

ACCOUNT OPENING FORMFOR SOLE PROPRIETOR/HUF/TRUST/FIRM/CORPORATE
(To be filled by applicant only)

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

D D

M M

Y Y

Y Y

☐ Tatkal☐ Non Tatkal (For bank use)

083

Please open (Tick anyone Deposit)

☐ Savings☐ Current Account

Branch Code

Branch Name

My / our (Tick anyone Deposit)

☐ Fixed Deposit☐ Recurring Deposit

PREFIX ACCOUNT TITLE

M / S

*PAN NUMBER

☐ Form 60 ☐ ExemptFIRMS CUST ID (Mandatory
for existing customers)

*MAILING ADDRESS

*Company Name/Flat

No & Bldg Name

*Road No./Name

*Landmark / Area

*City/ Town

*State

*PIN Code

Country

I N D I A

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

*REGISTERED OFFICE ADDRESS

☐ Please tick in case registered address is the same as mailing address

*Company Name/Flat

No & Bldg Name

*Road No./Name

*Landmark / Area

*City/ Town

*State

*PIN Code

Country

I N D I A

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

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☐ Bank☐ Societies☐ Insurance☐ Registered Partnership☐ Self Help Group☐ HUF☐ Foreign Bodies☐ Non Government Organizations☐ Section 25/8 Company☐ 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

☐ Financial Services Companies☐ Central☐ Foreign Government☐ Charitable Trust☐ Indian Commercial Banks☐ Business Association☐ PSU☐ State☐ Project Office☐ Public Trust☐ Foreign Resident Banks☐ Unregistered Association☐ Others☐ Local Authorities☐ Branch Office☐ Private Trust☐ Co-Operative Banks☐ Other Association

Societies

☐ State Electricity Boards☐ Liaison Office☐ Religious Trust☐ Credit Co-Operative☐ Quasi Government Bodies☐ Consulates/Embassies☐ Educational Trust

Non Profit Organization

*(For TASC and Section 25 or
Section 8 Company only)☐ Yes☐ No☐ Non Credit Co-Operative☐ Others☐ Others☐ Provident Fund Trust

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

D D

M M

Y Y

Y Y

Annual Turnover (Rs. Lacs)

Whether Involved in

☐ Exports☐ Imports

IEC Code

Value (Rs. Lacs)

Nature of Industry

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

PN/48274

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

*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

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#

Insta Alert	Net Banking (Attach relevant form)	Debit Card (Attach relevant form) [®]		Please specify the card type if others (card code to be filled by Bank Staff)
☐	☐ Financial	☐ Business	☐ Platinum ☐ Others	

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

*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

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

Insta Alert	Net Banking (Attach relevant form)	Debit Card (Attach relevant form) [®]		Please specify the card type if others (card code to be filled by Bank Staff)
☐	☐ Financial	☐ Business	☐ Platinum ☐ Others	

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

*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

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

Insta Alert	Net Banking (Attach relevant form)	Debit Card (Attach relevant form) [®]		Please specify the card type if others (card code to be filled by Bank Staff)
☐	☐ Financial	☐ Business	☐ Platinum ☐ Others	

@ 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.

PN/48274

Date:_____

Signature:_____

FOR BANK USE

Signature Verified : ☐ Yes

Date of A/c. Opened : _____

Signature of PB : _____

PB Code: _____

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:

* 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

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

Authorized Signatory 2

Please paste photograph here

Authorized Signatory 3

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: LG Code: CO Code:

UBS-CBR 5: CBR 6: MIS Code: CBR 8: LC Code: No chq bk to be issued: ☐ Migrated PPI Escrow ☐

Group ID: Portfolio Code: Program to be raised to

Shipping Agreement End Date Re KYC update flag ☐ Sourcing Br Code:

Value Date: Funds Parked A/C No. UDN:

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

Please quote this reference no. For any future communication.

NUMBERING

Date:

D

D

M

M

Y

Y

Y

Y

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.