

(P) TATKAL ACKNOWLEDGMENT (If Applicable)												
I/We _____ confirm having received the Welcome Kit in an untampered / sealed condition and confirm that the below deliverable have been received by me.												
1) Chequebook with 10 Cheque Leaves 2) Debit Card Pin 3) Netbanking Pin 4) Phone banking 5) International Debit Card 6) T & C booklet 7) Passbook												
(Q) DECLARATION FOR REQUIRED BALANCE												
The Average Monthly / Quarterly / Half Yearly Balance required to be maintained for this account is Rs _____						Product: _____						
I/We have understood that non-maintenance of the above Average Monthly / Quarterly / Half Yearly Balance will attract charges. These charges have been explained to me for the respective Product.												
I/We understand the detailed charging structure for non-maintenance and the same is available on HDFC bank's Website and Service charges and fees brochure.												
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, (G) InstaAlert facility, (H) Email Statement. 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 sole discretion, amend any of the services completely or partially with at least 30 days notice and/or provide an option to switch to other services to me. I/We agree that the Bank may debit my 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/our 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 Service charges and Fees Brochure 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. Netbanking and SMS Banking Services will be available to the customer upon opening of account with the bank without requiring completion of any formalities for activation of such services. Notwithstanding the documentation and account opening form provided, the bank reserves the right to accept / reject your application. The Bank decision in this regard would be final. 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.												
I am interested in buying insurance policy/ies and would like to make enquires for the same. I hereby consent to receive information / services through Telephone / Mobile / SMS / E-mail / any other mode of communication from the Bank.												
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.												
PPF: I agree to abide by the provisions of the Public Provident Fund Scheme, 1968 and amendments issued thereto from time to time. I declare that I do not maintain any other Public Provident Fund Account in any other Bank or Post Office. Minimum amount of subscription / deposit for a financial year is Rs. 500 and maximum amount is Rs. 1,50,000. Maximum of 12 subscriptions / deposits can be done in a financial year. Tenure of the account is 15 years. For further details refer terms and conditions available on the website.												
Aadhaar: I hereby give my consent to HDFC Bank, to obtain my Aadhaar number, Name and Fingerprint / Iris for authentication with UIDAI. HDFC Bank has informed me that my identity information would only be used for KYC and also informed that my biometrics will not be stored / shared and will be submitted to CIDR only for that purpose of authentication.												
Please paste latest Passport Size photo of the 1st Applicant.				Do not sign this form if it is BLANK, please ensure all relevant sections are complete filled to your satisfaction and then only sign the form				Please paste latest Passport Size photo of the 2nd Applicant.				
Photo to be signed across								Photo to be signed across.				
1st Applicant Signature						2nd Applicant Signature Guardian signature in case of minor						
Name: _____ Date: _____						Name: _____ Date: _____						
I/We confirm that I/we have read and understood the above Declaration, and that the details provided on the form are correct. I/We also confirm that my account been opened by Bank officer Mr./Ms. _____ and I / we have signed in his/her presence.												
FOR BANK USE ONLY												
Product Code		Account Number				Promo Code						
CASA A/C												
Reimbursement A/C / KGC CA						ROI _____ + Variance _____ = NI _____						
FD / RD / PPF / SSA												
Customer ID		Customer Category		Document Submitted			No cheque book to be issued			CPV Initiated		
1st Applicant				ID Proof Add Proof Photo						Sourcing		
2nd Applicant				ID Proof Add Proof Photo			Tatkal Kit issued for Existing customer			Servicing		
Group ID		Portfolio Code		Program to be raised to								
Service ID / Emp. Code ^				Company Code		LG CODE		LC CODE		MIS Code		
^ (For Defence Accounts Only)												
Value Date		DD MM YY YY		Funds Parked A/C No				UDN				
UDF 1		UDF 2										
CUSTOMER SIGNED IN MY PRESENCE		Emp Name		Signature		TELE CONFIRMATION DONE		Emp Name		Signature		
		Emp Code						Emp Code				
Branch Stamp with Date						CPU Stamp with Date						
PB/RM Signature & Date		BDA / BM Signature & Date		DVU Signature & Date		FCU Signature & Date						

HDFC BANK

We understand your world

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

MF1600000001

Application Date

Tatkal

Non Tatkal (For bank Use)

088

Please open my / our

[Tick anyone]

