

Please fill the Form in BLOCK LETTERS ONLY. All fields marked "" are MANDATORY. Please ensure that all mandatory fields have been filled correctly else the form is liable to be rejected.

*Application Date DD MM YY YY Tatkal Non Tatkal (For bank use) 083

Please open Savings Current Account Branch Code Branch Name
My / our Fixed Deposit Recurring Deposit

PREFIX ACCOUNT TITLE
M / S

*PAN NUMBER Form 60 Exempt FIRMS CUST ID (Mandatory for existing customers)

***MAILING ADDRESS**

*Company Name/Flat No & Bldg Name *Please mention a prominent landmark to ensure that the deliverables reach
*Road No./Name
*Landmark / Area
*City/ Town *PIN Code
*State Country I N D I A

*REGISTERED OFFICE ADDRESS Please tick in case registered address is the same as mailing address

*Company Name/Flat No & Bldg Name *Please mention a prominent landmark to ensure that the deliverables reach
*Road No./Name
*Landmark / Area
*City/ Town *PIN Code
*State Country I N D I A

Registered Address Type Owned Rented/Leased In case of change of address due to relocation or any other reason, I/We would intimate the new address to the bank within two weeks of such a change with a valid address proof

***CONTACT DETAILS**

Tel 1 S T D - N U M B E R Mobile No. -
Tel 2 S T D - N U M B E R Country Code
Email ID

Tick here to register for Email Statement Frequency Daily Weekly Fortnightly Monthly Tick here if Email ID is Not Available

(All accounts linked to the Cust Id of my/our account will be registered for Email Statements on the email id mentioned in contact details). I/We am aware that physical statements shall not be sent on Email Statement registration. I/We are confirming on other Terms & Conditions as applicable to Email Statement Registration. For savings account, only monthly Email statements will be available.

***BUSINESS DETAILS**

Type of Entity:-

Proprietorship Partnership Limited Liability Partnership Public Limited Company Private Limited Company Government Section 25/8 Company Bank Societies Insurance Registered Partnership
 Self Help Group HUF Foreign Bodies Non Government Organizations Mutual Fund Association Clubs Trust

*Please tick the appropriate sub category against the Type of Entity

Public / Private Limited Company	Government	Foreign Bodies	Trust	Bank	Association
<input type="checkbox"/> Financial Services Companies	<input type="checkbox"/> Central	<input type="checkbox"/> Foreign Government	<input type="checkbox"/> Charitable Trust	<input type="checkbox"/> Indian Commercial Banks	<input type="checkbox"/> Business Association
<input type="checkbox"/> PSU	<input type="checkbox"/> State	<input type="checkbox"/> Project Office	<input type="checkbox"/> Public Trust	<input type="checkbox"/> Foreign Resident Banks	<input type="checkbox"/> Unregistered Association
<input type="checkbox"/> Others _____	<input type="checkbox"/> Local Authorities	<input type="checkbox"/> Branch Office	<input type="checkbox"/> Private Trust	<input type="checkbox"/> Co-Operative Banks	<input type="checkbox"/> Other Association _____
Societies	<input type="checkbox"/> State Electricity Boards	<input type="checkbox"/> Liaison Office	<input type="checkbox"/> Religious Trust		
<input type="checkbox"/> Credit Co-Operative	<input type="checkbox"/> Quasi Government Bodies	<input type="checkbox"/> Consulates/Embassies	<input type="checkbox"/> Educational Trust		
<input type="checkbox"/> Non Credit Co-Operative	<input type="checkbox"/> Others _____	<input type="checkbox"/> Others _____	<input type="checkbox"/> Provident Fund Trust		

Non Profit Organization
*(For TASC and Section 25 or Section 8 Company only) Yes No

Self Employed Professional CA/CS/ICWA Lawyer Doctor Architect I.T. Consultant Others _____
Nature of Business Manufacturing Service Provider Stock Brokers Real Estate Retail Trading Wholesale Trading Others _____

