

OFFICE USE

*Please staple the relevant documents here along with the applicants latest visiting card.

CUSTOMER COPY

Please quote the reference no. for future reference.

Date : DDMMYYYY

Instructions : Welcome kit would be delivered to the addressee only on the mailing address provided. If you do not receive your welcome kit within 2 weeks of the date of acknowledgment, kindly e-mail at support@hdfcbank.com or contact the nearest branch. The PIN number for the ATM / Debit card for carrying out transactions on the ATM will be despatched to your mailing address by post. We request you to maintain confidentiality of the PIN number and the bank would not be held liable for misuse of PIN number.

ACCOUNT OPENING RULES

- All necessary documentation as mandated by the Regulatory/Bank authorities should be provided for opening the accounts.
- In event of no Salary Credits for any continuous three months, the Salary Account will be converted to Savings Regular Account.
- All accounts should maintain the stipulated average quarterly balance based on the product program and branch in which the account is opened.
- Incase of non-maintenance of the stipulated average quarterly balance, charges as outlined in the Service Charges & Fees Brochure from time to time will be applicable.
- Savings accounts can be opened only by individuals for non-business purposes.
- In case of any query / suggestion / feedback / complaint relating to features of any of the products, you may write to support@hdfcbank.com or call up local PhoneBanking number.

Instructions overleaf

Signature of Bank official

(Please staple all documents in the space provided above)

ACCOUNT OPENING FORM
FOR RESIDENT INDIVIDUALS
(To be filled by applicant only)



Please open my Savings/ Savings Salary / Salary & Reimbursement/ Current Account Branch

(Please fill the form in BLOCK LETTERS only All Fields marked " * " are MANDATORY)

*Application Date DDMMYYYY

(A) *PERSONAL DETAILS (THIS IS A MACHINE READABLE FORM AND WILL PASS THROUGH A SCANNER)

APPL.	PREFIX	Full Name	(Please leave one space between words for e.g.)	A	J	A	Y	R	A	M	M	I	S	H	R	A
1st																
2nd																
3rd																

If you are an existing customer please move directly to section "C".

*NAME TO BE DISPLAYED ON ATM / DEBIT CARD / CORRESPONDENCE	*DATE OF BIRTH	Category	*Male / Female
1st Appl.	DDMMYYYY		<input type="radio"/> M <input type="radio"/> F
2nd Appl.	DDMMYYYY		<input type="radio"/> M <input type="radio"/> F
3rd Appl.	DDMMYYYY		<input type="radio"/> M <input type="radio"/> F

(B) *PAN No. (If not available please attach Form 60/61)	FORM 60 / 61 ATTACHED	*MOTHER'S MAIDEN NAME
1st Appl.	Y N	Ms.
2nd Appl.	Y N	Ms.
3rd Appl.	Y N	Ms.

In case the applicant is a minor, please write parent/guardian's name (as an applicant) below the minor's name.

MAILING ADDRESS : For existing customers, address given below will be updated for the primary applicant in all accounts held with the bank.

*Company Name / Flat No. & Bldg. Name

*Road No/Name

*Landmark

*City

*State

*Tel. (O)

*PIN Code

Country:

*Tel. (R)

EXT. No.

STD Code

Please mention the Mobile Number and the Email ID on page 2 under "Contact Details" section."

"Please mention a prominent landmark to ensure that the deliverables reach you"

2nd Appl. address same as primary appl. Yes No 3rd Appl. address same as primary appl. Yes No (Joint Applicant Annexure to be filled if the joint applicant's address is not the same as that of the primary applicant.)

(C) If any of the applicants are EXISTING ACCOUNT HOLDERS, please mention the Customer Identification No.

1st Appl. Cust Id 2nd Appl. Cust Id 3rd Appl. Cust Id

(D) INTRODUCTION DETAILS Gotham BANK Customer (Introducer's) Name

ACCOUNT NO . CUSTOMER ID

I confirm that I am an account holder with Bank Of Gotham City for over 6 months. I confirm that I personally know the applicant/s detailed above for more than 6 months and confirm his/her identity, occupation and address.