Savings

[Tick anyone]

FD

[Tick anyone]

RD

[Tick anyone]

PPF A/C

[Tick anyone]

Sukanya Samridhi A/C

[Tick anyone]

Savings Max

[Tick anyone]

Savings Salary

[Tick anyone]

Salary & Reimbursement

[Tick anyone]

Current

[Tick anyone]

Kids Advantage Account

In your Branch Code

Branch Name

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

PREFIX

FIRST NAME

MIDDLE NAME

SURNAME

1st Applicant

2nd Applicant

* NATIONALITY

*PAN NO(If not available attach Form 60)

Form 60

Exempt

*DATE OF BIRTH

AGE PROOF

* Male / Female Third Gender

*MOTHER'S MAIDEN NAME

Sr. Citizen

Yes

No

(B) OPERATING INSTRUCTION

Single

Either or Survivor

Jointly (Debit/ATM Card not issued)

Former or survivor

Minor under Guardian

(C) CUSTOMER ID (Mandatory for Existing Customers)

1st Applicant

2nd Applicant

AADHAAR CARD NO

link with AVC

link with AVC

(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)

*Company Name / Flat No & Bldg Name

*Road No./Name

*Landmark

*City

*State

*PIN Code

Country

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

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

MAILING ADDRESS - 2nd APPLICANT

*Company name / *Flat No & Bldg Name

*Road No./Name

*Landmark

*City

*State

*PIN Code

Country

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

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

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

1st Appl.

2nd Appl.

* Tel (R)

STD

-

NUMBER

* Tel (O)

STD

-

NUMBER

Ext.

* Email ID

* Mobile

91

Service Provider

Insta Alert

Please (✓) If Email ID is Not Available

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.

I authorize 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.

Customer Copy	Instructions Overlay
<p># Dear Customer,</p> <p>Asper RBI guidelines Banks are advised to exercise due diligence by closely examining the transactions carried out in the account on an ongoing basis. This is done in order to ensure that the transactions are in sync with the customer profile as provided while opening the account. Hence it is imperative that the Profile details provided by you is correct and accurate. It is very important for your profile details to correspond / match with the transaction pattern and balances in your account. Bases the information provided, the Bank shall review the transaction pattern in your account which would be used to report transactions of suspicious nature if any. Should there be any change in your Profile details, request you to please visit your nearest HDFC Bank Branch and update the details.</p>	<p>Please quote this reference no. for any future communication.</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <p>Date: D M M Y Y Y</p></div> <div style="border: 1px solid black; width: 150px; height: 40px; margin-left: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 20px;"> <div> <p>Instructions:</p> <p>Welcome Kit would be delivered to the addressees only on the mailing address provided. If you do not receive your welcome kit within 2 weeks of the date of acknowledgement, kindly e-mail at www.hdfcbank.com/services or contact the nearest branch. The PIN number for the ATM Debit card for carrying out transactions on the ATN will be dispatched 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.</p> </div> <div style="text-align: right;"> <p>_____ Signature of Bank official</p> </div> </div> <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 20px;"> <p>Nomination taken</p> <div style="display: flex; gap: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>
<p>ACCOUNT OPENING RULES</p> <ul style="list-style-type: none"> All necessary documentation as mandated by the Regulatory/Bank authorities should be provided for opening the accounts. In event of no Salary Credits for any continuous three months, the Salary Account will be converted to Savings Regular Account and Fees and charges of Savings Regular Account will be applicable. All accounts should maintain the stipulated average monthly balance based on the product program and branch in which the account is opened. In case of non-maintenance of the stipulated average monthly balance, charges as outlined in the Service Charges & Fees Brochure from time to time will be applicable. * Savings accounts can be opened only by individuals for non-business purposes. 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 PhoneBanking number. 	

[illegible]

* In terms of Reserve Bank of India Directives, interest will be calculated at quarterly intervals on Term Deposits and paid at the rate declared by the bank depending upon the period of deposit. In case of Monthly Deposit Scheme, the interest will be calculated for the number and paid monthly at discounted value. In case of premature withdrawal of the fixed deposits based on depositors' instructions or the instructions of all the joint depositors in the case of joint deposit, the bank has the right to move interest already paid or the penalty, if any, from the proceeds of the fixed deposit in accordance with prevailing regulations of 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 depositor through the liquidator, the amount of the deposit upto Rupees one lakh within two months from the date of claim for the liquidator. 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. * HPC 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 by your recorded mailing address within 7 working days of account opening.

