



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)

090

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 NO. (If not available attach Form 60/61)

Form 60/61 attached

FIRMS CUST ID (Mandatory for existing customers)

*** MAILING ADDRESS**

*Company Name/Flat No & Bldg Name

*Road No./Name

*Landmark / Area

*City/ Town

*State

*PIN Code

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

*State

*PIN Code

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 -

Mobile No.

Tel 2 -

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 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 / Private Limited Company

Government

Bank

Societies

Insurance

Self Help Group

HUF

Foreign Bodies

Non Government Organizations

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

State Electricity Boards

Liaison Office

Religious Trust

Non Credit Co-Operative

Quasi Government Bodies

Consulates/Embassies

Educational Trust

Provident Fund Trust

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

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 _____

Operating Instruction

*** OPERATING INSTRUCTION**

As per Resolution

As per Details Mentioned

Credit Facilities

We do not enjoy any credit facilities with other bank/s.

We enjoy the following "credit facilities" with other bank/s (NOC to be provided from other bank/s)

No.	Bank Name & Branch	Type of facility	Amount (Rs. Lacs)	Authorised Signatories Signature
1				
2				

*** PAYMENT DETAILS**

Amount Rs. ps. Mode Cash Cheque Fund Transfer

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)"

INSTRUCTION FOR FIXED DEPOSIT / RECURRING DEPOSIT

The advice will be received at your mailing address within 7-8 working days of account opening. Customer registered for Email statement will receive FD Advice through Email. In the event of death of the depositor premature liquidation of the Term Deposit will be allowed. Such premature liquidation will not attract any penal charge.

Amount	Tenure		Rate of Interest %	Interest Payment*			Maturity Instruction*			Sweep - In Facility
	Months	Days		Monthly	Quarterly	Maturity	Renew Principal & Interest	Renew Principal & Pay Interest	Do not Renew	
-										

* Not Applicable for Recurring Deposit

Please Debit New A/c / Existing A/c No. for RD Installments / FD booking and also credit the maturity / interest in the same account.

We further understand that Sweep-In Facility will be activated in the same account.

TDS Details: Deduct TDS (if applicable) Yes No If No, attach following document Form 15G Income Tax exemption letter Waiver marked on cust ID

I/We wish to have the maturity/interest payout through Manager's Cheque at my mailing address for the above FD/RD

Tax Deduction at Source

*TDS rate will be applicable from time to time as per the Income Tax Act, 1961 and Income Tax rules. The current rates applicable for TDS would be displayed by the Bank on its website. Currently, TDS is deducted when interest payable or reinvestment per customer, per branch, exceeds Rs. 10,000/- in a Financial Year.

* No deduction of tax shall be made for taxable interest in the case of an individual resident in India, if such individual furnishes to the bank, a declaration in writing in the prescribed form (form 15G) to the effect that the tax on estimated total income for the year in which such interest income is to be included in computing total income will be nil.

*Form no 15G to be submitted in triplicate. A fresh form no 15G to be submitted in each new financial year.

*The Bank shall not be liable for any consequences or loss arising due to delay or non submission for form 15G to enable us to serve you better kindly submit form 15G within the first week of the new financial year.

*As per section 139A (5A) of the income tax act every person receiving any sum of income or amount from which tax has been deducted under the provisions of the Income Tax Act shall provide the PAN number to the person responsible for deducting such tax. In case the PAN number is not provided the bank shall not be liable for the non availing of the credit of Tax Deducted at Source.

* As per section 206AA introduced by finance (No.2) Act 2009 with effect from 01.04.2010 every person who receives income on which TDS is deductible shall furnish his pan failing which TDS shall be deducted at the rate of 20% in case of domestic deposits. Please further note that in absence of PAN form 15G & other exemption certificates will be invalid even if submitted & penal TDS will be applicable.

Note:- The above is subject to change as per directives of Finance Ministry, Govt of India. Above points shall not be applicable in case of Partnership firms and Corporates.

