

OFFICE USE

*Please staple the relevant documents here along with the applicants latest visiting card.

CUSTOMER COPY

Please quote the reference no. for future reference.

Instructions overleaf

Date :

Signature of Bank official

Instructions :

Welcome kit would be delivered to the mailing address only. If you do not receive your welcome kit within 2 weeks of the date of acknowledgement, kindly e-mail at support@hdfcbank.com or contact the nearest branch. The PIN number for the ATM / Debit card for carrying out transaction 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.

ACCOUNT OPENING RULES

- All necessary documentation as mandated by the Regulatory/bank authorities should be provided for opening the accounts.
- 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 tariff of charges from time to time will be applicable.
- Savings accounts can be opened only by individuals for non-business purposes.

(Please staple all documents in the space provided above)

ACCOUNT OPENING FORM

FOR RESIDENT INDIVIDUALS

(To be filled by applicant only)



We understand your world

Please open my Savings / Savings Salary Account / Current Account at your _____ Branch

(Please fill the form in **BLOCK LETTERS** only-All fields marked " * " are MANDATORY)

(A) *PERSONAL DETAILS (THIS IS A MACHINE READABLE FORM AND WILL PASS THROUGH A SCANNER)

APPL.	PREFIX	Full Name	(Please leave one space between words for e.g.)	A	J	A	Y	R	A	M	M	I	S	H	R	A
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						*Male / Female					
1st Appl.										1st Appl.	D	D	M	M	Y	Y	Y	Y		M	F
2nd Appl.										2nd Appl.	D	D	M	M	Y	Y	Y	Y		M	F
3rd Appl.										3rd Appl.	D	D	M	M	Y	Y	Y	Y		M	F

(B) *PAN No. (If not available please attach Form 60/61)										FORM 60 / 61 ATTACHED						*MOTHER'S MAIDEN NAME													
1st Appl.								Y	N	Ms.																			
2nd Appl.								Y	N	Ms.																			
3rd Appl.								Y	N	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. & Bldg. Name

* Road No./Name

* Landmark

* City

* State

* Tel. (O) EXT. No. STD Code *Tel. (R)

Mobile No. Email ID

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

Preferred time for delivery of Welcome Kit (tick any one) : Anytime during the day 7 am to 9 am 10 am to 6 pm 7 pm to 9 pm

(C) If any of the applicants are EXISTING ACCOUNT HOLDERS, please mention the Customer Identification No.

1st Appl. Cust Id 2nd Appl. Cust Id 3rd Appl. Cust Id

(D) 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 personally know the applicant/s detailed above for more than 6 months and confirm his /her identity, occupation and address.

Date: _____

Signature _____

Attach copy of any one :

PAN Card Passport

Election ID Card/Ration Card/Driving License**

** Accompanied by cheque signed by you

FOR BANK USE

Signature Verified : Yes

Date of A/c. Opened : _____

Signature of PB : _____

PB Code:

NOMINATION: No Yes If yes, Name of nominee

PAYMENT DETAILS (Please attach Nomination Form)

Amount Rs. ps. Cash

Cheque No. dated drawn on _____ Bank, _____ Branch.

The cheque should be crossed A/c Payee and drawn payable to "HDFC Bank Ltd. A/c. _____ (Customer Name)"

Account Operating Instructions

Single Either/Any one or Survivor Jointly (Debit / ATM card will not be issued)**

Please Note: Cheque book of 25 leaves & 50 leaves will be issued to Savings and Current a/c holders respectively by default.

BELOW FIELDS ARE MANDATORY

ACCOUNT NO. CUSTOMER ID F P N

Name : PREFIX Full Name Please tick in case permanent address is the same as mailing address

1st Appl.

