DVU Signature & Date

FCU Signature & Date

PB/RM Signature & Date

BDA / BM Signature & Date

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HD	EC	RA	NK	
4				

Please open [Tick anyone]

1st Applicant

2nd Applicant

where subsidy is received

1st Applicant

2nd Applicant

1st Applicant

2st Applicant

*Company Name /

*State

Flat No & Bldg

*Road No./Name *Landmark *City

*Road No./Nam

*Company name / *Flat No & Bldg Name

*Road No./Name

*Flat No & Bldg

*Road No./Name

*Landmark

Tel (R

Email ID

Email ID

Mobile 91

Mobile 91

Appl

2nd Appl.

Page 4 of

*City *State

*Landmark

*City

*State

*Landmark

*City

*State

MAILING ADDRESS - 2nd APPLICANT

(B) OPERATING INSTRUCTION

my / our [Tick anyone]

Application Date

* NATIONALITY

Applicant

(C) CUSTOMER ID (Mandatory for Existing Customers) CKYC Number

PERMANENT ADDRESS 1st APPLICANT (Mandatory if mailing address is office address)

PERMANENT ADDRESS 2nd APPLICANT (Mandatory if mailing address is office address)

(E) CONTACT DETAILS: Existing customer can update their contact details. For New customer contact details are Mandatory

* Tel (O)

IMPORTANT Please furnish your correct email ID. You will receive free monthly account statements at this email ID for all accounts linked to the customer ID of the 1st applicant. You will be registered for SMS Alerts-Credit/Debit

transaction greater than Rs. 5000/- and Salary Credit Alert (Salary Account Only). You can register for Bill Pay facility for the following service providers: Vodafone, Airtel, BSNL - Cell One, Docomo, Idea.

Lauthorize HDFC Bank to set Standing Instruction on my Debit Card to make payment of utility bills on my behalf for bill pay request as given in this form. Terms and Condition apply

*DATE OF BIRTH

Savings

(A) PERSONAL DETAILS: APPLICANT NAME (Leave a space between two words.) FIRST NAME

FD

Savings Max

Either or Survivor

1st Applicant

2st Applicant

(D) MAILING ADDRESS - 1st APPLICANT (For existing customers, address given below will be updated for the primary applicant in all accounts held with the bank)

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

RD

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

Jointly (Debit/ATM Card not issued)

Proof Attached

Proof Attached

Proof Attached

*PIN Code

Country

*PIN Code

Former or survivor

1st Applicant

2st Applicant

Please tick in case permanent address is the same as mailing address

Please tick in case permanent address is the same as mailing address

Please tick if same as first holder mailing address

Insta Alert

Insta Alert

without any prior notice to me.

"Please mention a

landmark to ensure that the deliverables reach

Proof Attached

landmark to ensure that the

deliverables reach you"

Please () If Email ID is Not Available

Please (V) If Email ID is Not Available

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AGE PROOF	* Male / Female Third Gen	der *MOTHER'S MAII	DEN NAME				arest HDFC	the
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Date: D

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Incase of
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Page 1 of

