & Conditions and Schedule of benefits please visit www.indusind.com

Account holder's Signature

Date: D D M M Y Y Y Y

FOR BANK USE ONLY

We hereby confirm the following:

☐ Account has sufficient balance for First Year fee, OR Amount of the Initial Payment cheque includes Debit card fee and AMB/AQB as per the applied Account & Card Type.

☐ Customer has been contacted at the telephone number registered with the Bank and the following confirmation has been obtained:

- ☐ Issuance of the above selected Premium Debit Card
- ☐ Debit the account for the First year Fee & the Annual Fee for the Premium Debit Card
- ☐ Current correspondence address and contact number is the same as registered in the Bank's records

Sourcer ECN & Name	**DBM Name**	**DBM ECN**
Sourcer Signature	**DBM Signature**	**Customer Mobile No.**
IP Cheque Amount (for NTB only) ₹ Strike off for existing customers	**Date & Time of Calling** Mandatory for MT and existing cuttaner	**Balance (at the time of calling)** Strike off for NT Cottomers