Penalty of 01% pa will be levied on premature closure of Fixed Deposits (including sweep-in/sweep-out clauses). 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 saver's facility is withdrawn, the depositor will be required to maintain the equivalent average monthly deposit for the entire month and also in subsequent months.

in the absence of any maturity handicap, the deposit will be reviewed 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 deposit or has to maintain the stipulated average monthly balance for the entire month and also in subsequent months.

If the above draft maturity instruction, we 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.

In the absence of any maturity instruction, the deposit will be reviewed for a period equal to that of the original deposit at the prevailing rate on the day the deposit is withdrawn. 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.

In the absence of any maturity induction, the deposit will be renewed for a period equal to that of the original deposit at the prevailing rate.

In the absence of any maturity instruction, the deposit will be reviewed for a period equal to that of the original deposit at which time the depositor has to maintain the stipulated average monthly balance for that period. In case the saver facility is withdrawn, the depositor has to maintain the stipulated average monthly balance for that period.

In case the super saver facility is withdrawn, the deposit or has to maintain the stipulated average monthly balance in the absence of any maturity instruction, the deposit will be reviewed for a period equal to that of the original deposit.

In the absence of any maturity induction, the deposit will be reviewed for a period equal to that

In the absence of a maturity instruction, the deposit will be reviewed for a period of 90 days after the maturity date. If the deposit is not withdrawn, the deposit will be automatically rolled over into the next term of the deposit.

In case the super saver facility is withdrawn, the depositor has to maintain the balance of any maturity instruction, the deposit will be reviewed.

In case the super saver facility is withdrawn, the depositor in the absence of any maturity instruction, the deposit will

In case the super saver facility is withdrawn, in the absence of any maturity instruction, the

In case the super saver facility is

In case the supers

360 U
360 U

(F) CUSTOMER PROFILE DETAILS # - 1st APPLICANT																							
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							
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							
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"/> Bullion/Gold/Jewellery		<input type="checkbox"/> Stock Broker		<input type="checkbox"/> Real Estate		<input type="checkbox"/> Trader		<input type="checkbox"/> Money Lender		<input type="checkbox"/> Others					
Date of incorporation		<input type="text"/> D		<input type="text"/> M		<input type="text"/> Y		<input type="text"/> Y		<input type="text"/> Y		<input type="text"/> Y		<input type="text"/> Y		<input type="text"/> Y							
Type of Company/Firm		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Partnership		<input type="checkbox"/> Public Limited Co.		<input type="checkbox"/> Private Ltd Co		<input type="checkbox"/> Others													
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											
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													
Gross Annual income		<input type="checkbox"/> < 50,000		<input type="checkbox"/> 50 K-1 lac		<input type="checkbox"/> 1 - 3 lac		<input type="checkbox"/> 3 - 5 lac		<input type="checkbox"/> 5 - 7.5 lac		<input type="checkbox"/> 7.5 - 10 lac		<input type="checkbox"/> 10 - 15 lac		<input type="checkbox"/> 15 - 25 lac		<input type="checkbox"/> 25 - 50 lac		<input type="checkbox"/> 50 lac - 1CR		<input type="checkbox"/> > 1	
Residence type		<input type="checkbox"/> Owned		<input type="checkbox"/> Rented/Leased		<input type="checkbox"/> Ancestral/Family		<input type="checkbox"/> Company provided															

CUSTOMER PROFILE DETAILS # - 2nd APPLICANT																							
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							
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							
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"/> Bullion/Gold/Jewellery		<input type="checkbox"/> Stock Broker		<input type="checkbox"/> Real Estate		<input type="checkbox"/> Trader		<input type="checkbox"/> Money Lender		<input type="checkbox"/> Others					
Date of incorporation		<input type="text"/> D		<input type="text"/> M		<input type="text"/> Y		<input type="text"/> Y		<input type="text"/> Y		<input type="text"/> Y		<input type="text"/> Y		<input type="text"/> Y							
Type of Company/Firm		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Partnership		<input type="checkbox"/> Public Limited Co.		<input type="checkbox"/> Private Ltd Co		<input type="checkbox"/> Others													
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											
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													
Gross Annual income		<input type="checkbox"/> < 50,000		<input type="checkbox"/> 50 K-1 lac		<input type="checkbox"/> 1 - 3 lac		<input type="checkbox"/> 3 - 5 lac		<input type="checkbox"/> 5 - 7.5 lac		<input type="checkbox"/> 7.5 - 10 lac		<input type="checkbox"/> 10 - 15 lac		<input type="checkbox"/> 15 - 25 lac		<input type="checkbox"/> 25 - 50 lac		<input type="checkbox"/> 50 lac - 1CR		<input type="checkbox"/> > 1	
Residence type		<input type="checkbox"/> Owned		<input type="checkbox"/> Rented/Leased		<input type="checkbox"/> Ancestral/Family		<input type="checkbox"/> Company provided															