(K) INSTRUCTION FOR KIDS ADVANTAGE ACCOUNT / PPF ACCOUNT / SUKANYA SAM (F) CUSTOMER PROFILE DETAILS # - 1st APPLICANT STANDING INSTRUCTION (SI): I / We hereby request you to maintain a Standing Instruction from my/our Occupation HDFC Bank A/C No. / New A/c (hereinafter referred as "funding a/c") for the amount Rs (Min Rs 1000/-) Public sector Multinational Others If salaried employed with Private Itd Public limited by way of Monthly Funds Transfer to the account of the minor / till the maturity of the PPF account. Rupees (In Words) Self Employed since Months Years Name of Funding Account Holder(s) Nature of Business Manufacturing Real Estate Date of incorporation Annual Turnover (in Lacs) (Applicable for Current Account) Date of next SI to fund the account Date of last SI to fund the account Type of Company/Firm Sole Proprietorship Private Ltd Co Minimum duration - 1 year, SI can be maintained till the kid turns 18 years of age / Maturity of PPF account Please mention a date of minimum 10 days nost submission of the form at the branch Self Employed Professional Doctor CAICS Architect IT Consultant Others International Maestro Debit Card (with ATM Facility) to the minor. (Issued only if kid is in between 7-18 years) ATM Card for Minor: Please issue (not applicable for PPF account) Source of funds Type of Guardian: Gross Annual income < 50,000 1 - 3 lac 3 - 5 lac 5 - 7.5 lac 7.5 - 10 lac 50 lac - 1CR > 1 CR Court Appointed Minor Declaration : I hereby declare that the date of birth of the minor who is my __ yyyy and I am his / her natural and Residence type Owned Company provide yyyy (copy enclosed). I shall represent the said minor in all future transactions of any description in the above lawful guardian / guardian appointed by court order dated _____dd___ account until the said minor attains majority. I declare that the amounts withdrawn from this account by me will be used for the benefit of the minor. I indemnify the bank against the claim of the above CUSTOMER PROFILE DETAILS # - 2nd APPLICANT minor for any withdrawal / transactions made by me in his / her account. Occupation Salaried SWEEP- OUT INSTRUCTION FOR SAVINGS MAX / KIDS ADVANTAGE ACCOUNT / WOMENS SAVINGS ACCOUNT If salaried employed with Private Itd Public limited Public sector Multinational Others SWEEP - OUT INSTRUCTIONS I / We wish to avail sweep-out facility on this Savings Max / Kids advantage account / Womens Savings Account Self Employed since (M) NOMINATION (DA1) Years Months Yes, I/ We wish to nominate Manufacturing No. I do not wish to nominate Display Nominee name on my passbook, account statement, FD/RD advice Money Lender Nature of Business Bullion/Gold/ Jewellery Stock Broker Real Estate Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in the respect of Bank deposits. Date of incorporation Annual Turnover (in Lacs) (Applicable for Current Account) I / We nominate the following person to whom in the event of my/our/minor's death the amount of the above opened Account / Fixed Deposits / Recurring Deposits, may be returned by Type of Company/Firm Sole Proprietorship Private Ltd Co Partnership Public Limited Co. HDFC BANK Ltd. by the account opening branch. This Nomination will be applicable for Savings / Current / Fixed Deposit / Recurring Deposit / KGC SB & CA / SSA. CA/CS IT Consultant Others Self Employed Professional Architect Doctor Please tick if mailing Source of funds Salary Business Income Investment Income Others address is Flat No & Bldg Name same as of the Gross Annual income < 50,000 50 K-1 lac 1 - 3 lac 3 - 5 lac 5 - 7 5 lac 75 - 10 lac 10 - 15 lac 15 - 25 Jac 25 - 50 Jac 50 Jac - 1CR *Road No./Name applicant Residence type Owned Rented/Leased Ancestral/Family Company provided *Landmar (G) POLITICALLY EXPOSED PERSON (PEP) DECLARATION *City *PIN Code Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions by a foreign country, including the Heads of States/Governments, senior 20. 21. 22. 23. 23. 25. 25. politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials. I hereby confirm and declare that I am not a *State Country Politically Exposed Person(s) (as per the definition of the Reserve Bank of India Master Direction - Know Your Customer (KYC) Direction, 2016) or a relative of a Politically Exposed Person. *Tel (R) *Relationship with Depositor, if any Please tick Yes / No 1st Applicant PEP / Relative or Close Associate of PEP Yes No 2nd Applicant PEP / Relative or Close Associate of PEP Yes *Date of Birth of Nominee Mobile 91 I hereby agree that the Bank reserves the right to close the account, in case, the aforesaid declaration is found to be untrue. In the event of any change in this declaration and/or if I (N) FORM E : Application for not tion under the Public Provident Fund Scheme 1968 subsequently become a Politically Exposed Person(s) or a relative of a Politically Exposed Person, after the opening of account, I hereby agree to promptly inform the