

ACCOUNT OPENING FORM

FOR SOLE PROPRIETOR/HUF/TRUST/FIRM/CORPORATE (To be filled by applicant only)



					Tatkal	Non Tatkal (For b	ank use)			090
Please open (Tick any)	one Deposit)	Savings	Cu	irrent Account		Branch Code	Bra	anch Name		
fly / our (Tick anyone De	posit)	Fixed Deposit	Re	ecurring Deposit						
REFIX ACC	COUNT TITLE			757 150						
M / S										
PAN NO.(If not availa	able attach Form 60/6	1)		Form 60/61 a	ttached FIR	RMS CUST ID (Mandatory existing customers				
AILING ADDRESS						chicang cactomore				
*Company Name/Flat No & Bldg Name									*Dipper	e mentior
-									1 10000	promine
*Road No./Name										andmark ure that t
*Landmark / Area										ables rea
*City/ Town					*PIN Code					
*State					Country					
REGISTERED OFF	ICE ADDRESS		Please	tick in case registered a	ddress is the same	e as mailing address				
*Company Name/Flat									*Dinner	a montio
No & Bldg Name									ricast	e mentior promine
*Road No./Name										andmark ure that t
*Landmark / Area										ables rea
*City/ Town					*PIN Code					
*State					Country					
Registered Address	Type Owne	ed Rented/Leased		ange of address due to eks of such a change w		other reason, I/We would intima proof	te the new addre	ess to the bank		
CONTACT DETAIL	S									
Tel 1	T D -		E 8 M	obile No.	170					
Tel 2	T D .			Country C	ode					
Email ID										
Tick here to regist										
	er for Email Stat	tement Frequency	Daily W	eekly Fortn	ightly Mor	nthly Tick	here if Email	ID is Not Ava	ailable	
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	Operating	Instruction
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* OPERATING INSTRUCTION	As per Resolu	ution /	As per Details Men	ntioned						
Credit Facilities We do not enjoy any credit facilities with	h other hank/e		We enjoy the	following "cre	edit facilities" with o	ther hank/s (NO	C to be provided f	rom other hank/s)		
No. Bank Name & Branch	i other ballics.	т	ype of facility	-		nt (Rs. Lacs)		thorised Signator	ries Signature	
1		37.	ype or racinty		Amour	it (KS. Lacs)	A	ithorised Signator	nes Signature	
2										
* PAYMENT DETAILS			Mark.	Cook	Channa	F 1 T	t			
Amount Rs.	ps.		Mode	Cash	Cheque	Fund Trans	ier			
Cheque No.	dated	D D M /		drawn on	and drawn nameble	e to "UDEC Box	Is I tel A fo		(Customer Name)	Bank,
INSTRUCTION FOR FIXED DEPOSIT / REC	UDDING DE		ue snould be cross	sed A/C payee	and drawn payable	e to HDFC Ban	K LIG. AVC		(Customer Name)	0
The advice will be received at your mailing address with liquidation of the Term Deposit will be allowed. Such pre	nin 7-8 working d	lays of account op		registered for l	Email statement w	ill receive FD Ad	vice through Ema	il. In the event of death	of the depositor	premature
	Ter	nure	Rate of		Interest Payme	nt*		Maturity Instruction		
Amount	Months	Days	Interest %	Monthly	Quarterly	Maturity	Renew Principal & Interest	Renew Principal & Pay Interest	Do not Renew	Sweep - In Facility
* Not Applicable for Recurring Deposit					-					
Please Debit New A/c / Existing A/c No.					for RD Insta	allments / FD bo	oking and also cre	dit the maturity / interes	st in the same acc	ount.
We further understand that Sweep-In Facility will be acti	ivated in the sam	ne account.								
TDS Details: Deduct TDS (if applicable)	Yes	No If No,	attach following	g document	Form 150	G Inc	come Tax exem	nption letter V	Vaiver marked	on cust ID
I/We wish to have the maturity/Interest payout th	rough Manager	s Cheque at my r	mailing address for	r the above FD	D/RD					
Tax Deduction at Source										
*TDS rate will be applicable from time to time as per t	the Income Tax A	Act 1961 and Inc	ome Tax rules. The	e current rates	applicable for TD	S would be displ	aved by the Bank	on its website. Current	ly TDS is deducte	ed when interest
payable or reinvestment per customer, per branch, ex				o darrons raide	applicable for 12	o mould be dispi	ayou by the bank	on no woodie. Current	,, 100 to doddon	a with the local
* No deduction of tax shall be made for taxable intere	st in the case of	an individual resi	dent in India, if su	ch individual fo	urnishes to the bar	nk, a declaration	in writing in the pr	rescribed form (form 15	iG) to the effect to	hat the tax on
estimated total income for the year in which such inte										
*Form no 15G to be submitted in triplicate. A fresh for *The Bank shall not be liable for any consequences of					hle us to serve you	ı hetter kindly su	hmit form 15G wit	hin the first week of the	new financial ve	ar 🔳
*As per section 139A (5A) of the income tax act every										
responsible for deducting such tax. Incase the PAN n	umber is not pro	ovided the bank st	nall not be liable fo	or the non avai	ilment of the credit	of Tax Deducted	d at Source.			
* As per section 206AA introduced by finance (No.2)									shall be deducted	at the rate of
20% incase of domestic deposits. Please further note Note:- The above is subject to change as per directive										
TATKAL ACKNOWLEDGEMENT (If Applica		•					,			
I/We confirm having received the V		n an untampe	red / sealed co	ndition and	confirm that the	e following de	eliverables have	e been received by	me:	
Chequebook with 10 Cheque Leaves		C booklet						•		
Onoque Decivition to Griedge Econoc		O DOUMOL			<u> </u>					
DECLARATION (Please sign without stamp)								sign without stamp)		
Please fill in for a HUF					Re: Opening of	a new account ir	the name or:			
As our HUF firm wishes to open an account with your B					onened by you	and declare as ii	inder We the uni	dersigned, are the only		aptioned account
letter, i.e., is the Karta of the said family. We further confirm that the business of the					100000000000000000000000000000000000000			u in writing of any chan		
the other signatories hereto in the interest and for the be					and, all the prese	ent partners will t	e liable to you on	any obligation which ma	ay be attending in	the firm's name in
undertake that claims due to the bank from the said family				SE VALUE DV A	your books on the	e date of the rece	ipt of such notice a	nd until all such obligation	ons shall have bee	en liquidated.
entire family properties of which the first signatory is the k that ours is not a firm governed by the Indian Partnership.				CC 955 CC	Name of Partr	ners				
Act. We hereby undertake to inform the Bank of the death		100			1			sd/-		
membership of our joint family during the currency of the a	account.			20	2			sd/-		
Name & signature of Karta					3			sd/		
1	sd	V			4			sd/	7	
Name & signature of Adult Co-parceners	sd	V			5			sd/-		
1		V			6			sd/		
2		V			7					
3		V			Please fill in f	or a Solo Bro-	rietorship Acco	sd/-		
4Name & Date of Birth of Minor Co-parceners	sd	V			Re: Opening of					
1					opened by you a	nd decaire as un	der: I, the undersi	gned, am the sole prop	We refer to the ca prietor of the firm a	
2					responsible for lia	abilities thereof.	I shall advise you	in writing of any change ice and until all such ob	e that take place i	in the firm's name
3	50 . 14				ar your books on	are date of the f	eceipi di addi not		aithfully,	o occir inquitate.
1430										- 20
					Name:			Signat	ure (Please sign Page 2 of 4	

