CUSTOMER COPY Instructions overleaf Please quote the reference no. for future reference. **OFFICE USE** Signature of Bank official 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. 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. ACCOUNT OPENING RULES *Please staple the relevant documents here along with the applicants latest visiting card. (Please staple all documents in the space provided above) **ACCOUNT OPENING FORM** The Bank Of Gotham FOR RESIDENT INDIVIDUALS City We understand your world (To be filled by applicant only) Savings Salary / Salary & Reimbursement/ **Current Account** Branch Please open my Savings/ (Please fill the form in **BLOCK LETTERS** only All Fields marked " *" are MANDATORY) *Application Date (A) *PERSONAL DETAILS (THIS IS A MACHINE READABLE FORM AND WILL PASS THROUGH A SCANNER) M I S H R A APPL. PREFIX Full Name (Please leave one space between words for e.g.) 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. 1st Appl. 2nd Appl. 2nd Appl. 3rd Appl. 3rd Appl. *MOTHER'S MAIDEN NAME (B) *PAN No. (If not available please attach Form 60/61) FORM 60 / 61 ATTACHED 1st Appl. Ms. 2nd Appl. Ms. 3rd Appl. 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. & "Please mention Bldg. Name a prominent * Road No./Name landmark to ensure * Landmark that the deliverable reach you" * City *PIN Code *State Country: STD Code *Tel. (R) EXT. No. * Tel. (O) Please mention the Mobile Number and the Email ID on page 2 under "Contact Details" section." (Joint Applicant Annexure to be filled if the joint applicant's 2nd Appl. address same as primary appl. Yes 3rd Appl. address same as primary appl. No No Yes 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. 3rd Appl. Cust Id 1st Appl. Cust Id 2nd 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. FOR BANK USE Attach copy of any one: Signature Verified: Date: PAN Card Passport Date of A/c. Opened: Election ID Card/Ration Card/Driving License** Signature of PB: PB Code: *Accompanied by cheque signed by you Signature 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. Cash (To open an account with cash, the customer must deposit the cash, in person, only at the account branch) Cheque No. dated drawn on The Cheque should be crossed A/c Payee and drawn payable to Bank Of Gotham City A/c. 1st Applicant's Name Branch. **Account Operating Instructions** 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** F N ACCOUNT NO. **CUSTOMER ID** PREFIX Full Name Please tick in case permanent address is the same as mailing address Name: 1st Appl. PERMANENT ADDRESS (Mandatory if mailing address is office address) *Flat No. & Bldg. Name * Road No./Name *Landmark * City *PIN Code State Country:

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