



Application Date 30 03 2021

Teluk Non Teluk (For bank User)

SES

Please open my / our [Tick anyone] Savings Savings Max Savings Salary Salary & Reimbursement Current Kids Advantage Account SBDA KCC NS & CA

[Tick anyone] FD RD PPF A/C Sukanya Samriddhi A/C In your Branch Code _____ Branch Name _____

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

PRDFA FIRST NAME MRS JANE HEENY MIDDLE NAME SHEEDA SURNAME

In case the applicant is a minor, please write parent/guardian's name (as an applicant) below the Minor's Name

* NATIONALITY 1st Applicant INDIAN * PAN NO (If not available attach Form 60) ABCDEI23DF Form 60 _____ Exempt

* DATE OF BIRTH 1st Applicant 18031986 AGE PROOF * Male / Female / Third Gender F * MOTHER'S MAIDEN NAME GLORY

2nd Applicant _____ 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 123456789102 Yes with A/C No with A/C

(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 K01 FIRST FLOOR STAN APARTMENT *Road No./Name CAR STREET *Landmark _____ *City TIRUCHIRAPPALLI *State TAMILNADU *PIN Code 620018 *Country INDIA

Please mention a prominent landmark to ensure that the deliveries reach you!

PERMANENT ADDRESS 1st APPLICANT (Mandatory if mailing address is office address) Please tick in case permanent address is the same as mailing address

Flat No & Bldg Name _____ *Road No./Name _____ *Landmark _____ *City _____ *State _____ *PIN Code _____ *Country _____

MAILING ADDRESS - 2nd APPLICANT

Please tick if same as first holder mailing address

*Company name / Flat No & Bldg Name _____ *Road No./Name _____ *Landmark _____ *City _____ *State _____ *PIN Code _____ *Country _____

Please mention a prominent landmark to ensure that the deliveries reach you!

PERMANENT ADDRESS 2nd APPLICANT (Mandatory if mailing address is office address) Please tick in case permanent address is the same as mailing address

Flat No & Bldg Name _____ *Road No./Name _____ *Landmark _____ *City _____ *State _____ *PIN Code _____ *Country _____

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

1st Appl * Tel (R) _____ * Tel (D) _____ * Email ID BMI@GMAIL.COM * Mobile 919876543210 Service Provider _____ Insta Alert Please (-) if Email ID is Not Available

2nd Appl * Email ID _____ * Mobile 91 Service Provider _____ Insta Alert Please (-) if Email ID is Not Available

MP (TAN) Please verify 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-Credits/Debit transactions 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, Doodlem, 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 the form. Terms and Condition apply.

(F) CUSTOMER PROFILE DETAILS # - 1st APPLICANT

Occupation: Salaried Self-employed Retired Self-employed prof. Housewife Politician Student Others _____
 If salaried employed with: Private Ltd Partnership Proprietorship Public limited Public sector Government Multinational Others _____

Self Employed since: 12 years 06 months
 Nature of Business: Manufacturing Service Provider Agriculture Bullion/Gold/Jewellery Stock Broker Real Estate Trader Money Lender Others _____

Date of Incorporation: 03032009
 Type of Company/Firm: Sole Proprietorship Partnership Public Limited Co. Private Ltd Co. Architect IT Consultant Others _____
 Self Employed Professional: Doctor CA/CS Lawyer Others _____

Source of funds: Salary Business Income Agriculture Investment Income 10 - 15 lac 15 - 25 lac 25 - 50 lac 50 lac - 1CR > 1 CR
 Gross Annual income: < 50,000 50 K-1 lac 1 - 3 lac 3 - 5 lac 5 - 7.5 lac 7.5 - 10 lac Company provided
 Residence type: Owned Rented/Leased Ancestral/Family

CUSTOMER PROFILE DETAILS # - 2nd APPLICANT

Occupation: Salaried Self-employed Retired Self-employed prof. Housewife Politician Student Others _____
 If salaried employed with: Private Ltd Partnership Proprietorship Public limited Public sector Government Multinational Others _____