Details of Activity
Date of Incorporation DD MM YY YY **Annual Turnover (Rs. Lacs)**

Whether Involved in Exports Imports **IEC Code** **Value (Rs. Lacs)**

Nature of Industry

<input type="checkbox"/> Automobile	<input type="checkbox"/> Retail Jewellery	<input type="checkbox"/> Fisheries/Poultry	<input type="checkbox"/> Transportation/Logistics	<input type="checkbox"/> Textiles/Garments	<input type="checkbox"/> Fertilizers/Chemicals/Seeds/Pesticides
<input type="checkbox"/> Petrol Pump	<input type="checkbox"/> Furniture/Timber	<input type="checkbox"/> Cement/Paints	<input type="checkbox"/> IT/Software/BPO	<input type="checkbox"/> Printing/Publishing	<input type="checkbox"/> Electronics/Computer Hardware
<input type="checkbox"/> Contactors	<input type="checkbox"/> Broking	<input type="checkbox"/> Engineering Goods	<input type="checkbox"/> Media/Entertainment	<input type="checkbox"/> Travel/Tour Agency	<input type="checkbox"/> Issue & Portfolio Management
<input type="checkbox"/> Oil	<input type="checkbox"/> Advt Agencies	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Construction	<input type="checkbox"/> Marble/Granite	<input type="checkbox"/> Hospital/Nursing Home/Clinics
<input type="checkbox"/> Consultancy	<input type="checkbox"/> Restaurants	<input type="checkbox"/> Hotels/Resorts	<input type="checkbox"/> Steel/Hardware	<input type="checkbox"/> Agricultural Commodities	<input type="checkbox"/> Fast Moving Consumer Goods (FMCG)
<input type="checkbox"/> Education	<input type="checkbox"/> Forex Dealer/Bullion	<input type="checkbox"/> Consumer Durables	<input type="checkbox"/> Dairy/Food Processing	<input type="checkbox"/> Leasing & Hire Purchase	<input type="checkbox"/> Term Lending Institutions
<input type="checkbox"/> NBFC	<input type="checkbox"/> Chit Funds	<input type="checkbox"/> Money Lender	<input type="checkbox"/> Shroff	<input type="checkbox"/> Housing Finance	<input type="checkbox"/> Auto Finance <input type="checkbox"/> Others _____

Authorized Signatory Details

1 PREFIX **Authorized Signatory Details** Category Male Female Third Gender Customer ID

F I R S T N A M E M I D D L E N A M E L A S T N A M E

*Company Name/Flat No. & Bldg Name Aadhaar Number

*Road No./Name

*Landmark / Area

*City/ Town *PIN Code

*State Country **I N D I A** NRI

Date of Birth **D D M M Y Y Y Y** **Mobile No.** Nationality

Email ID

PAN No. Form 60 **Please tick if mailing address is same as of the Entity** Mobile Operator-Bill Pay#

*Please mention a prominent landmark to ensure that the deliverables reach

Insta Alert <input type="checkbox"/>	Net Banking (Attach relevant form) <input type="checkbox"/> Financial	Debit Card (Attach relevant form) [®] <input type="checkbox"/> Business <input type="checkbox"/> Platinum <input type="checkbox"/> Others	Please specify the card type if others (card code to be filled by Bank Staff) <input type="text"/>

Applicable only for proprietorship firms where an individual is a proprietor

I authorize HDFC Bank to set Standing Instruction (SI) on my accounts to make automatic payment of mobile bill on my behalf in Bill Pay services as given in this form.
Applicable for registration of Bill Pay facility for Post Paid Mobile Numbers.

