OFFICE USE	Please quote the reference no. for future reference.	
	Date: D D M M Y Y Y Y	Signature of Bank official
		ceive your welcome kit within 2 weeks of the date of acknowledgement, kindly e-mail a r the ATM / Debit card for carrying out transactions on the ATM will be despatched to
	your mailing address by post. We request you to maintain confidentiality of t ACCOUNT OPENING RULES	he PIN number and the bank would not be held liable for misuse of PIN number.
*Please staple the relevant documents here along with the applicants latest visiting card.	 All necessary documentation as mandated by the Regulatory/Bank authorities All accounts should maintain the stipulated average quarterly balance based o Incase of non-maintenance of the stipulated average quarterly balance charges. 	should be provided for opening the accounts. n the product and branch in which the account is opened. as outlined in the Service Charges & Fees Brochure from time to time will be applicable.
	 Savings accounts can be opened only by individuals for non-business purpose 	s. of any of the products, you may write to support@hdfcbank.com or call up local phone
	Danking number	
(Please staple all documents in the space provided 89	above)	1
KID'S AD	VANTAGE ACCOUNT OPI	
	(Please fill the form in BLOCK LETTERS only)	
		We understand your world
Please open my Individual Account at your	Branch (THIS IS A MACHINE RE	ADABLE FORM AND WILL PASS THROUGH A SCANNER)
PERSONAL DETAILS (Please leave one box space betw	ween names) (All fields marked * are mandatory)	Application Date D M M Y Y
FIRST NAME *NAME OF MINOR	MIDDLE NAME	SURNAME
*SHORT NAME (of the minor)	*DATE OF BIRTH	*GENDER
(This name will be displayed on Advices/ATM Card/Correspo	ondence) Date Month Year	(Male/Female)
*NAME OF PARENT / GUARDIAN		
DATE OF BIRTH OF PARENT / GUARDIAN		
	dress given below will be updated for the primary applicant in al	I accounts held with the bank. "Please mention
*Flat No./Bldg. Name		a prominent
*Road No. / Name *Landmark		landmark to ensure that the deliverables
*City	*PIN Code	reach you"
*State	Country	
*Tel (O) *E		*Tel. (R)
Mobile No.	Email ID	
TERMANENT ADDITEOU.	n case permanent address is the same as mailing addre	
*Flat No./Bldg Name *Road No. / Name	+++++++++++++++++++++++++++++++++++++++	
*Landmark		
*City	*PIN Code	
*State	Country	
*PAN NO. OF THE GUARDIAN / FORM 60/61 ATTACH		
Y N		(of the guardian)
(If PAN No. is not available, attach form 60/61 if applicable.)	(I declare that my child does not have any income chargable to tax	
In case the applicant is EXISTING ACCOUNT HOLDER ,	please mention the Customer Identification No.	
Nines		an i i i i i i i i i i i i i i i i i i i
Minor Parent/Guardian	Account no. of Parent/Guardia	
Minor Parent/Guardian INTRODUCTION DETAILS HDFC Bank Customer (Ir		FOR BANK USE
		FOR BANK USE Signature Verified : Yes
INTRODUCTION DETAILS HDFC Bank Customer (In Account Number	ntroducer's) Name : Customer ID	Signature Verified : Yes Date of A/c. Opened :
INTRODUCTION DETAILS HDFC Bank Customer (In Account Number	ntroducer's) Name : Customer ID nk Ltd. for over six months. I confirm that I personally k	Signature Verified : Yes Date of A/c. Opened :
INTRODUCTION DETAILS HDFC Bank Customer (In Account Number	ntroducer's) Name : Customer ID nk Ltd. for over six months. I confirm that I personally ki confirm his/her identity, occupation and address.	Signature Verified : Yes Date of A/c. Opened :
INTRODUCTION DETAILS HDFC Bank Customer (In Account Number I confirm that I am an account holder with HDFC Ban applicant/s detailed above for more than six months and o	ntroducer's) Name : Customer ID nk Ltd. for over six months. I confirm that I personally ki confirm his/her identity, occupation and address.	Signature Verified : Yes Date of A/c. Opened :
INTRODUCTION DETAILS HDFC Bank Customer (In Account Number I confirm that I am an account holder with HDFC Ban applicant/s detailed above for more than six months and Signature :	ntroducer's) Name : Customer ID nk Ltd. for over six months. I confirm that I personally ki confirm his/her identity, occupation and address.	Signature Verified : Yes Date of A/c. Opened :
INTRODUCTION DETAILS HDFC Bank Customer (In Account Number I confirm that I am an account holder with HDFC Ban applicant/s detailed above for more than six months and o Signature : NOMINATION DETAILS	ntroducer's) Name : Customer ID nk Ltd. for over six months. I confirm that I personally ki confirm his/her identity, occupation and address. Date :	Signature Verified : Yes Date of A/c. Opened :
INTRODUCTION DETAILS HDFC Bank Customer (In Account Number I confirm that I am an account holder with HDFC Ban applicant/s detailed above for more than six months and o Signature : NOMINATION DETAILS Yes "Name of Nominee No, I declare that I do not wish to make a nomina	ntroducer's) Name : Customer ID nk Ltd. for over six months. I confirm that I personally ki confirm his/her identity, occupation and address. Date :	Signature Verified : Yes Date of A/c. Opened :
INTRODUCTION DETAILS HDFC Bank Customer (In Account Number I confirm that I am an account holder with HDFC Ban applicant/s detailed above for more than six months and a Signature : NOMINATION DETAILS Yes "Name of Nominee	ntroducer's) Name : Customer ID hk Ltd. for over six months. I confirm that I personally ki confirm his/her identity, occupation and address. Date : ation in my savings account.	Signature Verified : Yes Date of A/c. Opened :
INTRODUCTION DETAILS HDFC Bank Customer (In Account Number I confirm that I am an account holder with HDFC Ban applicant/s detailed above for more than six months and o Signature : NOMINATION DETAILS Yes "Name of Nominee No, I declare that I do not wish to make a nomina PAYMENT DETAILS	ntroducer's) Name : Customer ID hk Ltd. for over six months. I confirm that I personally ki confirm his/her identity, occupation and address. Date : Date : Cash (To open an account with cash, the custor	Signature Verified : Yes Date of A/c. Opened : Signature of PB : PB Code : PB Code : PB Code : Please attach Nomination Form

ACCOUNT OPERATING INST	RUCTIONS S	Single, minor account opera	ated under guardian	Cheque Book Required	Yes No
FIXED DEPOSIT DETAILS*				*PAN No. Mandatory	
Amount :	Tenure	e: Yrs. N	Ionths Days	Rate of Interest :	
Please tick your choice :	Simple Fixed Deposit	B	einvestment Deposit (Comp	oounded Quarterly)	
INTEREST PAYMENT SIMPLE FIXED DEPOSIT	Monthly Interest	Quarterly Interest	REINVESTMENT DEPO		
Payment of interest or deposit amount			renewed automatically on maturity.		erest
By transfer to the Kid's Advantage Account Pay by Manager's cheque. Mail to the address on record.				L 1	

SWEEP - IN INSTRUCTIONS

I wish to avail Sweep-in facility against the above mentioned deposit and in case of insufficient balance in my Kid's Advantage Account, please honour my cheque/allow withdrawal by transferring funds to my Kid's Advantage Account by breaking units of my fixed deposit.

FEATURES & BENEFITS



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Free Education Insurance of Rs.1,00,000/-(in the event of death by accident of the parent / guardian to safeguard the future of the child)



Free ATM / International Debit Card on the child's name with a pre fixed limit of Rs.1,500/- per day for cash withdrawals at ATM's and Rs. 1,000/- as purchases at POS (age criterion 7-18 years)



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1 Free personalized cheque book of 25 leaves



Free Standing Instruction to transfer any amount from parent/guardian account to Kid's Advantage Account every month (Minimum value = Rs. 1,000/- & Minimum tenure = 1 year) (Mandatory)

Systematic investment in Mutual Funds to plan for your Kid's future





Minimum Average Quarterly Balance requirement - Rs 5,000/-OR

Average Quarterly Balance requirement is not applicable if you maintain a Fixed Deposit of Rs 50,000/- or more (in the primary applicant's customerid)

Penalty: Non - maintenance of Average Quarterly Balance • Rs. 300/- per quarter Penalty not applicable for accounts maintaining a Fixed Deposit of Pa. 50,000(arms Rs. 50,000/- or more.

