E H	DFC BA	NK ACC	OUNT OF	PENING	FOR	M			
	erstand you		FOR SOLE PROPRIETOR/HL (To be filled by	JF/TRUST/FIRM/CORI applicant only)	PORATE				
-		ERS ONLY. All fields marked	"*" are MANDATORY. Pl	lease ensure that a			•	e form is liable to b	· _
*Application D	ate D D	M M Y Y Y			Tatkal	Non Tatkal	(For bank use)		083
Please open (Tick and	yone Deposit)	Savings	Curre	ent Account		Branch Code		Branch Name	
My / our (Tick anyone D	eposit)	Fixed Deposit	Recu	ırring Deposit					
PREFIX AC	COUNT TITLE								
M / S									
*PAN NUMBER				Form 60		FIRMS CUST ID (Man or existing custo			
*MAILING ADDRES	s								
*Company Name/Flat									Please mention a
No & Bldg Name									prominent
*Road No./Name									landmark to ensure that the
*Landmark / Area									ensure that the leliverables reach
*City/ Town					*PIN Code				
*State					Country				
*REGISTERED OF	ICE ADDRESS		Please tick	t in case registered a	ddress is the sa	ame as mailing address			
*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				
Registered Address	S Type Own	ed Rented/Leased		ge of address due to i s of such a change wi		y other reason, I/We woul ess proof	u intimate the new a	uuress to the bank	
registration. I/We are c	he Cust Id of my/our onfirming on other Te	tement Frequency account will be registered for Ema rrms & Conditions as applicable to		d mentioned in contact	ct details). I/We		atements shall not b	ail ID is Not Availa e sent on Email Staten	
*BUSINESS DETAIL Type of Entity:-	.0								
Proprietorship	Partnership	Limited Liability Partnership	Public Limited Company	Private Limited Company	Gover	rnment Bank	Socie	ies Insurance	Registered Partnership
Self Help Group	HUF	Foreign Bodies	Non Governmen	t Organizations	Section Comp	on 25/8 Mutua	I Fund Associ	ation Clubs	Trust
*Please tick the an	propriate sub c	ategory against the Type o	f Entity						
Public / Private Lim			Foreign Bodies	-	Trust	Bank		Association	
Financial Services C		Central	Foreign Government		Charitable		nmercial Banks	Business Associat	ion
		State	Project Office		Public Trus		Foreign Resident Banks Unregistered Association		
Others Local Authorities		Branch Office				berative Banks Other Association			
Societies		State Electricity Boards	Liaison Office		Religious 1				
Credit Co-Operative		Quasi Government Bodies	Consulates/Embassi	es	Educationa		Non Profit Organ	165	
Non Credit Co-Operative		Others	Others		Provident I		*(For TASC and Se Section 8 Compan		
Self Employed Prof	essional	CA/CS/ICWA	Lawyer	Doctor	Architect	I.T. Consul	tant	Others	
Nature of Business		Service Provider	Stock Brokers	Real Estate	Retail Trac	ling Wholesale	Trading	Others	
Details of Activity									
Date of Incorporation		Y Y Y Y	Annual Turnover (Rs.	Lacs)					
Whether Involved in		Imports IEC Co				Value (Rs. La	cs)		
				Tra	orie <sup>11</sup>			Chamical IC	oidea
Nature of Industry	Automobile	Retail Jewellery	Fisheries/Poultry	Transportation/L	Ū	Textiles/Garments		Chemicals/Seeds/Pest	CIDES
	Petrol Pump	Furniture/Timber	Cement/Paints	IT/Software/BPC		Printing/Publishing		/Computer Hardware	
	Contactors	Broking	Engineering Goods	Media/Entertain		Travel/Tour Agency		rtfolio Management	
	Oil	Advt Agencies	Pharmaceuticals	Construction		Marble/Granite	Hospital/N	ursing Home/Clinics	
	Consultancy	Restaurants	Hotels/Resorts	Steel/Hardware		Agricultural Commodities	Fast Movin	g Consumer Goods (F	MCG)
	Education	Forex Dealer/Bullion	Consumer Durables	Dairy/Food Proc	cessing	Leasing & Hire Purchase	Term Lend	ing Institutions	
	NBFC	Chit Funds	Money Lender	Shroff	1	Housing Finance	Auto Finan	ce Others	