PERMANENT ADDRESS

*Company Name / Flat No.&Bldg.Name

* Road No./Name

* Landmark

* City

* State

*PIN Code

Country:

- Business/Trading/Partnership/Proprietary/Company/Corporations cannot open a savings account. Trusts/Societies/Charitable/Educational Institutions may open a savings account subject to conditions. The bank reserves the right to close the account in case the savings account is used for business purposes as evinced by the transaction behaviour.
- Savings accounts will be issued only 25 cheque leaves per calendar quarter. The branch manager can be contacted for additional cheque leaves at a nominal charge.
- Adequate balance should be maintained in the account before issuing a cheque.
- All bearer and third party cash deposit & withdrawal at non-account branch is disallowed.
- Details of charges on funds transfer, inter branch banking and other services are available in the tariff of charges.
- Copy of the terms & conditions & tariff of charges can be obtained from the branch.
- Interest on Savings account will be paid at the rate stipulated by RBI from time to time.
- No unarranged overdraft would be allowed in the Savings account. In case of exceptions, the bank would charge interest at commercial rate.
- The bank reserves the right to close the account in case of unsatisfactory conduct of the account.
- **In the event of the death of one of the joint account holders, the right to the deposit proceeds does not automatically devolve on the surviving joint deposit account holder, unless there is a survivorship clause

ATM CARD / DEBIT CARD

To apply for an HDFC Bank ATM / Debit Card, please tick your choice :		If you already have an HDFC Bank ATM/Debit Card, please give the card number to which the Savings / Current/ SuperSaver account that you now wish to open is to be linked. (Please note this facility is available for operating instruction: Single, Either or Survivor only.)	
	ATM CARD**	EASYSHOP DEBIT CARD*	
		Regular	Gold
1st Appl.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Appl.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Appl.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Annual charges applicable. **Available in select cities.		ATM/Debit Card No.	
		1st Applicant	<input type="text"/>
		2nd Applicant	<input type="text"/>
		3rd Applicant	<input type="text"/>

NETBANKING / MOBILEBANKING REGISTRATION

To apply for NetBanking, please tick each of the boxes below. Please provide an email ID for each of the applicants for future communication. An IPIN will be mailed to you to enable you to use NetBanking. The same IPIN will be used when you access your account on your mobile phone using WAP. If you are using SMS, you need to apply for MobileBanking only. If you are using WAP, you need to apply for NetBanking only. Please check with your branch for the availability of MobileBanking service in your city.

NETBANKING / WAP

E-mail ID: (Write in **BLOCK LETTERS** only for e.g.)

	A	J	A	Y	R	M	I	S	H	R	A	@	A	B	C	.	C	O	.	I	N
1 st Appl.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Appl.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Appl.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOBILEBANKING USING SMS

	Mobile Number	Name Of Co.
1 st Appl.	<input type="text"/>	<input type="text"/>
2 nd Appl.	<input type="text"/>	<input type="text"/>
3 rd Appl.	<input type="text"/>	<input type="text"/>

The Average Quarterly Balance (AQB) required to be maintained for this account is Rs.

DECLARATION- I/We have read and understood the Terms & Conditions governing the opening of an account with HDFC Bank and those relating to various services including but not limited to (A) ATMs, (B) PhoneBanking, (C) Debit Cards, (D) MobileBanking, (E) NetBanking, (F) BillPay facility. I/We accept and agree to be bound by the said Terms & Conditions including those excluding/limiting the Bank's liability. I/We understand that the Bank may, at its absolute discretion, discontinue any of the services completely or partially without any notice to me/us. I/We agree that the Bank may debit my/our account for the service charges applicable from time to time. I/We confirm that I/We am/are resident of India. I/We authorise the Bank to disclose, from time to time any information relating to my savings account to any parent/subsidiary, affiliate and associate of HDFC Bank, and to third parties engaged by the Bank, for purposes as detailed in the Terms & Conditions Booklet. I/We confirm that I/We am/are in possession of and have read the Terms and Conditions booklet which details the rules governing account operations, the schedule of charges which specifies the charges applicable from time to time for various services and the tear away Customer copy detailing the instructions and account opening rules. I/We have understood that I/We am/are required to maintain:

