



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

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

Exempt

FIRMS CUST ID (Mandatory for existing customers)

*MAILING ADDRESS

*Company Name/Flat

No & Bldg Name

*Road No./Name

*Landmark / Area

*City/ Town

*PIN Code

*State

Country

"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

*PIN Code

*State

Country

"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 T 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

Credit Co-Operative

Quasi Government Bodies

Consulates/Embassies

Religious Trust

Educational Trust

Non Profit Organization

*(For TASC and Section 25 or Section 8 Company only)

Yes

No

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

As per Details Mentioned

Page 2 of 4

Authorized Signatory Details

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																										
*Road No./Name																											
*Landmark / Area																											
*City/ Town											*PIN Code																
*State											Country																
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				

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

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																										
*Road No./Name																											
*Landmark / Area																											
*City/ Town											*PIN Code																
*State											Country																
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				

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

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																										
*Road No./Name																											
*Landmark / Area																											
*City/ Town											*PIN Code																
*State											Country																
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																	
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	Financial				Business														Platinum				Others				

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@ 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
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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.

Date: _____

Signature: _____

FOR BANK USE	
Signature Verified :	<input type="checkbox"/> Yes
Date of A/c. Opened :	_____
Signature of PB :	_____
PB Code :	_____

NOMINATION FORM (DA1) - Applicable only for Sole Proprietorship

CL 1900000001



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 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

Authorized Signatory 2

Authorized Signatory 3

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

Please paste photograph here

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

CASA A/C:

FD/RD:

Variance

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 updation 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

Please staple the relevant documents in the box provided.

NUMBERING

CUSTOMER COPY

Instructions Overleaf

Please quote this reference no. For any future communication.

Date:

D

D

M

M

Y

Y

Y

Y

Nomination Taken: Yes No

NUMBERING

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 deposits, 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.