Date:_____

Signature_____

Attach copy of any one :
☐ PAN Card ☐ Passport
☐ Election ID Card/Ration Card/Driving License**
**Accompanied by cheque signed by you

FOR BANK USE
Signature Verified : ☐ Yes
Date of A/c. Opened : _____
Signature of PB : _____
PB Code: _____

NOMINATION: Yes *Name of nominee No, I declare that I do not wish to make a nomination in my savings account. (Please attach Nomination Form)

PAYMENT DETAILS

Amount Rs. ps. Cash (To open an account with cash, the customer must deposit the cash, in person, only at the account branch)

Cheque No. dated DDMMYYYY drawn on Bank,

Branch. The Cheque should be crossed A/c Payee and drawn payable to Bank Of Gotham City A/c. 1st Applicant's Name

Account Operating Instructions

Single Either/Any one or Survivor Jointly (Debit / ATM card will not be issued)

Please Note: Cheque book of 10 leaves & 50 leaves will be issued to Savings and Current a/c holders respectively by default.

BELOW FIELDS ARE MANDATORY

ACCOUNT NO. CUSTOMER ID

Name : PREFIX Full Name Please tick in case permanent address is the same as mailing address

1st Appl.

PERMANENT ADDRESS (Mandatory if mailing address is office address)

*Flat No.&Bldg.Name

*Road No/Name

*Landmark

*City

*State

*PIN Code

Country:

- Business/Trading/Partnership/Proprietary/Company/Corporations cannot open a savings account. Trusts/Societies/Charitable/Educational Institutions may open a savings account subject to conditions. The bank reserves the right to close the account incase the savings account is used for business purposes as evinced by the transaction behaviour.
- Savings accounts will be issued only 25 cheque leaves per calendar quarter. The branch manager can be contacted for additional cheque leaves at a nominal charge.
- Adequate balance should be maintained in the account before issuing a cheque.
- Details of charges on funds transfer, inter branch banking and other services are available in the Service Charges & Fees Brochure.
- Copy of the Terms & Conditions, Service Charges & Fees Brochure and the Code of Bank's Commitment for Individual Customers can be obtained from the branch/website
- Interest on Savings account will be paid at the rate stipulated by RBI from time to time.
- No unarranged overdraft would be allowed in the Savings account. In case of exceptions, the bank would charge interest at commercial rate.
- The bank reserves the right to close the account in case of unsatisfactory conduct of the account.
- In the event of the death of one of the joint account holders, the right to the deposit proceeds does not automatically devolve on the surviving joint deposit account holder, unless there is a survivorship clause
- The Deposits of the bank are insured with DICGC and in case of liquidation of the bank, DICGC is liable to pay each depositor through the liquidator, the amount of his deposit upto Rupees one lakh within two months from the date of claim list from the liquidator.
- For availing passbook facility, please visit your home branch.

ATM CARD / DEBIT CARD

To apply for an **Gotham Bank** ATM / Debit Card, please tick your choice :

	ATM CARD	EASYSHOP DEBIT CARD ⁺	
		Regular	Platinum
1st Appl.			
2nd Appl.			
3rd Appl.			

+

Annual charges applicable.
For SB Max, Titanium Royale is given by default

If you already have an **Gotham** Bank ATM/Debit Card, please give the card number to which the Savings / Current / SuperSaver account that you now wish to open is to be linked.
(Please note this facility is available for operating instruction: Single, Either or Survivor only.)

ATM/Debit Card No.