Authorized Signatory Details Category Male Female Customer ID 1 PREFIX **Authorized Signatory Details** *Company Name/Flat "Please mention a No. & Bldg Name prominent *Road No./Name landmark to ensure that the *Landmark / Area deliverables reach *City/ Town *PIN Code *State Country Date of Birth Mobile No. Nationality Email ID PAN No. 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 Others Regular Business Category Customer ID Male Female **Authorized Signatory Details** 2 PREFIX *Company Name/Flat "Please mention a No. & Bldg Name prominent *Road No./Name landmark to ensure that the *Landmark / Area deliverables reach *City/ Town *PIN Code *State Country Date of Birth Mobile No. Nationality Email ID PAN No. Please tick if mailing address is same as of the Entity Debit Card (Attach relevant form) Insta Alert Net Banking (Attach relevant form) Please specify the card type if others (card code to be filled by Bank Staff Financial Regular Business Others Category Customer ID 3 PREFIX **Authorized Signatory Details** *Company Name/Flat No. & Bldg Name "Please mention a prominent *Road No./Name landmark to ensure that the *Landmark / Area deliverables reach *City/ Town *PIN Code *State Country Date of Birth Mobile No. Nationality Fmail ID PAN No. 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 Others Financial Regular Business DO NOT CALL REGISTRATION DO NOT CALL REGISTRY: I /We 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 consent/ 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 the request for registration. 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.