Self Employed since: _____
 Nature of Business: Manufacturing Service Provider Agriculture Bullion/Gold/Jewellery Stock Broker Real Estate Trader Money Lender Others _____

Date of incorporation: _____
 Type of Company/Firm: Sole Proprietorship Partnership Public Limited Co. Private Ltd Co. Architect IT Consultant Others _____
 Self Employed Professional: Doctor CA/CS Lawyer Others _____

Source of funds: Salary Business Income Agriculture Investment Income 10 - 15 lac 15 - 25 lac 25 - 50 lac 50 lac - 1CR > 1 CR
 Gross Annual income: < 50,000 50 K-1 lac 1 - 3 lac 3 - 5 lac 5 - 7.5 lac 7.5 - 10 lac Company provided
 Residence type: Owned Rented/Leased Ancestral/Family

(G) INTRODUCTION DETAILS

Introducer Name: _____
 Customer Id: _____
 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.
 Date: _____
 A/C Opening Date: _____
 A/C > 6 months: Sign verified:
 PB Signature: _____
 PB Code: _____
 Signature of introducer: _____

(H) PAYMENT DETAILS : Payment done by below mode (tick one)

Cheque HDFC Bank A/C Transfer 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
15000.00				

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 FDRD account: _____ Amount (Rs) for PPF account: _____ Amount (Rs) for SSA account: _____

(I) ATM CARD / DEBIT CARD

Existing Card Linkage: Customer can mention their Card No. to which they want to link this account (Please note this facility is available for opening introduction, Single, Either or Survivor only)

1st Card No.: _____
 2nd Card No.: _____

New Card Request

	ATM Card	Debit Card (Charge Applicable)	
1st		Regular <input checked="" type="checkbox"/> Platinum <input type="checkbox"/> Others _____	
2nd		Regular <input type="checkbox"/> Platinum <input type="checkbox"/> Others _____	

Your CHIP Debit Card is activated for international & Domestic Usage. Deactivation of international usage on Debit Card can be done through NetBanking / PhoneBanking

If Other mention Card Code To be filled by Bank Staff Only

(J) INSTRUCTION FOR FIXED DEPOSIT / RECURRING DEPOSIT

I/ We wish to open Fixed deposit / Recurring deposit as ticked below

Holding Pattern for FD / RD				Operating Instruction	
<input type="checkbox"/> 1st Applicant only	<input type="checkbox"/> 2nd Applicant only	<input type="checkbox"/> Single	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Jointly	<input type="checkbox"/> Former or survivor
<input type="checkbox"/> 1st & 2nd Applicant only	<input type="checkbox"/> 2nd & 1st Applicant	<input type="checkbox"/> Minor under Guardian			

The amount will be received at your mailing address within T-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 attract any penal charge. In the event of death of one of the joint account holders, the right to the deposit proceeds shall not automatically devolve on the surviving joint deposit account holder, unless there is a survivorship clause. We agree that in case of Joint Fixed Deposit with survivorship clause the bank shall be discharged by paying the fixed deposit proceeds prematurely to survivors, on request, in the event of death of one or more joint depositors.

FD / RD Tenure		Rate of Interest %	Interest Payment			Maturity Instruction			Tick anyone	
Months	Days		Monthly	Quarterly	Maturity	Renew Principal & Interest	Renew Principal & Pay Interest	Do not Renew	Super Saver	Sweep In

Not Applicable For Recurring Deposit

Please Debit: New a/c / Existing a/c _____ for RD
 (Installments / FD locking and also credit the maturity / interest in the same account. We further understand that Super Saver or Sweep In facility, if required will be activated in the same account.)
 We wish to have the maturity/interest payout through manager's cheque at my mailing address for the above FDRD
 *Convert to Fixed Deposit for tenure of 1 year 1 day Only Principal Principal + interest *Deposit will be reinvestment of interest with maturity instruction as Renew Principal and term
 TDS Details for FDRD: Deduct TDS (if applicable) Yes No. If No, attach Form 15G/H Income Tax exemption letter Waiver marked on cert ID