1st Applicant

2nd Applicant

3rd Applicant

EMAIL STATEMENT REGISTRATION

☐ Yes, I wish to register for FREE monthly Email Statement (All accounts linked to the Customer ID of the 1st Applicant will be registered for Email Statements on the email Id mentioned below and physical statements will not be sent)

NETBANKING SERVICES will be available to the customers upon opening of account with the bank without requiring completion of any formalities for activation of such service. The customer hereby agrees that the terms and conditions for net banking shall be applicable in addition to the applicable terms of account opening. **Please provide an email ID for each of the applicants for future communication. An IPIN will be sent to your mailing address.**

CONTACT DETAILS - E-MAIL ID

*E-mail ID: (Write in **BLOCK LETTERS** only for e.g.)

A J A Y R M I S H R A @ A B C . C O . I N

1st Appl.

2nd Appl.

3rd Appl.

CONTACT DETAILS - MOBILE NUMBER

INSTAQUERY & INSTAALERT REGISTRATION: You will be registered for Instaquery and the following SMS alerts: Credit/Debit transaction greater than 5000/- Incase you need to add/modify/ de-register for alerts please log on to NetBanking or visit your nearest branch. For security reason, alerts for debit transactions done through NetBanking will be sent to the mobile number updated under your contact details. Incase the mobile number is not provided, then the alerts will be sent to the e-mail id updated under contact details. To update the contact details, please visit your nearest branch. Mobile Number will be pre-fixed with the Country Code for India -91

Mobile Number

1st Appl.

2nd Appl.

3rd Appl.

Name Of Co.

The Average Monthly Balance (AMB) required to be maintained for this account is Rs.

DECLARATION – I/We have read and understood the Terms & Conditions governing the opening of an account with HDFC Bank and those relating to various services including but not limited to (A) ATMs, (B) PhoneBanking, (C) Debit Cards, (D) MobileBanking, (E) NetBanking, (F) BillPay facility, (G) InstaAlert facility, (H) Email Statements. I/We accept and agree to be bound by the said Terms & Conditions including those excluding /limiting the Bank's liability. I/We understand that the Bank may, at its sole discretion, amend any of the services completely or partially with atleast 30 days notice and /or provide an option to switch to other services to me/us. I/We agree that the Bank may debit my/our account for the service charges applicable from time to time. I/We confirm that I/We am/are resident of India. I/We authorise the Bank to disclose, from time to time any information relating to my savings account to any parent/subsidiary, affiliate and associate of HDFC Bank, and to third parties engaged by the Bank, for purposes as detailed in the Terms & Conditions Booklet. I/We confirm that I/We am/are in possession of and have read the Terms and Conditions booklet which details the rules governing account operations, the Service charges and Fees Brochure which specifies the charges applicable from time to time for various services and the tear away Customer copy detailing the instructions and account opening rules. I/We have understood that I/We am/are required to maintain:

Please Paste Latest Passport Size Photo of 1st Applicant

Savings Max :
Average Monthly Balance of Rs 25,000/- for which the Bank will provide free:

- Debit Card for the 1st applicant
- Payable-at-Par (PAP) Chequebook, without any usage charge up to a limit of Rs. 2 lac per month
- DD on HDFC Bank locations, upto a limit of Rs. 1 lac per day
- Accidental Hospitalization Insurance cover & Hospital cash benefit*
- Monthly Statement of Account
- BillPay & InstaAlert

*Refer Terms & Conditions booklet
For more details please refer the SB Max & Service Charges & Fees Brochure

Please Paste Latest Passport Size Photo of 2nd Applicant

Savings Regular :
Average Monthly Balance of Rs 10,000/- or Rs 5,000/-* or any other as specified ** for which the Bank will provide free:

- 3 cash transactions on SBI/Andhra Bank ATMs per month
- PhoneBanking
- NetBanking
- INSTAQUERY
- Branch Banking
- Payable at Par Chequebook
- InstaAlert & NEFT
- Quarterly Statements, Passbook except where otherwise specified in the Services Charges & Fees Brochure

*Available in select locations
**Available for specific categories of customers

Please Paste Latest Passport Size Photo of 3rd Applicant

No Frills :
Zero Initial Pay-in and Zero Average Quarterly Balance for which the Bank will provide free :