TATKAL ACKNOWLEDGEMENT (If Applicable)

I/We confirm having received the Welcome Kit in an untampered / sealed condition and confirm that the following deliverables have been received by me:

Chequebook with 10 Cheque Leaves T & C booklet

DECLARATION (Please sign without stamp)

Please fill in for a HUF

As our HUF firm wishes to open an account with your Bank in the said name We confirm that the first signatory to this letter, i.e., _____ is the Karta of the Joint Family and other signatories are the adult co-parceners of the said family. We further confirm that the business of the said joint family is carried on mainly by the said Karta as also by the other signatories hereto in the interest and for the benefit of the entire body of co-parceners of the joint family. We all undertake that claims due to the bank from the said family shall be recovered personally from all or any of us and also for the entire family properties of which the first signatory is the karta, including the share of minor co-parceners. In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1932, we have not got our said firm registered under the said Act. We hereby undertake to inform the Bank of the death or birth of a co-parceners of any change occurring at any time in the membership of our joint family during the currency of the account.

Name & signature of Karta

1 _____ sd/- _____

Name & signature of Adult Co-parceners

sd/- _____

1 _____ sd/- _____

2 _____ sd/- _____

3 _____ sd/- _____

4 _____ sd/- _____

Name & Date of Birth of Minor Co-parceners

1 _____

2 _____

3 _____

Please fill in for a partnership firm (Please sign without stamp)

Re: Opening of a new account in the name of: _____

_____ We refer to the captioned account opened by you and declare as under: We, the undersigned, are the only partners in the firm and are jointly responsible for liabilities thereof. We shall advise you in writing of any change that take place in the partnership and, all the present partners will be liable to you on any obligation which may be attending in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.

Name of Partners

1 _____ sd/- _____

2 _____ sd/- _____

3 _____ sd/- _____

4 _____ sd/- _____

5 _____ sd/- _____

6 _____ sd/- _____

7 _____ sd/- _____

8 _____ sd/- _____

Please fill in for a Sole Proprietorship Account

Re: Opening of a new account in the name of: _____

_____ We refer to the captioned account opened by you and declare as under: I, the undersigned, am the sole proprietor of the firm and am solely responsible for liabilities thereof. I shall advise you in writing of any change that take place in the firm's name in your books on the date of the receipt of such notice and until all such obligation shall have been liquidated.

Your faithfully,

Name:

Signature (Please sign without stamp)

Authorized Signatory Details

1 PREFIX **Authorized Signatory Details** Category Male Female 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

*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. **Please tick if mailing address is same as of the Entity**

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

<input type="checkbox"/> 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)
<input type="checkbox"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Regular	<input type="checkbox"/> Business	<input type="checkbox"/> Others	

2 PREFIX **Authorized Signatory Details** Category Male Female 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

*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. **Please tick if mailing address is same as of the Entity**

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

<input type="checkbox"/> 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)
<input type="checkbox"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Regular	<input type="checkbox"/> Business	<input type="checkbox"/> Others	

3 PREFIX **Authorized Signatory Details** Category Male Female 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

*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. **Please tick if mailing address is same as of the Entity**

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

<input type="checkbox"/> 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)
<input type="checkbox"/>	<input type="checkbox"/> Financial	<input type="checkbox"/> Regular	<input type="checkbox"/> Business	<input type="checkbox"/> Others	

DO NOT CALL REGISTRATION

DO NOT CALL REGISTRY: I /We consent/ do not consent to receive information/service etc. for marketing purposes through Telephone/Mobile/SMS/Email by the Bank/its agents. I /We agree and acknowledge that only direct telephone numbers (not board/general telephone numbers of offices/corporates/employers) will be accepted for registration of "Do Not Call". I/We am/are aware that post registration I/We may receive a call from the Bank to verify the correctness of the request for registration.

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 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

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 of 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

Please paste photograph here

Authorized Signatory 2

Please paste photograph here

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

Signature of Authorized Signatory 1

Signature of Authorized Signatory 2

Signature of Authorized Signatory 3

For Bank Use Only

Product Code Account Number Promo Code Variance

CASA A/C: FD/RD:

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:

Group ID: Portfolio Code: Program to be raised to Sourcing Br Code:

Value Date: Funds Parked A/C No. UDN:

CUSTOMER SIGNED IN MY PRESENCE: Emp Name: Emp Code: Signature:

AOF approved by

BDA / BM Signature & Date DVU Signature & Date FCU Signature & Date

OFFICE USE

NUMBERING

Please staple the relevant documents in the box provided.

CUSTOMER COPY

Instructions Overleaf

Please quote this reference no. For any future communication.

NUMBERING

Date:

Nomination Taken: Yes No

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 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 his deposit upto Rupees one lakh within two months from the date of claim list from 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. * 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.