HDFC BANK
We understand your world

Name / Signature / Mode of Operations Change Request Form

All "*" marked fields are mandatory

BARCODE

This form is usable for any of the three captioned requests

Date: D D M M Y Y Y Y

*Customer ID:

*Account Title/ Customer Name:
(As per Bank Records)

I request you to effect the following changes in your Bank records. I understand that the change/s is/ are being carried out at my/ our request and will affect all accounts held by me with HDFC Bank under the captioned Customer ID. I/ We submit the necessary documents in original and photocopy required for effecting the same.

Tick only the type of Request to be effected

A. ☐ CHANGE OF NAME (Applicable for Indiviudals and Non Individuals)

Reason for Name Change: _____

New Name:*
(as per ID Proof)

Short Name:* (FOR DEBIT CARD)
(Maximum 20 Characters, should not be a nickname)

*I confirm using the PAN No. updated in the bank records for my Income Tax returns filing and indemnify the bank for any loss that may occur due to updating this PAN.

CUSTOMER PROFILE (To be filled by Non Individuals only)

Nature of Business:* ☐ Manufacturing ☐ Service Provider ☐ Stock Brokers ☐ Real Estate ☐ Retail Trader ☐ Wholesale Trading ☐ Others _____

Details of Activity:*

Annual Turnover (Rs. Lac):* Whether Involved in (*If applicable): ☐ Import ☐ Export Registered address type:* ☐ Owned ☐ Rented/Leased

IEC Code: Value of Import/Export (In Lakhs):

Non-Profit Organization *(For TASC and Section 25 or Section 8 Company only) ☐ Yes ☐ No

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
☐ Contractor	☐ Broking	☐ Engineering Goods	☐ Media/Entertainment	☐ Travel/Tour Agency	☐ Issue & Portfolio Management
☐ Oil	☐ Advt. Agencies	☐ Pharmaceuticals	☐ Construction	☐ Marble/Granite	☐ Hospital/Nursing Home/Clinics
☐ Consultancy	☐ Restaurants	☐ Hotel/Resorts	☐ Steel/Hardware	☐ Agricultural Products	☐ 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_____

B. ☐ CHANGE OF SIGNATURE (Applicable for Individuals & Non Individuals)

New Signature* (to be updated in Bank Records)

New Signature*

C. ☐ CHANGE OF OPERATING INSTRUCTIONS (Applicable ONLY for Individuals)

Please fill in the below details for Change of Operating Instructions request:

Joint Account Number*	New Mode of Operation			
	☐ Former or Survivor	☐ Either or Survivor	☐ Joint	☐ Anyone or Survivor
	☐ Former or Survivor	☐ Either or Survivor	☐ Joint	☐ Anyone or Survivor
	☐ Former or Survivor	☐ Either or Survivor	☐ Joint	☐ Anyone or Survivor

Following are the terms for change request: • The fresh / new Signature(s) and / or Operating Instructions would be valid once the changes are updated in the system. The Bank will not be responsible for return/dishonour of any such old outstanding / unpaid cheques / debits / requests and which are still in transit and yet to be received / actioned by the Bank and not in the confirmity with the fresh / new Signature(s) and / or Operating Instructions Change request. • In case, where the Operating Instructions have been changed from Singly or Either or Survivor to Joint Opetations, the ATM/Debit cards would be hotlisted / discontinued automatically. • I/We have read, understood and are agreeable to the terms mentioned above.

**SIGNATURES

*All holders to sign only in case of change of operating instructions.

1st Applicant	2nd Applicant	3rd Applicant
(as currently updated in bank records)	(as currently updated in bank records)	(as currently updated in bank records)
Name:_____	Name:_____	Name:_____

FOR BANK USE

Date: D D M M Y Y Branch Code:

☐ Signature Verified ☐ CSIMP ☐ MLM (Entities) ☐ Biometric/ Added due diligence has been carried out (Applicable for Name/Signature change) ☐ Banned Dedupe Verified (applicable for name change)

Form accepted by: Employee ID:_____ Sign:_____ BDA Verification: Employee ID:_____ Sign:_____

CUSTOMER ACKNOWLEDGEMENT

Receipt Date: D D M M Y Y We acknowledge the receipt of instructions for: ☐ Change of Name ☐ Change of Signature ☐ Change of Operating Instructions

Customer Name:_____ Customer ID/Account No.:

Name of Bank Official:_____ Signature of Bank Official: _____

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