(G) INTRODUCTION DETAILS																			
Introducer Name										<div style="border: 1px solid black; padding: 5px; text-align: center;"> Name, Designation, Sign & Company Seal for Salary A/C Introduction </div>					A/C > 6 months <input type="checkbox"/> Sign verified <input type="checkbox"/>				
Customer Id															PB Signature				
I confirm that I am an account holder with HDFC Bank Ltd for over six months. I confirm that I personally know the applicant detailed above for more than 6 months and confirm his/her identity, occupation and address.										<div style="border: 1px solid black; padding: 5px; text-align: center;"> Signature of introducer </div>					PB Code				
Date																			

(H) PAYMENT DETAILS : Payment done by below mode (tick one)																	
<input type="checkbox"/> Cheque		<input type="checkbox"/> HDFC Bank A/C Transfer		<input type="checkbox"/> Cash		(To open account with cash, customer must deposit the cash in person in a/c opening branch only)											
Total Amount (Rs)				Cheque No. / Account No. for FD/RD				Cheque Date				Bank Name				Branch	
<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>	

Cheque should be crossed A/c payee and drawn payable 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(I) ATM CARD / DEBIT CARD																								
<input type="checkbox"/> Existing Card Linkage: Customer can mention their Card No. to which they want to link this account (Please note this facility is available for operating instruction: Single, Either or Survivor only)																								
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1st Card No. <input type="text"/> 2nd Card No. <input type="text"/> </div> <div style="width: 50%;"> <input type="checkbox"/> New Card Request <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">ATM Card</th> <th colspan="3">Debit Card (Charges Applicable)</th> </tr> <tr> <td>1st</td> <td><input type="checkbox"/> Regular</td> <td><input type="checkbox"/> Platinum</td> <td><input type="checkbox"/> Others</td> </tr> <tr> <td>2nd</td> <td><input type="checkbox"/> Regular</</td></tr></table></div></div></div>															ATM Card	Debit Card (Charges Applicable)			1st	<input type="checkbox"/> Regular	<input type="checkbox"/> Platinum	<input type="checkbox"/> Others	2nd	<input type="checkbox"/> Regular</
ATM Card	Debit Card (Charges Applicable)																							
1st	<input type="checkbox"/> Regular	<input type="checkbox"/> Platinum	<input type="checkbox"/> Others																					
2nd	<input type="checkbox"/> Regular</																							