- ATM Transactions
- 1 Branch cash withdrawal transaction per month
- Cash Deposits at Branches
- Clearing transactions
- IVR based PhoneBanking
- NetBanking,
- INSTAQUERY
- NEFT
- Quarterly Statements, Passbook except where otherwise specified in the Service Charges & Fees Brochure

I/We have understood that non maintenance of the above Average Monthly Balance will attract the following charges:-Savings Max - If AMB in the account is between Rs 10,000/- to Rs 25,000/- **Rs 350 per month** would be levied, If AMB is less than Rs 10,000 – **Rs 500 per month** would be levied. Savings Regular - **For Urban / Metro branches:** If AMB in the account is between Rs 5,000 to Rs 10,000 - Rs 250/- per month would be levied, If AMB is less than Rs 5,000 - **Rs 350/- per month** would be levied. **Semi urban / Rural** : If AMB in the account is between Rs 2,500 to Rs 5,000 - **Rs 250/- per month** would be levied, If AMB is less than Rs 2,500 - **Rs. 350/- per month** would be levied. No fills : No AMB charges and other Charges for phone banking, Net Banking, ATM & Branch services as detailed in the services charges & fee brochure

1) Please sign in black ink inside the box provided below. Photographs should be signed across by the applicants.

2) Please ensure that all mandatory fields have been filled correctly else the form is liable to be rejected.

Sign Here

Sign Here

Sign Here

* I/We ☐ consent / ☐ do not consent to receive information/service etc for Marketing purposes through Telephone/Mobile/SMS/Email by the Bank/its agents. I/We agree and acknowledge that only direct telephone numbers (not board/general telephone numbers of offices/corporates/employers) will be accepted for registration of Do Not Call . I/We am/are aware that post registration I/We may receive a call from the Bank to verify the correctness of request for registration. I/We confirm that I/We have read and understood the above Declaration, and that the details provided on the form are correct. I/We also confirm that my/our account been opened by Bank officer Mr./Ms. & I/We have signed in his/her presence.

Name

Date

Name

Date

Name

Date

For Bank Use Only : A/C No.

CUSTOMER ID NO.

For Branch Use : Br code

where a/c is to be opened :

Product Code :

LC CODE :

LG CODE :

MIS CODE :

Company Code :

Service Branch Code:

Service ID#/
Empl. Code

Promo Code:

*For Defence Accounts only

☐ No cheque book to be issued

☐ PAP cheque book

☐ CPV required

☐

CUSTOMER SIGNED IN MY PRESENCE

Name

EMP Code

Signature

VALUE DATE

FUNDS PARKED

UDN

P B SIGNATURE

DATE

CPU USE ONLY

DATE

APPROVED BY (BM)

FCU

SOURCING BR CODE

Occupation

Salaries

Self-employed

Retired

Self-employed prof.

Housewife

Politician

Student

Others (pls specify)

If salaried employed with

Private Ltd

Partnership

Proprietorship

Public Limited

Public sector

Government

Multinational

Others (pls specify)

Self Employed since

Years

Months

Nature of Business

Manufacturing

Service Provider

Agriculture

Stock Broker

Real Estate

Trader

Others

Date of Incorporation

DDMMYY

Type of Company/Firm

Sole Proprietorship

Partnership

Public Limited Co.

Private Limited Co

Others (pls specify)

Self Employed Professional

Doctor

CA/CS

Lawyer

Architect

IT Consultant

Others (pls specify)

Source of Funds

Salary

Business Income

Agriculture

Investment Income

Others (pls specify)

Gross Annual income

< 50,000

50,000 - 1,00,000

1,00,000 - 3,00,000

3,00,000 - 5,00,000

5,00,000 - 7,50,000

7,50,000 - 10,00,000

Residence type

Owned

Rented / Leased

Ancestral / Family

Company provided

ABOVE FIELDS ARE MANDATORY

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