In the event of any maturity, introduction, the amount will be received at your mailing address within T-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 attract any penal charge. In the event of death of one of the joint account holders, the right to the deposit proceeds shall not automatically devolve on the surviving joint deposit account holder, unless there is a survivorship clause. We agree that in case of Joint Fixed Deposit with survivorship clause the bank shall be discharged by paying the fixed deposit proceeds prematurely to survivors, on request, in the event of death of one or more joint depositors.

(K) INSTRUCTION FOR KIDS ADVANTAGE ACCOUNT / PPF ACCOUNT / BUKARYA SAMRIDDI ACCOUNT

STANDING INSTRUCTION (SI) : I / We hereby request you to maintain a Standing Instruction from my/our

HDFC Bank A/C No. _____ New A/c (hereinafter referred as "funding a/c") for the amount Rs. _____ (Min Rs 1000/-)

Rupees (In Words) _____ by way of **Monthly Family Transfer** to the account of the minor / till the maturity of the PPF account

Name of Funding Account Holder(s) _____

* Next SI Date _____

Date of next SI to fund the account

* SI End Date _____

Date of last SI to fund the account

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 till turn 18 years of age / Maturity of PPF account

ATM Card for Minor : Please issue

ATM Card

International Maestro Debit Card (with ATM Facility) to the minor (issued only if his/ her is in between 7-18 years) (not applicable for PPF account)

Type of Guardian :

Father

Mother

Court Appointed

Minor Declaration : I hereby declare that the date of birth of the minor who is my _____ in _____ year and I am his / her natural and legal guardian / guardian appointed by court order dated _____ (dd) / (mm) / (yyy) (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

We wish to avail sweep-out facility on this Savings Max / Kids Advantage Account / Womens Savings Account.

(M) NOMINATION (DA1)

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 1965 in the respect of Bank deposits.

I / We nominate the following person to whom in the event of my/nominee'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 **CHANDRASEKAR**

Flat No & Bldg Name _____

*Road No./Name _____

*Landmark _____

*City _____

*State _____

*Tel (R) _____

*PIN Code _____

Country _____

Relationship with Depositor, if any **SPOUSE**

Date of Birth of Nominee **17 03 19 85** Mobile **978 6543210**

Please tick if mailing address is same as of the applicant.

(N) FORM E : Application for nomination under the Public Provident Fund Scheme 1968

Yes, I wish to nominate the person mentioned below to whom 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).

No, I declare that I do not wish to make a nomination in my account.

Nominee Name _____

Flat No & Bldg Name _____

*Road No./Name _____

*Landmark _____

*City _____

*State _____

*Tel (R) _____

*PIN Code _____

Country _____

Relationship with Depositor, if any _____

Date of Birth of Nominee _____

Mobile / pt _____

Please tick if mailing address is same as of the applicant.

(To be filled if nominee is minor for DA1 / Form E)

(Leave out if nominee is not a minor)

Name _____

Address _____

As nominee is a minor on this date, I appoint _____

of the deposit in the account on behalf of the nominee in the event of his/minor's death during the minority of the nominee.

to receive the amount.

Personal Details of the Witnesses (Thumb impression shall be attested by 2 witnesses)

Witness 1 Name _____

Address _____

Witness 2 Name _____

Address _____

Signature _____

Place _____

Date _____

Signature _____

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

Cust ID (if an existing customer) _____

Declarant Signature _____

Name of the Declarant _____

(P) TATKAL ACKNOWLEDGMENT (if Applicable)

I/We confirm having received the Welcome Kit in an unopened / sealed condition and confirm that the below deliverables 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 the account is Rs. 5000 Product SAVINGS MAY
 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 structure.