Page 1 of 4

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						Оре	rating Ins	struction					
* OPER	RATIN	G INSTRI	JCTION	As per Re	solution	As per Details Me	ntioned						
Credit Fac	ilities												
orealtrac			any credit facilitie	es with other bank	s.	We enjoy th	e following "cr	edit facilities" with	other bank/s.				
No	-		me & Branch			Type of facility			nt (Rs. Lacs)		uthorised Signato	ries Signatu	·•
1	-	Dunititu					/	741104			lationoca orginato	neo orginata	
2	-												_
* PAYMEN Amour		TAILS		ps.		Mode	Cash	Cheque	Fund Trar	refer			
								Cheque	T UNU TIA	13101			
C	Cheque	No.		da		ΜΥΥ	drawn on						Bank,
		Branch			"The chec	ue should be cros	sed A/c payee	e and drawn payabl	le to "HDFC Ban	k Ltd. A/c		(Customer Name	e)"
INSTRUCT	TION I	OR FIXE	D DEPOSIT	Withdrawable	e Non Withd	Irawable** / RE	CURRING D	DEPOSIT					
					ng days of account o dation will not attract			Email statement w	vill receive FD Ad	vice through Em	ail. In the event of death	n of the depositor	premature
					EW & Sweep in will								
					-		1						T
		Amount			Tenure	Rate of Interest %		Interest Payme	int"	Renew	Renew		Sweep - In
				Months	Days		Monthly	Quarterly	Maturity	Principal & Interest	Renew Principal & Pay Interest	Do not Renew	Facility
	_	r Recurring		_									
Tax Ded *TDS rate payable or * No deduc estimated *Form no 1 *The Bank *As per se responsible * As per se 20% incas: Note:- The	luction will be r reinvest ction of total ind 15G to lo shall n ection 13 le for de ection 2 se of do e above	at Source applicable fin stment per c tax shall be come for the be submitted ot be liable f 199A (5A) of ti ducting such 06AA introdu mestic depos is subject to <b>DWLEDGE</b>	om time to time a ustomer, per brar made for taxable year in which suc l in triplicate. A fre or any conseque he income tax ac t tax. Incase the i uced by finance (I sits. Please furthe o change as per d	s per the Income T ich, exceeds Rs. 1 interest in the cass th interest income esh form no 15G to noces or loss arising t every person reco PAN number is noi vo.2) Act 2009 with er note that in abse irrectives of Finance <b>blicable</b> )	0,000/- in a Financia e of an individual resi is to be included in d be submitted in eac g due to delay or nor provided the bank si ne effect from 01.04.2 nnce of PAN form 15 e Ministry, Govt of Ir	come Tax rules. Th al Year. sident in India, if si computing total inc ch new financial ye n submission for fo come or amount fr shall not be liable f 010 every person G & other exempti dia. Above points	he current rate uch individual 4 come will be ni ear. Irm 15G to ena om which tax h for the non ava who receives on certificates shall not be a	s applicable for TD furnishes to the ba I. able us to serve yo has been deducted ailment of the credit income on which T will be invalid ever pplicable in case o	nk, a declaration u better kindly su l under the provis t of Tax Deducted DS is deductable ni f submitted & p f Partnership firm	in writing in the abmit form 15G w sions of the Incor d at Source. a shall furnish his nenal TDS will be is and Corporate		5G ) to the effect e new financial y the PAN numbe shall be deducte	that the tax on ear. r to the person
Che	equeb	ook with 1	0 Cheque Lea	ives 1	& C booklet			1					
DECLARAT Please fill in		-	without stamp	))					for a partnersh a new account ir		e sign without stamp	)	
As our HUF fi	irm wisł	nes to open a			name We confirm th								he captioned account
said family. W other signato undertake tha entire family p that ours is no Act. We here	Ve furth pries he at claim properti ot a firm by unde	er confirm th reto in the ir s due to the t es of which t governed by rtake to infor	at the business of nterest and for th pank from the said he first signatory i the Indian Partne m the Bank of the	the said joint famil e benefit of the er family shall be rec s the karta, includi ership Act of 1932, death or birth of a c	nd other signatories y is carried on mainly titre body of co-parc overed personally fro ng the share of minor we have not got our s o-parceners of any c	y by the said Karta ceners of the joint or all or any of us a co-parceners. In aid firm registered	as also by the family. We all ind also for the riew of the fact under the said	severally respondent partnership and name in your book name of Partnership and name of Partnership and name of Partnership and	nsible for liabilitie , all the present p oks on the date of <b>ners</b>	es thereof. We s artners will be lia the receipt of suc	ndersigned, are the only hall advise you in writin able to you on any obliga ch notice and until all such sd/-	ng of any change tion which may b h obligations shal	e that take place in the e attending in the firm`s
			ring the currency o	on the account.									
Name & sign	nature	or Karta			sd/-								
Name & sign	nature	of Adult Co-	parceners		sd/								
-					sd/-								
2					sd/								
					sd/								
Name & Date	e of Bir	th of Minor	Co-parceners		sd/			Re: Opening of	for a Sole Prop a new account ir	the name of:			aptioned account
12								responsible for li	iabilities thereof.	I shall advise yo	signed, am the sole propulation of any chang bice and until all such of stice and until all such of stice and until all such of the solution of the soluti	, e that take place	in the firm's name