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• • • •	 Business/Trading/Partnership/Proprietary/Company/Corporations cannot open a savings account. Trusts/Societies/Char a savings account subject to conditions. The bank reserves the right to close the account incase the savings account is used transaction behaviour. Savings accounts will be issued only 25 cheque leaves per calendar quarter. The branch manager can be contacted fo charge. Adequate balance should be maintained in the account before issuing a cheque. Details of charges on funds transfer, inter branch banking and other services are available in the Service Charges & Fees Br Copy of the Terms & Conditions, Service Charges & Fees Brochure and the Code of Bank's Commitment for Individu branch/website Interest on Savings account will be paid at the rate stipulated by RBI from time to time. No unarranged overdraft would be allowed in the Savings account. In case of exceptions, the bank would charge interest at C The bank reserves the right to close the account in case of unsatisfactory conduct of the account. In the event of the death of one of the joint account holders, the right to the deposit proceeds does not a joint deposit account holder, unless there is a survivorship clause The Deposits of the bank are insured with DICGC and in case of liquidation of the bank, DICGC is liable to pay each deposit deposit tup Rupees one lakh within two months from the date of claim list from the liquidator. For availing passbook facility, please visit your home branch. 	r additional cheque leaves at a nominal ochure. al Customers can be obtained from the commercial rate. utomatically devolve on the surviving					
	*REQUEST FOR STANDING INSTRUCTION MAINTENANCE			-			
	I/We,, hereby request you to maintain a Standing Instruction on my/our A/c No (hereinafter referred as "funding a/c") for the below mentioned amount (tick one)						
	Rs. 1000/- (minimum) Rs. 2000/- Rs. 5000/- Rs.10,000/-		For CPU Use only:	7			
	(Rupees	only) as per the details given below:	Maintained on:				
	Nature of Instruction : Funds Transfer (Monthly Cre	• ,					
	Purpose of Standing Instruction : Monthly credit to the account Next SI Date : D M Y Y Y		Maintained by:				
	Date on which the 1st SI will hit the funding a/c.	End Date : D M M Y Y Y Date on which the last SI will hit the fun	ding a/c.				
	(Please maintain a date of minimum 10 days post submission of the form at the branch)	(Min duration - 1 year, SI can be maintained	•				
	SWEEP - OUT INSTRUCTIONS* I wish to avail of Sweep - out facility on	this Sovings Assount					
	Note : 1. Sweep - in facility is automatically available for Fixed Deposits booked through Sweep - out.		No. Mandatory				
	2. Under Sweep - out facility Fixed Deposits will be booked on Monday beginning of day subject	to availability of funds, for a tenure of 1 year 1 day at the	applicable interest rate				
	ATM CARD/DEBIT CARD To apply for an HDFC Bank ATM/Debit card, please tick	your choice :					
	(For minors > 7 years)		6031 2300 000 0311 Mastr				
	ATM CARD* INTERNATIONAL MAESTRO DEBIT CARD (with A	ATM Facility)* *Cond	itions Apply				
	MOBILEBANKING & INSTAALERT REGISTRATION To apply for MobileBanking, please provide the mobile number and service provider details. You will also be registered for the following SMS alerts : Credit / Debit transactions greater than Rs. 5000/ In case you need to add / modify / de-register for the alerts please log on to NetBanking or visit your nearest branch. Mobile Number Name Of Co.						
	NETBANKING & EMAIL STATEMENT REGISTRATION						
	(To apply for NetBanking, please tick below, and provide an email ID for future communication. An IPIN		Statement Please note that the 1st Applic				
		I wish to register for FREE monthly Email S will be registered for Email Statements on the er		ant			
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-	(To apply for NetBanking, please tick below, and provide an email ID for future communication. An IPIN I would like to sign up for NetBanking facility for myself on minor account	I wish to register for FREE monthly Email S will be registered for Email Statements on the er		ant			
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	(To apply for NetBanking, please tick below, and provide an email ID for future communication. An IPIN I would like to sign up for NetBanking facility for myself on minor account E-mail ID of Parent/ Guardian MINOR DECLARATION Type of Guardian: Father Mother Court Appointed Full Name of Guardian I hereby declare that the date of birth of the minor who is myis(copy enclosed). I shall represent the said minor in all future transactions of any desc account by me will be used for the benefit of the minor. I indemnify the Bank against the claim of the above m DECLARATION We have read and understood the Terms & Conditions governing the opening of an account with HDFC Bank and those NetBanking. (F) BillPay facility. (G) InstaAlert facility. (H) Email Statements. I/We accept and agree to be bound by the said and any of the services completely or partially with atleast 30 days notice and /or provide an option to switch to other se confirm that IW e anvare resident of India. IWa euthorise the Bank to disclose, from time to time any information relating to Quarterly Balance in the account. I also undertake to advice the Bank on the minor attaining majority. • IWe consent / do not consent to receive information/service set for Marketing purposes through Telephone/A telephone numbers of these/comprates/employers) will be accepted for registration of "D NotCall". I/We author as the Bank on the minor attaining majority. • IWe also confirm the details provided on the form are correct. I/We also confirm to We have signed in his/her presence. The Average Quarterly Balance (AQB) required to be maintained for this a/c. Rs. • Mandatory Field	I wish to register for FREE monthly Email S will be registered for Email Statements on the er statements will not be sent)	nail ID mentioned below and physical uardian/guardian appointed by court order dated ority. I declare that the amounts withdrawn from this account. B) PhoneBanking, (C) Debit Cards, (D) MobileBanking, (E ty. IWe understand that the Bank may, at its sole discretion t for the service charges applicable from time to time. IW of HDFC Bank, and to third parties engaged by the Bank, fo cocount operations, the Service charges and Fees Brochur t I/We am/are required to maintain the prescribed Averag	d 5 5) n, e e e			

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SIGNATURE OF GUARDIAN





ABOVE FIELDS ARE MANDATORY

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