Deutsche Bank

Annexure for Differently Abled Customer

Applicant Name:

Title ☐ Mr ☐ Ms ☐ Mrs ☐ Master ☐ Miss ☐ Others (Please specify) _____

Name

First Name Middle Name Last Name

Date of Birth D D M M Y Y Y Y Gender ☐ M ☐ F ☐ T

Impairment % UDID Number (24 characters) _____

Type of Impairment

Select from the below Impairment type

☐ Blindness	☐ Low Vision	☐ Hearing Impairment	☐ Locomotor Disability
☐ Leprosy Cured	☐ Cerebral Palsy	☐ Intellectual Disability	☐ Mental Illness
☐ Muscular Dystrophy	☐ Parkinson's Disease	☐ Acid Attack Victim	☐ Sickle Cell Disease
☐ Hemophilia	☐ Thalassemia	☐ Speech and Language Disability	☐ Multiple Sclerosis
☐ Specific Learning Disabilities	☐ Chronic Neurological Conditions	☐ Autism Spectrum Disorder	☐ Dwarfism

I/ We do hereby declare what is stated above is true to the best of my knowledge and belief.

Date D D M M Y Y Y Y

Signature

Note

1. This Annexure for Differently Abled Customer forms an integral and inseparable part of the Bank's Customer Information Form and shall be read together with the same.
2. The information provided in this Annexure shall be deemed to be information furnished under the Customer Information Form and shall be governed by the terms and declarations contained therein.