Name:

			Authoria	zed Signatory	Details			
1 PREFIX	Authorized Signatory Deta	nils	Category	Male	Female	Third Gender	Customer ID	
	F I R S T N A M	E M I D						
Company Namo/Elat				Aad	ager Number			
Company Name/Flat No. & Bldg Name				Aau	naar Number			"Please mentior
*Dood No /Nomo								promine
*Road No./Name								landmark ensure that t
*Landmark / Area								deliverables rea
*City/ Town					*PIN Code			
*State					Country			NRI
Date of Birth		Mobile No.					Nationality	
Email ID								
PAN No.		Form 60		Please tick if mailing	ng address is sa	me as of the Entity	Mobile Opera	tor-Bill Pav#
Insta Alert	Net Banking (Attach relevant form)	Debit Can	d (Attach relevant fo		.g		,	Applicable only for
	Financial	Business	Platinum	Others		cify the card type if oth to be filled by Bank Sta		proprietorship firm where an individu is a proprietor
I authorize HD	FC Bank to set Standing Instruction (SI	) on my accounts to make	automatic pavme	nt of mobile bill on m	v behalf in Bill Pa	av services as given	in this form.	
	r registration of Bill Pay facility for Post		and paying		,	,		
2 PREFIX	Authorized Signatory Deta	nils	Category	Male	Female	Third Gender	Customer ID	
	F I R S T N A M							
Company Name/Flat No. & Bldg Name				Aad	naar Number			"Please mentior
*Road No./Name								promine
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*Landmark / Area								deliverables rea
*City/ Town					*PIN Code			
*State					Country			NRI
Date of Birth		Mobile No.					Nationality	
Email ID								
PAN No.		Form 60		Please tick if mailing	ng address is sa	me as of the Entity	1	
Insta Alert	Net Banking (Attach relevant form)	Debit Can	d (Attach relevant fo					
	Not Banking (, (addition of an infinite)	Dobit Out		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Please sner	cify the card type if oth	ers	
	Financial	Business	Platinum	Others	(card code t	to be filled by Bank Sta	aff	
	Authorized Oleverteen Dete		Category	Male	Female	Third Gender	Customer ID	
3 PREFIX	Authorized Signatory Deta     F   I   R   S   T   N   A   M							
Company Name/Flat No. & Bldg Name					naar Number			"Please mentior
·								promine
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*Landmark / Area								deliverables rea
*City/ Town					*PIN Code			
*State					Country			NRI
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Email ID								
PAN No.		Form 60		Please tick if maili	ng address is sa	me as of the Entity		
						as or the Endly		
Insta Alert	Net Banking (Attach relevant form)		d (Attach relevant fo		Please spec	cify the card type if oth	ers	
	Financial	Business	Platinum	Others	(card code t	to be filled by Bank Sta	aff	
@ Your CHIP Debit C	ard is activated for International & Domestic	Usage. Deactivation of Inter	national usage on D	ebit Card can be done	through NetBankin	g / PhoneBanking		
			DO NOT	CALL REGIS	TRATION			
OT CALL REGIST	RY : I understand that in case I do no ough the Bank's website www.hdfc	ot wish to receive prom	otional informat	ion through teleph	one calls / emai	il/sms on product	s and services not currently	availed by me, I can register
ces currently availed	d by me, to help me in fully realising	the benefits of the rang	e of financial sol	utions designed to	make my bank	ing relationship va	alue added and more conve	nient.
ITRODUCTION	I DETAILS HDFC BANK C	ustomer(Introdu	cer's) Name	•				
COUNT NO .			CUSTOMER	ID				
	count holder with HDFC Bank Ltd for o	ver six months I confirm			ove for more than	6 months and conf	irm its identity occupation and	address.
							in the second seco	
							505 544	
							FOR BAN	K USE
						Si	gnature Verified : Ye	