2 PREFIX **Authorized Signatory Details** Category Male Female Third Gender Customer ID

F I R S T N A M E M I D D L E N A M E L A S T N A M E

*Company Name/Flat No. & Bldg Name Aadhaar Number

*Road No./Name

*Landmark / Area

*City/ Town *PIN Code

*State Country **I N D I A** NRI

Date of Birth **D D M M Y Y Y Y** **Mobile No.** Nationality

Email ID

PAN No. Form 60 **Please tick if mailing address is same as of the Entity**

*Please mention a prominent landmark to ensure that the deliverables reach

Insta Alert <input type="checkbox"/>	Net Banking (Attach relevant form) <input type="checkbox"/> Financial	Debit Card (Attach relevant form) [®] <input type="checkbox"/> Business <input type="checkbox"/> Platinum <input type="checkbox"/> Others	Please specify the card type if others (card code to be filled by Bank Staff) <input type="text"/>

3 PREFIX **Authorized Signatory Details** Category Male Female Third Gender Customer ID

F I R S T N A M E M I D D L E N A M E L A S T N A M E

*Company Name/Flat No. & Bldg Name Aadhaar Number

*Road No./Name

*Landmark / Area

*City/ Town *PIN Code

*State Country **I N D I A** NRI

Date of Birth **D D M M Y Y Y Y** **Mobile No.** Nationality

Email ID

PAN No. Form 60 **Please tick if mailing address is same as of the Entity**

*Please mention a prominent landmark to ensure that the deliverables reach

Insta Alert <input type="checkbox"/>	Net Banking (Attach relevant form) <input type="checkbox"/> Financial	Debit Card (Attach relevant form) [®] <input type="checkbox"/> Business <input type="checkbox"/> Platinum <input type="checkbox"/> Others	Please specify the card type if others (card code to be filled by Bank Staff) <input type="text"/>

@ Your CHIP Debit Card is activated for International & Domestic Usage. Deactivation of International usage on Debit Card can be done through NetBanking / PhoneBanking

DO NOT CALL REGISTRATION

DO NOT CALL REGISTRY : I understand that in case I do not wish to receive promotional information through telephone calls / email / sms on products and services not currently availed by me, I can register for "Do Not Call" service through the Bank's website www.hdfcbank.com or other channels that the Bank may offer. I agree that this service will not apply to receipt of advice and information regarding products and services currently availed by me, to help me in fully realising the benefits of the range of financial solutions designed to make my banking relationship value added and more convenient.

INTRODUCTION DETAILS HDFC BANK Customer(Introducer's) Name

ACCOUNT NO. CUSTOMER ID

I confirm that I am an account holder with HDFC Bank Ltd for over six months . I confirm that I know the customer/s detailed above for more than 6 months and confirm its identity, occupation and address.

Date: _____ Signature: _____

FOR BANK USE	
Signature Verified :	<input type="checkbox"/> Yes
Date of A/c. Opened :	<input type="text"/>
Signature of PB :	<input type="text"/>
PB Code :	<input type="text"/>

NOMINATION FORM (DA1) - Applicable only for Sole Proprietorship

Yes, I/ We wish to nominate (as per details below) No, I/ We declare that I do not wish to make a nomination in my/ our account.

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. 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 HDFC BANK Ltd. by the account opening branch.

This Nomination will be applicable for Current Account Fixed Deposit Recurring Deposit Please tick if mailing address is same as of the Firm

Personal Details of your Nominee

*Name: _____
 *Flat No. & Building/Company Name: _____
 *Road No./Name: _____
 *Landmark: _____
 *City: _____ *PIN Code: _____
 *State: _____ Country: _____
 *Tel @: _____
 Relationship with Depositor, if any _____ Age: _____ Date of Birth of Nominee: D D M M Y Y Y Y

* As the nominee is a minor on this date, I appoint

*Name: _____
 Address: _____
 Age: _____ to receive the amount 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

Witness 1 Name: _____	Witness 2 Name: _____
Address: _____	Address: _____
Signature: _____	Signature: _____
Place: _____ Date: _____	Place: _____ Date: _____

* Leave out of if nominee is not a minor. ** Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor. *** Thumb impression shall be attested by 2 witnesses.