Please Paste PHOTO of 1st Applicant	Average Quarterly Balance of Rs 5,000/-or Rs 2,500/-* or any other as specified ** for which the Bank will provide free : <ul style="list-style-type: none"> • ATM • PhoneBanking • NetBanking • MobileBanking • Branch Banking • Chequebooks • EFT • Quarterly Statements except where otherwise specified in the schedule of charges. <small>*Available in select locations **Available for specific categories of customers</small>	Please Paste PHOTO of 2nd Applicant
Please Paste PHOTO of 3rd Applicant		

I/We have also understood that non maintenance of above specified Average Quarterly Balance will attract charges of Rs 750/- per quarter for accounts with Average Quarterly Balance requirement of Rs 5,000/- or Rs 2,500/- and other charges for PhoneBanking, NetBanking, ATM & Branch services as detailed in the schedule of charges.

- 1) Please sign in black ink inside the box provided below. Photographs should be signed across by the applicants. 2) Please ensure that all mandatory fields have been filled correctly else the form is liable to be rejected.

Sign Here	Sign Here	Sign Here
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I/We confirm that I/We have read and understood the Declaration given above and confirm that all the details provided on the form are correct. I/We also confirm that my/our account has been opened by Bank Officer Mr./Ms. _____ & I/We have signed in his/her presence.

Name _____ Date _____ Name _____ Date _____ Name _____ Date _____

For Bank Use Only : A/C No. CUSTOMER ID NO.

For Branch Use : Br code where a/c is to be opened : Product Code : LC CODE : LG CODE :

Company Code : Service Branch Code : Service ID^a : Promo Code :

^aFor Defence Accounts only

<input type="checkbox"/> (No cheque book to be issued) <input type="checkbox"/> CPV required	VALUE DATE	FUNDS PARKED	P B SIGNATURE	DATE	CPU USE ONLY	DATE
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DVU	<input type="text"/>
	Date Month Year	UDN <input type="text"/>	APPROVED BY (BM)	<input type="text"/>	FCU	<input type="text"/>
			SOURCING BR CODE	<input type="text"/>		

Occupation	<input type="checkbox"/> Salaried	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Self-employed prof.	<input type="checkbox"/> Housewife	<input type="checkbox"/> Politician	<input type="checkbox"/> Student	<input type="checkbox"/> Others (pls specify) _____
If salaried employed with	<input type="checkbox"/> Private Ltd	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Public Limited	<input type="checkbox"/> Public sector	<input type="checkbox"/> Government	<input type="checkbox"/> Multinational	<input type="checkbox"/> Others (pls specify) _____
Self Employed since	<input type="text"/> Years	<input type="text"/> Months						
Nature of Business	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Service Provider	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Stock Broker	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Trader	<input type="checkbox"/> Others _____	
Date of Incorporation	<input type="text"/> DD	<input type="text"/> MM	<input type="text"/> YY	<input type="text"/> YY				
Type of Company/Firm	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Public Limited Co.	<input type="checkbox"/> Private Limited Co	<input type="checkbox"/> Others (pls specify) _____			
Self Employed Professional	<input type="checkbox"/> Doctor	<input type="checkbox"/> CA/CS	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Architect	<input type="checkbox"/> IT Consultant	<input type="checkbox"/> Others (pls specify) _____		
Source of Funds	<input type="checkbox"/> Salary	<input type="checkbox"/> Business Income	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Investment Income	<input type="checkbox"/> Others (pls specify) _____			
Gross Annual income	<input type="checkbox"/> < 50,000	<input type="checkbox"/> 50,000 - 1,00,000	<input type="checkbox"/> 1,00,000 - 3,00,000	<input type="checkbox"/> 3,00,000 - 5,00,000	<input type="checkbox"/> 5,00,000 - 7,50,000	<input type="checkbox"/> 7,50,000 - 10,00,000		
Residence type	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented / Leased	<input type="checkbox"/> Ancestral / Family	<input type="checkbox"/> Company provided				

ABOVE FIELDS ARE MANDATORY

C313/V6.0/16-02-06/