

CUSTOMER COPY

Instructions overleaf

OFFICE USE

Please quote the reference no. for future reference.

Date : D D M M Y Y Y Y

Signature of Bank official

\*Please staple the relevant documents here along with the applicants latest visiting card.

Instructions : Welcome kit would be delivered to the addressee only on the mailing address provided. If you do not receive your welcome kit within 2 weeks of the date of acknowledgment, kindly e-mail at support@hdfcbank.com or contact the nearest branch. The PIN number for 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 the PIN number and the bank would not be held liable for misuse of PIN number.

ACCOUNT OPENING RULES

- All necessary documentation as mandated by the Regulatory/Bank authorities should be provided for opening the accounts.
In event of no Salary Credits for any continuous three months, the Salary Account will be converted to Savings Regular Account
All accounts should maintain the stipulated average quarterly balance based on the product program and branch in which the account is opened.
In case of non-maintenance of the stipulated average quarterly balance, charges 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 purposes.
In case of any query / suggestion / feedback / complaint relating to features of any of the products, you may write to support@hdfcbank.com or call up local PhoneBanking number.

(Please staple all documents in the space provided above)

ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUALS (To be filled by applicant only)



The Bank Of Gotham City We understand your world

Please open my Savings/ Savings Salary / Salary & Reimbursement/ Current Account Branch

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

\*Application Date D D M M Y Y Y Y

(A) \*PERSONAL DETAILS (THIS IS A MACHINE READABLE FORM AND WILL PASS THROUGH A SCANNER)

APPL. PREFIX Full Name (Please leave one space between words for e.g.) A J A Y R A M M I S H R A
1st
2nd
3rd

If you are an existing customer please move directly to section "C".

\*NAME TO BE DISPLAYED ON ATM / DEBIT CARD / CORRESPONDENCE \*DATE OF BIRTH Category \*Male / Female

1st Appl. 2nd Appl. 3rd Appl. D D M M Y Y Y Y M F M F M F

(B) \*PAN No. (If not available please attach Form 60/61) FORM 60 / 61 ATTACHED \*MOTHER'S MAIDEN NAME

1st Appl. 2nd Appl. 3rd Appl. Y N Ms. Ms. Ms.

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

MAILING ADDRESS : 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 \*Road No./Name \*Landmark \*City \*State \*Tel. (O) EXT. No. STD Code \*PIN Code Country: \*Tel. (R)

"Please mention a prominent landmark to ensure that the deliverables reach you"

Please mention the Mobile Number and the Email ID on page 2 under "Contact Details" section."

2nd Appl. address same as primary appl. Yes No 3rd Appl. address same as primary appl. Yes No (Joint Applicant Annexure to be filled if the joint applicant's address is not the same as that of the primary applicant.)

(C) If any of the applicants are EXISTING ACCOUNT HOLDERS, please mention the Customer Identification No.

1st Appl. Cust Id 2nd Appl. Cust Id 3rd Appl. Cust Id

(D) INTRODUCTION DETAILS Gotham BANK Customer (Introducer's) Name

ACCOUNT NO. CUSTOMER ID

I confirm that I am an account holder with Bank Of Gotham City for over 6 months. I confirm that I personally know the applicant/s detailed above for more than 6 months and confirm his/her identity, occupation and address.

Date: Signature Attach copy of any one : PAN Card Passport Election ID Card/Ration Card/Driving License\*\* \*Accompanied by cheque signed by you FOR BANK USE Signature Verified : Yes Date of A/c. Opened : Signature of PB : PB Code:

NOMINATION: Yes \*Name of nominee No, I declare that I do not wish to make a nomination in my savings account. (Please attach Nomination Form)

PAYMENT DETAILS

Amount Rs. ps. Cash (To open an account with cash, the customer must deposit the cash, in person, only at the account branch) Cheque No. dated D D M M Y Y drawn on Bank, Branch. The Cheque should be crossed A/c Payee and drawn payable to Bank Of Gotham City A/c. 1st Applicant's Name

Account Operating Instructions Single Either/Any one or Survivor Jointly (Debit / ATM card will not be issued)

Please Note: Cheque book of 10 leaves & 50 leaves will be issued to Savings and Current a/c holders respectively by default.

BELOW FIELDS ARE MANDATORY

ACCOUNT NO. CUSTOMER ID F P N

Name : PREFIX Full Name Please tick in case permanent address is the same as mailing address

PERMANENT ADDRESS (Mandatory if mailing address is office address) \*Flat No.&Bldg.Name \*Road No./Name \*Landmark \*City \*State \*PIN Code Country:

