

OFFICE USE

Please staple the relevant documents in the box provided.

CUSTOMER COPY

Instructions overleaf


Please quote this reference no. for any future Communication.

Date :

(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)



**HDFC BANK**  
We understand your world

Please open my  Savings /  Current Account  Regular  Premium  Trade  Plus at your \_\_\_\_\_ Branch  
(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.)

PREFIX      ACCOUNT TITLE  
 /      

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 :       \* PIN Code :   
 \* State :       Country:   
 STD Code:       \* Tel. 1:       \* Tel. 2 :

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

Mobile No.:       Is your Registered Office Address same as the Mailing Address  Yes  No (Please fill below)

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  
Available in select cities.

\* 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

	*Name of the Authorised Signatories	*M / F	Existing Cust Id	Net Banking Required
1.	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="checkbox"/>
2.	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="checkbox"/>
3.	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="checkbox"/>
4.	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="checkbox"/>
5.	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>	<input type="checkbox"/>

**NOMINATION :**  Yes ( If yes, please attach Nomination Form )

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 occupation the customer/s detailed above for more than 6 months and confirm its identity, occupation and address.

Date:       Signature

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

PAYMENT DETAILS

Amount Rs.  ps.   Cash  
 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)"

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              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      Country

**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 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.

**ATM CARD / DEBIT CARD / MOBILE BANKING ( 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*	ATM/Debit Card No. _____	
	Regular	STD Code	Mobile Number
	Gold		Name Of Co.
.Annual charges applicable. --Available in select cities.			

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.

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 \_\_\_\_\_ DD MM YYYY

2 \_\_\_\_\_ DD MM YYYY

3 \_\_\_\_\_ DD MM YYYY

**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)

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Br code (where a/c is to be opened) \_\_\_\_\_ Product Code : \_\_\_\_\_ LC : \_\_\_\_\_ LG : \_\_\_\_\_ PC : \_\_\_\_\_

UBS - CBR 1 : \_\_\_\_\_ CBR 2 : \_\_\_\_\_ CBR 3 : \_\_\_\_\_ CBR 4 : \_\_\_\_\_ PAB Cheque Book : \_\_\_\_\_  
 (Please attach necessary approvals)

UBS - CBR 5 : \_\_\_\_\_ CBR 6 : \_\_\_\_\_ CBR 7 : \_\_\_\_\_ CBR 8 : \_\_\_\_\_ Group Cust. ID : \_\_\_\_\_

<input type="checkbox"/> (No Cheque Book to be issued) <input type="checkbox"/> CPV required	VALUE DATE	FUNDS PARKED	P B SIGNATURE	DATE	CPU USE ONLY	DATE
	_____	2 9 9 0 0 0 0	APPROVED BY BM		DVU	
	Date Month Year	UDN _____			FCU	
			SOURCING BR CODE			

Name of Authorised Signatory:	_____	Cust id.:	_____
PAN no.:	_____	Date of Birth: DD MM YYYY	Nationality* _____
Name of Authorised Signatory:	_____	Cust id.:	_____
PAN no.:	_____	Date of Birth: DD MM YYYY	Nationality* _____
Name of Authorised Signatory:	_____	Cust id.:	_____
PAN no.:	_____	Date of Birth: DD MM YYYY	Nationality* _____
Name of Authorised Signatory:	_____	Cust id.:	_____
PAN no.:	_____	Date of Birth: DD MM YYYY	Nationality* _____

\* To be mentioned if Nationality is other than Indian