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) ATM, (B) Phone banking, (C) Debit Card, (D) Mobile Banking, (E) Net Banking, (F) Bill Pay facility, (G) Internet facility, (H) Email Statement. I/We accept and agree to be bound to the said Terms & Conditions including those relating to the Bank's liability. I/We understand that the Bank may, at its sole discretion, alter any of the services/companies or partially with whom 30 days notice and/or give to an option to switch to other providers. 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 authorize the Bank to disclose, from to time to time any information relating to my/our savings account to any person/subsidiary/affiliate and associate of HDFC Bank, and to third parties engaged by the Bank, for purposes as defined in the Terms & Conditions booklet. I/We confirm that this amount in possession of and I/We have read the Terms and Conditions booklet which details the rules governing account operations, the Service charges and Fees structure which specifies the charges applicable from time to time for various services and the fee rates. Customer also detailing the induction and account opening rules. Notwithstanding the documentation and account opening form provided, the Bank reserves the right to amend / 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 inform the new address to the Bank within two weeks of such a change with a valid address proof. I am interested in having insurance policies and would like to make enquiries 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 REGIONS: 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 my "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 to me, to help me in fully realizing 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/We hereby submit voluntarily at my/our own discretion, the physical copy of Aadhaar card/physical e-Aadhaar / masked Aadhaar / offline electronic Aadhaar and as issued by UIDAI (Aadhaar) to HDFC Bank for the purpose of establishing my/our identity / address proof and voluntarily give my/our consent to open account / process instructions for the said purpose with HDFC Bank in my/our name/our name/our name/our name using my/our Aadhaar or as an authorized signatory in non individual accounts and hereby consent to HDFC Bank for verification of my/our Aadhaar to establish its genuineness through UIDAI. Response (CR) will be embossed in the Aadhaar card or through such other acceptable means as per UIDAI or under any Act or law from time to time. The consent and purpose of collecting Aadhaar has been explained to me in a local language. HDFC Bank has informed me that my/our Aadhaar submitted to the Bank, herewith shall not be used for any purpose other than mentioned above, or as per requirements of law. HDFC Bank has informed me that this consent and my/our Aadhaar will be stored along with my/our account details with the Bank. I/We hereby declare that all the information voluntarily furnished by me/us is true, correct and complete. I/We will not hold HDFC Bank or any of its officials responsible in case of any incorrect information provided by me/us.

Please paste latest Passport Size photo of the 1st Applicant.
 Photo to be signed across
 Sign

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.

Sign
 Name: JANE MENZIE SHERMAN New 30-03-2021

2nd Applicant Signature
 Name: _____ Date: _____
 Guardian signature in case of minor

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 CASA A/C Reimbursement A/C / KGC CA FD / RD / PPF / SSA	Account Number	Promo Code	ROI + Variance = Nil
Customer ID	Customer Category	Document Submitted	Branch Codes
1st Applicant		ID Proof Add Proof Photo	Sourcing
2nd Applicant		ID Proof Add Proof Photo	Service
Group ID	Portfolio Code	Program to be raised to	
Service ID / Emp. Code *	Company Code	LD CODE	LC CODE MIS Code
Value Date	Funds Parked A/C No	UDN	
UDF 1	UDF 2		
CUSTOMER SIGNED IN MY PRESENCE	Emp Name Emp Code Signature	TELE CONFIRMATION DONE	Emp Name Emp Code Signature
<input type="checkbox"/> PAN Verification done <input type="checkbox"/> UCIC check done <input type="checkbox"/> Banned Dedupe check done Branch Stamp with Date		CPU Stamp with Date	
FORM Signature & Date		DVA Signature & Date	
BDA / BM Signature & Date		FCI Signature & Date	

This form is subject to change without notice. It is subject to the terms and conditions of the opening kit or the date of review. It is subject to the terms and conditions of the opening kit or the date of review. It is subject to the terms and conditions of the opening kit or the date of review.