Page 3 of 4

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 Nor	nination will be applicable for	Current Acoount	Fixed Deposit	Recurring Deposit	Please tick if mailing	address is same as of the Firm		
Persor	nal Details of your Nominee							
	*Name:							
	*Flat No. & Building/Company Name:							
	*Road No./Name:							
	*Landmark:							
	*City: *State:				*PIN Code:			
	*Tel ®:				Country:			
	Relationship with Depositor, if any			Age:	Date of Birth of Nominee:			
	* As the nominee is a minor on this date, I	appoint		Ŭ				
	*Name:							
	Address:							
Demo	Age:			t on behalf of the nominee in	the event of my/minor's death during the min	ority of the nominee.		
	nal Details of the Witnesses *Thur 1 Name:	nd impression shall be attested b	y 2 witnesses	Witness 2 Name:				
Address	:			Address:				
				_				
Signatur	re:			Signature:				
Place:		Date:		Place:		Date		
the name lawfully e	out of if nominee is not a minor. ** Where de e of a minor, the nomination should be sigr entitled to act on behalf of the minor. *** Thu attested by 2 witnesses.	ied by a person		GNATORIES SIGNA		umb impression of Depositor		
	Authorized Signatory 1			d Signatory 2		thorized Signatory 3		
	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	a photograph here	Plea	Please paste photograph here		
	Signature of Authorized Signatory 1			thorized Signatory 2		ure of Authorized Signatory 3		
Name: _			lame: For B	ank Use Only	Name:			
	Product Code	Account Number		Promo Cod	le			
	4A/C:					Variance		
	D/RD:							
UBS-CE UBS-CE		CBR 3: MIS Code:	CBR 4 CBR 8			CO Code: Migrated		
		into obde.	ODIC			No chq bk to Migrated be issued: PPI Escrow		
	up ID:	Portfolio Code:	D. 10/2	Program to be raised		Pr Code:		
Shipping Agreement End Date D M Y Y Y   Value Date: D D M Y Y Y			Re KYC updatio	n nag	Sourcing			
Value		Funds Parked A/C N	10.		UDN:			
CUSTO	OMER SIGNED IN MY PRESENC	E: Emp Name:		Emp Code:	Signature:			
		Ą	OF approved by					
	PB/RM Signature & Date		/ BM Signature & Date	D\	/U Signature & Date	FCU Signature & Date		
						Page 4 of 4		

#### NUMBERING

**OFFICE USE** 



### NUMBERING













# CUSTOMER COPY

future communication.

Please quote this reference no. For any



## 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 carrving 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 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.

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 whone 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 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 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 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 ear, 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 depending upon the period of deposits. In case of Monthly Deposit Scheme, the interest will be calculated for the guarter and paid monthly at discounted value. 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 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