 Signature/*/Thumb impression of Depositor

AUTHORISED SIGNATORIES SIGNATURE

Authorized Signatory 1

Authorized Signatory 2

Authorized Signatory 3

Please paste photograph here

Do not sign this form if it is BLANK, Please ensure all relevant sections and columns are completely filled to your satisfaction and then only sign the form

Please paste photograph here

Please paste photograph here

Signature of Authorized Signatory 1

Signature of Authorized Signatory 2

Signature of Authorized Signatory 3

Name: _____

Name: _____

Name: _____

For Bank Use Only

Product Code	Account Number	Promo Code	Variance
CASA A/C: _____	_____	_____	_____
FD/RD: _____	_____	_____	_____
UBS-CBR 1: _____	CBR 2: _____	CBR 3: _____	CBR 4: _____
UBS-CBR 5: _____	CBR 6: _____	MIS Code: _____	CBR 8: _____
Group ID: _____	Portfolio Code: _____	Program to be raised to _____	LG Code: CC/41300
Shipping Agreement End Date D D M M Y Y Y Y	Re KYC updation flag <input type="checkbox"/>	CO Code: _____	LC Code: _____
Value Date: D D M M Y Y Y Y	Funds Parked A/C No. _____	UDN: _____	No chq bk to be issued: <input type="checkbox"/> Migrated PPI Escrow <input type="checkbox"/>
Sourcing Br Code: _____			

CUSTOMER SIGNED IN MY PRESENCE: Emp Name: _____ Emp Code: _____ Signature: _____

AOF approved by _____

PB/RM Signature & Date _____ BDA / BM Signature & Date _____ DVU Signature & Date _____ FCU Signature & Date _____

OFFICE USE

NUMBERING

Please staple the relevant documents in the box provided.

CUSTOMER COPY

Instructions Overleaf

NUMBERING

Please quote this reference no. For any future communication.

Date:

Nomination Taken:

Yes

No

Instructions :

Welcome Kit (if applicable) would be delivered to the mailing address only. If you do not receive your welcome kit within 2 weeks from the date of acknowledgement, please e-mail us at www.hdfcbank.com/services or contact the nearest branch. The PIN number for ATM/Debit card for carrying out transactions on the ATM will be despatched to your mailing address by post/courier. We request you to keep it in safe custody for future usage. 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.

* In terms of Reserve Bank of India Directives, interest will be calculated at quarterly intervals on Term Deposits and paid at the rate decided by the bank depending upon the period of deposits. In case of Monthly Deposit Scheme, the interest will be calculated for the quarter and paid monthly at discounted value.
* In case of premature withdrawal of the fixed deposit based on depositor's instructions or the instructions of all the joint depositors in the case of joint deposit, the bank has the right to recover interest already paid or the penalty, if any, from the proceeds of the fixed deposit in accordance with prevailing regulations of the bank and the Reserve Bank of India. * The deposits in the Bank are insured with DICGC for an amount of Rs.5 Lakhs (Principal + Interest) per depositor. In case of any query / suggestion / feedback / complaint relating to features of any of the products, you may write to www.hdfcbank.com/services or call up local phone banking number. * HDFC Bank computes interest based on the actual number of days in a year. In case, the Deposit is spread over a leap and a non-leap year, the interest is calculated based on the number of days i.e., 366 days in a leap year & 365 days in a non-leap year. The TAT for processing the Fixed Deposit request is 3-5 working days. The Fixed Deposit advice will be dispatched to your recorded mailing address within 7-8 working days of account opening. Penalty of 1% pa will be levied on premature closure of Fixed Deposits (including sweep-in/partial closures). This is subject to terms & conditions.

In the absence of any maturity instruction, the deposit will be renewed for a period equal to that of the original deposit at the prevailing rate on the date of renewal. In case the super saver facility is withdrawn, the depositor has to maintain the stipulated average monthly balance for that entire month and also in subsequent months.