Bank regarding the same and forthwith submit the relevant Politically Exposed Person (PEP) declaration form at an HDFC Bank branch. (H) PAYMENT DETAILS: Payment done by below mode (tick one) Please tick Nominee Name if mailing Cheque HDFC Bank A/C Transfer Cash (To open account with cash, customer must deposit the cash in person in a/c opening branch only) address is Flat No & Bldg Name same as of the Total Amount (Rs) Cheque No. / Account No. for FD/RD Cheque Date Bank Name Branch *Road No./Name applicant *Landmar *City *PIN Code Cheque should be crossed A/c pavee and drawn pavable to "HDFC Bank Ltd. A/c. < Applicant's Name >" Amount (Rs) for SB account Amount (Rs) for FD/RD account Amount (Rs) for PPF account Amount (Rs) for SSA account *State Country *Tel (R) Relationship with Depositor, if any Date of Birth of Nominee Mobile 91 Your Debit Card is activated for Domestic Usage (I) ATM CARD / DEBIT CARD **New Card Request** (POS & ATM). Existing Card Linkage: Customer can mention their Card No. to which they want Please login into NetBanking or IVR for Activating (To be filled if nominee is minor for DA1 / Form E) **Debit Card** to link this account International / Domestic / Ecom & Contactless. (Leave out if Card nominee is not a minor) Address 1st 1st Card No Platinum Othe As nominee is a to receive the amount If Other mention Card Code minor on this 2nd Card No. 2nd Platinum Othe date, I appoint of the deposit in the account on behalf of the nominee in the event of my/minor's death during the minority of the nominee Personal Details of the Witnesses (Thumb impression shall be attested by 2 witnesses) (J) INSTRUCTION FOR FIXED DEPOSIT / RECURRING DEPOSIT (Please attach annexure & refer T & C in detail for SureCover FD & Health Cover FD Witness 1 Name I / We wish to open Withdrawable FD Tax saving FD SureCover FD Non Withdrawable FD HealthCover FD RD as ticked below Address Place Date Holding Pattern for FD / RD Operating Instuction I /we wish to have the maturity / interest payout through NEFT (Refer T&C) 1st Applicant only Former or survivo Beneficiary Account Number Signature 1st & 2nd Applicant only 2nd &1st Applicant Jointly Minor under Guardian FD advice will be sent to the registered email. For Tax Savings FD, and for customer where email id is not registered, the advice will be dispatched at mailing address within 7-8 working days of FD booking. I/we agree that in case of Joint Fixed Deposit with survivorship clause the bank shall be discharged by paying the fixed deposit proceeds prematurely to survivor/s, on request, in the event of death of one or more joint depositor. I/JWe are aware that Non-Withdrawable FD cannot be closed before expiry of the tenure. Further, partial withdrawable or sweep-in facility is not allowed in such deposit. Non withdrawable deposit for any security collaboraterals like overdraft facility, issuance of LC / BG or any other margins etc. (O) CLOSE RELATIVE DECLARATION (To be filled by the applicant if he/she do not have any address produced in the she was a supplication of the she was a supp I hereby confirm that Mr./Ms. (* Applicant Name) who is desirous of opening an Not Applicable For Recurring Deposit account with your Bank is my (* Relationship) . He / She is residing with me since (*Month) Type of Account Savings Tick anyone Maturity Instruction Interest Payment FD / RD Tenure Rate of at the below mentioned address Beneficiary Bank & Branch Name Interest Renew Principal Renew Principal Do not Super Sweep Days Monthly Quarterly Maturity Months * Building Name *Country * PIN Code *Telephone Number The applicant does not hold a documentary address proof in his /her independent name. Since the applicant is residing with me, the address proof in my name is being provided to the for RD New a/c / Existing a/c no. bank for the purpose of address verification. I have no objection towards receiving any correspondence from the bank in the name of applicant at my above-mentioned address. Installments / FD booking and also credit the maturity / interest in the same account. I/We further understand that Super Saver or Sweep-In Facility, if requested will be activated in the same account. 1st Appl. Signature 2nd Appl. Signature I enclose herewith the below: 1. Self-attested (*Document Name) ___ I/We wish to have the maturity/interest payout through manager's cheque at my mailing address for the above FD/RD as Identity Proof __ as Address Proof *Convert to Fixed Deposit for tenure of 1 year 1 day Only Principal Principal + Interest *Deposit will be reinvestment of interest with maturity instruction as Renew Principal and Interest 2. Self-attested (*Document Name) _____

Perforation Mark

*TDS Details for FD/RD: Deduct TDS (if applicable)

No If No, attach

Form 15G/H

Income Tax exemption letter

Page 2 of 4

Name of the Declarant

Cust ID (if an existing customer)

Waiver marked on cust ID

Page 3 of 4

Declarant Signature