(K) INSTRUCTION FOR KIDS ADVANTAGE ACCOUNT / PPF ACCOUNT / SUKANYA SAMRIDDI ACCOUNT									
STANDING INSTRUCTION (SI) : I / We hereby request you to maintain a Standing Instruction from my/our									
HDFC Bank A/C No. <input style="width: 100px;" type="text"/>					New A/c (hereinafter referred as "funding a/c") for the amount Rs <input style="width: 100px;" type="text"/> (Min Rs 1000/-)				
Rupees (In Words) _____ by way of Monthly Funds Transfer to the account of the minor / till the maturity of the PPF account.									
Name of Funding Account Holder(s) : _____									
* Next SI Date <input style="width: 100px;" type="text"/>					* SI End Date <input style="width: 100px;" type="text"/>				
Please mention a date of minimum 10 days post submission of the form at the branch Minimum duration - 1 year, SI can be maintained till the kid turns 18 years of age / Maturity of PPF account									
ATM Card for Minor : Please issue <input type="checkbox"/> ATM Card <input type="checkbox"/> International Maestro Debit Card (with ATM Facility) to the minor. (Issued only if kid is in between 7-18 years)									
Type of Guardian : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed									
Minor Declaration : I hereby declare that the date of birth of the minor who is my _____ is _____ dd _____ mm _____ yyyy and I am his / her natural and lawful guardian / guardian appointed by court order dated _____ dd _____ mm _____ yyyy (copy enclosed). I shall represent the said minor in all future transactions of any description in the above 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 minor for any withdrawal / transactions made by me in his / her account.									
(L) SWEEP- OUT INSTRUCTION FOR SAVINGS MAX / KIDS ADVANTAGE ACCOUNT / WOMENS SAVINGS ACCOUNT									
SWEEP - OUT INSTRUCTIONS <input type="checkbox"/> I / We wish to avail sweep-out facility on this Savings Max / Kids advantage account / Womens Savings Account.									
(M) NOMINATION (DA1) (please fill separate nomination form if you wish to add a different nominee in any of the above accounts)									
<input type="checkbox"/> Yes, I/ We wish to nominate (as per details below) <input type="checkbox"/> 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 Savings / Current / Fixed Deposit / Recurring Deposit / KGC SB & CA / SSA.									
Nominee Name <input style="width: 100px;" type="text"/>								<input type="checkbox"/> Please tick if mailing address is same as of the applicant	
Flat No & Bldg Name <input style="width: 100px;" type="text"/>									
*Road No./Name <input style="width: 100px;" type="text"/>									
*Landmark <input style="width: 100px;" type="text"/>									
*City <input style="width: 100px;" type="text"/>					*PIN Code <input style="width: 100px;" type="text"/>				
*State <input style="width: 100px;" type="text"/>					Country <input style="width: 100px;" type="text"/>				
*Tel (R) <input style="width: 100px;" type="text"/>					Relationship with Depositor, if any <input style="width: 100px;" type="text"/>				
Date of Birth of Nominee <input style="width: 100px;" type="text"/>								Mobile <input style="width: 100px;" type="text"/>	
(N) FORM E : Application for nomination under the Public Provident Fund Scheme 1968. (please fill separate nomination form if you wish to add multiple nominees)									
<input type="checkbox"/> Yes, I wish to nominate the person mentioned below to whom to the exclusion of all other persons in the event of my death, the amount standing to my credit in the PPF account at the time of my death would be payable (not applicable for minor account) <input type="checkbox"/> No, I declare that I do not wish to make a nomination in my account.									
Nominee Name <input style="width: 100px;" type="text"/>								<input type="checkbox"/> Please tick if mailing address is same as of the applicant	
Flat No & Bldg Name <input style="width: 100px;" type="text"/>									
*Road No./Name <input style="width: 100px;" type="text"/>									
*Landmark <input style="width: 100px;" type="text"/>									
*City <input style="width: 100px;" type="text"/>					*PIN Code <input style="width: 100px;" type="text"/>				
*State <input style="width: 100px;" type="text"/>					Country <input style="width: 100px;" type="text"/>				
*Tel (R) <input style="width: 100px;" type="text"/>					Relationship with Depositor, if any <input style="width: 100px;" type="text"/>				
Date of Birth of Nominee <input style="width: 100px;" type="text"/>								Mobile <input style="width: 100px;" type="text"/>	
(To be filled if nominee is minor for DA1 / Form E)									
Name <input style="width: 100px;" type="text"/>								<input type="checkbox"/> Please tick if mailing address is same as of the applicant	
Address <input style="width: 100px;" type="text"/>									
As nominee is a minor on this date, I appoint _____ 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 _____					Signature _____				
Address _____					Place _____ Date _____				
Witness 2 Name _____					Signature _____				
Address _____					Place _____ Date _____				
(O) CLOSE RELATIVE DECLARATION (To be filled by the applicant if he/she do not have any address proof)									
I hereby confirm that Mr./Ms. (* Applicant Name) _____ who is desirous of opening an account with your Bank is my (* Relationship) _____. He / She is residing with me since _____ (*Month) _____ (*Year) _____ at the below mentioned address:									
* Building Name _____					* City _____				
*State _____		*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 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. I enclose herewith the below:									
1. Self-attested (*Document Name) _____ as Identity Proof									
2. Self-attested (*Document Name) _____ as Address Proof									
Name of the Declarant _____					Cust ID (if an existing customer) _____				
Declarant Signature _____					Declarant Signature _____				