Signature:

Date:

FOR BANK USE

Signature Verified: Yes

Date of A/c. Opened:

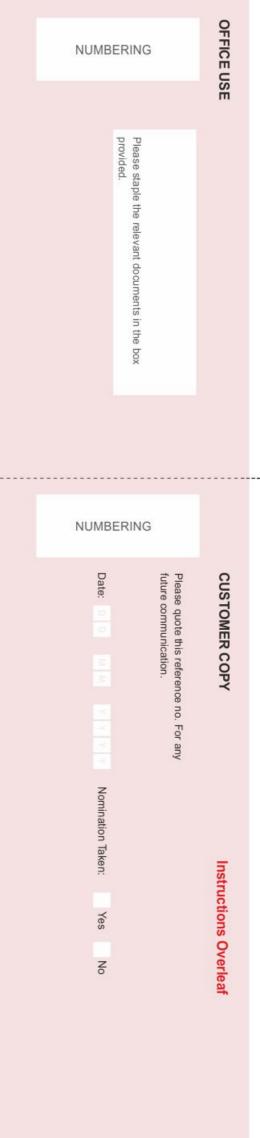
Signature of PB:

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 no	ot wish to make a nomination	in my/ our account.		
ation under Section 45 ZA of the Banking Regi fmy/our/minor`s death the amount of the abov						whom in the
omination will be applicable for	Current Account Fixed	Deposit Re	curring Deposit	Please ti	ck if mailing address is same a	s of the Firm
nal Details of your Nominee						
*Name:						
*Flat No. & Building/Company Name:						
*Road No./Name:						
*Landmark:						
*City:				*F	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 a	ppoint					
*Name:						
Address:						
Age:	to receive the amount of the dep	posit in the account on	behalf of the nominee in the e	event of my/minor's death do	uring the minority of the nominee.	
nal Details of the Witnesses *Thum	b impression shall be attested by 2 witne	sses	MP.			
1 Name:			Witness 2 Name:			
8			Address:			
P			Signature:			
· A.			olgilature.			
ne:	Date		Diago			
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Velcome 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 i 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 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 ransactions 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 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 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 he bank and the Reserve Bank of India. * The Deposits of the bank are insured with DICGC and in case of liquidation of the bank, DICGC is liable to pay each 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 SERVICES will be available to the customers upon opening of account with the bank without requiring completion of any formalities for activation of such 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. depositor through the liquidator, the amount of his deposit upto Rupees one lakh within two months from the date of daim list from the liquidator. In case of any 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 In case of premature withdrawal of the fixed deposit based on depositors instructions or the instructions of all the joint depositors in the case of joint deposit. 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, 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. 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% pawill be levied on premature closure of Fixed Deposits (including sweep-in/partial dosures). This is subject to terms & conditions.

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