

OFFICE USE

CUSTOMER COPY

Instructions overleaf

Please staple the relevant documents in the box provided.

Please quote this reference no. for any future Communication.

(Please staple all documents in the space provided above)

ACCOUNT OPENING FORM FOR SOLE PROPRIETOR/HUF/TRUST/FIRM/CORPORATE (To be filled by applicant only)



Please open my Savings / Fixed Deposit / Current Account Regular Premium Trade Flexi Plus Max Apex EEFC OTO at your Branch

(Please fill the form in BLOCK LETTERS only. All fields marked "\*" are MANDATORY.

\*Application Date : DDMMYYYY

PREFIX ACCOUNT TITLE M / S.

If the firm has an existing account with HDFC Bank, please quote the firm's Cust. ID

NAME TO BE DISPLAYED ON ATM / DEBIT CARD/CORRESPONDENCE

MAILING ADDRESS : (Please fill correct and complete address to enable delivery through courier/post)

\*Bldg. Name \*Road No. / Name \*Landmark / Area \*City : \*State : \*PIN Code : \*Tel. 1: \*Tel. 2: STD Code: Country: Mobile No. Is your Registered Office Address same as the Mailing Address Yes

(Please provide your correct and complete telephone numbers to help us serve you better)

Preferred time for delivery of Welcome Kit (tick any one) : Anytime during the day 7 am to 9 am 10 am to 6 pm 7 pm to 9 pm

\*PAN No. (If not available please attach Form 60/61) Form 60/61 attached

- Sole Proprietorship Partnership Firm Hindu Undivided Family Trusts/Clubs Society Public/Private Limited Company Banks/Mutual Funds/Insurance/Statutory Corporation Associations Non Profitable Organisations Limited Liability Partnership

Table with 3 columns: \*Name of the Authorised Signatories, \*M / F, Existing Cust Id. Rows 1-5.

NOMINATION : Yes ( If yes, please attach Nomination Form ) No, I do not wish to make a nomination in my deposit account

Name of nominee

Operating Instructions As per Resolution As per details mentioned

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 : Yes Date of A/c. Opened : Signature of PB : PB Code:

PAYMENT DETAILS

Amount Rs. ps. Cash Cheque No. dated DDMMYY drawn on Bank, Branch. The cheque should be crossed A/c Payee and drawn payable to "HDFC Bank Ltd. A/c. (Customer Name)"

ACCOUNT NO. CUSTOMER ID F P N ACCOUNT TITLE

Self employed professional Doctor CA/CS/ICWA Lawyer Architect I.T. Consultant Others. (Pls Specify) Nature of Business: Manufacturing Service Provider Agriculture Stock Broker Real Estate Trader Other (pls. specify)

Details of Activity: Date of Incorporation DDMMYYYY Annual Turnover (Rs. Lacs) Are Exports Imports involved IEC Code: Value (Rs. Lacs)

Registered Office Address City: State Pin: Registered address type Owned Rented/Leased

**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 acknowledgment, please e-mail us at support@hdfcbank.com 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.

**ATM CARD / DEBIT CARD / INSTAQUERY ( For Proprietorship/HUF account as applicable )**

To apply for an HDFC Bank ATM / Debit Card, please tick your choice :		If you already have an HDFC Bank ATM/Debit Card, please give the card number to which the Savings / Current/ SuperSaver account that you now wish to open is to be linked.	
ATM CARD	EASYSHOP DEBIT CARD* Regular	Gold	
-Annual charges applicable.		ATM/Debit Card No.	
		STD Code	Mobile Number
		Name Of Co.	

I/We have read and understood the HDFC Bank Account Terms and Conditions, copy of which I am in possession of. I/we accept and agree to be bound by the said Terms and Conditions including those excluding/limiting your liability. I/We agree that the bank may debit my/our account for service charges as applicable from time to time. I/We agree that the NetBanking services will be available to me upon opening of account without any formalities for activation of such service and its terms and conditions shall be applicable

Please Paste PHOTOGRAPH here	Authorized Signatory 1 : _____	Please Paste PHOTOGRAPH here	Authorized Signatory 4 : _____										
	Date : _____		Date : _____										
Please Paste PHOTOGRAPH here	Authorized Signatory 2 : _____	Please Paste PHOTOGRAPH here	Authorized Signatory 5 : _____										
	Date : _____		Date : _____										
Please Paste PHOTOGRAPH here	Authorized Signatory 3 : _____	<input type="checkbox"/> We declare that we do not enjoy any credit facilities with any bank. <input type="checkbox"/> We enjoy the following credit facilities with other banks at present.											
	Date : _____	<table border="1"> <thead> <tr> <th>Bank Name</th> <th>Type of facility</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </tbody> </table>	Bank Name	Type of facility	Amount	1			2			3	
Bank Name	Type of facility	Amount											
1													
2													
3													

**DECLARATION**

**Please fill in for a HUF**  
 As our HUF firm wishes to open an account with your bank in the said name \_\_\_\_\_ we beg to say 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 recoverable 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 1952, 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-parcener 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  
 1 \_\_\_\_\_ sd/- \_\_\_\_\_  
 2 \_\_\_\_\_ sd/- \_\_\_\_\_  
 3 \_\_\_\_\_ sd/- \_\_\_\_\_  
 4 \_\_\_\_\_ sd/- \_\_\_\_\_  
 Name & Date of Birth of Minor Co-parceners  
 1 \_\_\_\_\_ D D M M Y Y Y Y  
 2 \_\_\_\_\_ D D M M Y Y Y Y  
 3 \_\_\_\_\_ D D M M Y Y Y Y

**Please fill in for a Partnership firm**  
 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 standing 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 constitution of the firm and I will be liable to you for any obligation which may be standing 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)

**FOR BANK USE ONLY**

Br code (where a/c is to be opened)	Product Code :	LC :	LG :	PC :
UBS - CBR 1 :	CBR 2 :	CBR 3 :	CBR 4 :	PAP Cheque Book : <i>(Please attach necessary approvals)</i>
UBS - CBR 5 :	CBR 6 :	MIS CODE :	CBR 8 :	Group Cust. ID :
<input type="checkbox"/> (No Cheque Book to be issued)	VALUE DATE	FUNDS PARKED	P B SIGNATURE	DATE
<input type="checkbox"/> CPV required	Date Month Year	2 9 9 0 0 0 0	APPROVED BY BM	CPU USE ONLY DVU FCU
	UDN		SOURCING BR CODE	

Name of Authorised Signatory:		Cust id.:	
PAN no.:	Date of Birth: D D M M Y Y Y Y	Nationality	
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PAN no.:	Date of Birth: D D M M Y Y Y Y	Nationality	
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