

SOURCE CODE: 

We understand your world

## Application form for e-Age Banking Channels (Individuals/Sole Proprietorship)

### Personal Details

FULL NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	FIRST NAME	MIDDLE NAME	SURNAME	
CUSTOMER ID NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DEBIT/ATM CARD NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PRIMARY ACCOUNT NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please note that the Primary Account Number mentioned above will be accessed for all your transactions at Merchant locations and at VISA / PLUS ATM locations in case of Debit Cards. This account number will be accessed while paying your bills using the BillPay facility. This will also be set up as the default account for the MobileBanking Service using SMS.

### PhoneBanking

Yes, I wish to apply for PhoneBanking  
(Please tick)

YOUR MOTHER'S MAIDEN NAME

Please note that you can use PhoneBanking for financial transactions, only in case of the following account operating instructions: Single, Either or Survivor only. (Please register for PhoneBanking in case you want to pay your bills using the same.)

### MobileBanking using SMS

Yes, I wish to apply for MobileBanking  
(Please tick)

CELLULAR NO.

NAME OF CELLULAR SERVICE PROVIDER  City

### NetBanking / WAP

Yes, I wish to apply for NetBanking / WAP  
(Please tick)

E-MAIL ID :

Please provide an E-mail ID for future communication. In case of a current account, **all Authorised Signatories will have to apply separately for NetBanking ID.** A PIN will be mailed to you to enable you to use NetBanking. The same PIN can be used when you access your account on your mobile phone using WAP.

### International Debit Card

Yes, I wish to apply for International Debit Card  
(Please tick)

Options  VISA Gold Debit Card  VISA Electron  Maestro\*  
(Please tick) (Please tick) (Please tick)

If you already have an HDFC Bank ATM, Card please give the Card Number:

CARD NO.

This card will be deactivated within 10 days from the issuance of the new card. Annual charges are applicable for Debit Cards.

Please indicate if you are part of the following programs run by the bank.

HDFC Bank Preferred  Salary Account  Loan Against Securities

(Please tick)

(Please tick)

\* Available in select cities

To register in the e-Age banking facilities, just fill-up this form and drop it at your nearest branch or mail to :

HDFC Bank Ltd., DVU Department, Narayan Properties, 26A Chandivili, off Saki Vihar Road, Saki Naka, Andheri (E), Mumbai-400 072.

## BillPay\* (for Electricity, Telephone, Cellular Phone & Insurance Companies)

Filling in the following details will enable you to avail the BillPay facility. You can pay for 5 different Consumer Nos. in case of Electricity and 5 different Phone Nos. (Land line + Cellular Phone combined) & 5 different Policy Nos. in case of insurance premium payments. Please use a separate form to register, if you have more than one bill of each company. Please select SHORT NAME (a combination of 4 alphabets or number of your choice) to help you identify the bills while paying at the ATMs, through MobileBanking and through NetBanking. This SHORT NAME will appear on the ATM / MobileBanking / NetBanking screen when the bill details are displayed.

■ These fields are to be filled compulsarily.

■ These details are available on your bill copy. In case you wish to leave these fields blank, please attach a copy of your bill.

### ELECTRICITY

Name of Co.  City

Short Name for the Co.

Consumer ID. No.   Bill copy attached  
(As provided by the Electricity Co.)

Cycle No. (If applicable)

Billing Unit No. (If applicable)

### TELEPHONE

Name of Co.  City

Short Name for the Co.

Customer ID. No.   Bill copy attached  
(As provided by the Telephone Co.)

Telephone No.

Exchange Code

Name in which Telephone is registered

### CELLULAR PHONE

Name of Co.  City

Short Name for the Co.

Customer Account No.   Bill copy attached  
(As provided by the Cellular Co.)

Cellular Phone No.

### INSURANCE

Name of Co.  City

Short Name for the Co.

Policy No.   Bill copy attached  
(As provided by the Insurance Co.)

Premium Amount Payable  Premium Frequency   
(Qtly/Half Yearly/Yearly)

\* Please check with your branch for the availability of the BillPay service in your city.

Note: Insurance premium payment facility available through NetBanking only.

## In case of change of your mailing address, kindly update us

Please donot fill this section if there is no change in your mailing address.

YOUR ADDRESS

City  Pin

Tel (Off)  (Res)

Fax  Mobile

## Declaration

I have read and understood the Terms and Conditions (a copy of which I am in possession of) relating to opening of an account and various services including but not limited to (a) ATMs (b) PhoneBanking (c) Debit Cards (d) MobileBanking (e) NetBanking (f) BillPay Facility. I accept and agree to be bound by the said Terms and Conditions. I understand that in the event of my already being registered for PhoneBanking / NetBanking, this application will be treated as an authenticated request for regeneration of my TPIN/IPIN. I agree that the Bank may debit my account for service charges as applicable for time to time

SIGNATURE \_\_\_\_\_

## For Bank use only

Branch \_\_\_\_\_ Signature verified by \_\_\_\_\_

Account No. verified by \_\_\_\_\_ Date NetBanking password generated \_\_\_\_\_