

CUSTOMER CONSENT FORM CREATE/MODIFY GROUPING OF ACCOUNTS FOR AU PLATINUM SALARY PROGRAM



Date

PRIMARY CUSTOMER DETAILS:

Name of the Primary Applicant

Customer ID *Mobile No + 91

*Email ID (In Capital Letters)

I instruct to (please tick any one option)

<input type="checkbox"/> Create a New Family Group ID	<input type="checkbox"/> Upgrade from AU Salary/Savings variant to AU Platinum Salary
<input type="checkbox"/> Add New customer ID to existing Family Group ID	<input type="checkbox"/> Downgrade from AU Platinum Salary to _____
<input type="checkbox"/> Delete Existing customer ID from Family Group ID	<input type="checkbox"/> Close Existing Family Group ID**

**Please note that, basis downgrade of your account from Platinum Program, a new debit card as applicable on product selected by you will be issued. Your Platinum debit card will be discontinued on issuance of such a card.

FAMILY DETAILS:

Sr No.	Family Member Customer ID.	Customer Name (As it is in the Account)	Relationship with Primary ID	Signature
1				
2				
3				
4				

I agree to ensure Regular Salary credits or maintain the requisite balance as per the below mentioned criteria:

Family Group ID Type	Salary Credits In primary salary account
AU Platinum Salary	Net Salary credit of INR INR 30,000

Terms & Conditions:

- Regular Salary credits in the Primary customer's account will only be considered for the Platinum Program.
- I hereby agree that in the event of no salary credits in my Salary Account for any continuous three months, the Bank reserves the right to change the status of Salary Account to Savings Account as per the applicability without any intimation to the account holder/me and the Terms & Conditions as applicable to the Savings Account shall apply to this account from the date of change of status.
- I/We hereby confirm my relationship with the Secondary Account holder as mentioned in the form.
- I/We agree that Primary Group member would be the first and primary point of contact for the Bank in relation to any communication / intimation with respect to the program(s).
- I/We understand that with this consent, all existing accounts (if any) in above mentioned customer id's will also be upgraded to the respective program.
- I/We understand that with this consent, a new debit card will be issued as applicable in the respective programme and existing card will be hotlisted (if any).
- All benefits extended under the family program are at the sole discretion of AU Bank. Bank reserves the right to alter, withdraw or change any of the benefits given under this program.
- Accounts exiting the Program will either switch to AU Platinum or Regular Savings Account as applicable.
- The customer shall abide by the general Terms and conditions of the Bank which is uploaded on the Bank's website.

Signature of Primary Customer

BANK USE SECTION

Instruction Received Date

I certify that:

- All the relevant documents are obtained from the customer as per the policy of the Bank and the in is complete in all respects.
- Applicable Schedule of Charges has been explained to the customer.
- Customer has signed the instruction and supporting documents in my presence and the signature stands verified against the Bank records.

To be filled by instruction receiving staff

Emp. Name & Designation	<input type="text"/>
Emp. Code	<input type="text"/>
Emp. Branch Name	<input type="text"/>

Signature

To be approved by the BM/ES- ASM

Emp. Name & Designation	<input type="text"/>
Emp. Code	<input type="text"/>
Emp. Branch Name	<input type="text"/>

Signature