

OFFICE USE

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

CUSTOMER COPY

Please quote the reference no. for future reference.

Date : DDMMYYYY

Instructions overleaf

Signature of Bank official

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 DDMMYYYY

(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.	DDMMYYYY		<input type="radio"/> M <input type="radio"/> F
2nd Appl.	DDMMYYYY		<input type="radio"/> M <input type="radio"/> F
3rd Appl.	DDMMYYYY		<input type="radio"/> M <input type="radio"/> 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.

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)

\*PIN Code

Country:

EXT. No.

STD Code

\*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.

1<sup>st</sup> Appl. Cust Id

2<sup>nd</sup> Appl. Cust Id

3<sup>rd</sup> 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 ☐ No, I declare that I do not wish to make a nomination in my savings account. \*Name of nominee \_\_\_\_\_ (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 DDMMYYYY 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

☐ F ☐ P ☐ N

ACCOUNT NO. CUSTOMER ID

Name : PREFIX Full Name

☐ Please tick in case permanent address is the same as mailing address

1st Appl.

PERMANENT ADDRESS (Mandatory if mailing address is office address)

\*Flat No.&Bldg.Name

\*Road No/Name

\*Landmark

\*City

\*State

\*PIN Code

Country:

1

Yes, I wish to register for FREE monthly Email Statement (All accounts linked to the Customer ID of the 1st Applicant will be registered for Email Statements on the email Id mentioned below and physical statements will not be sent)

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 applicable terms of account opening. **Please provide an email ID for each of the applicants for future communication. An IPIN will be sent to your mailing address.**

\*E-mail ID: (Write in **BLOCK LETTERS** only for e.g.)

**INSTAQUERY & INSTALERT REGISTRATION:** You will be registered for Instaquery and the following SMS alerts: Credit/Debit transaction greater than 5000/- Increase you need to add/modifi/ de-register for alerts please log on to NetBanking or visit your nearest branch. For security reason, alerts for debit transactions done through NetBanking will be disabled, then the alerts will be sent to the e-mail id updated under contact details. To update the contact details, please visit your nearest branch. Mobile Number will be pre-fixed with the Country Code.

2) Please ensure that all mandatory fields have been filled correctly else the form is liable to be rejected.

A/C No.

CUSTOMER ID NO.

Br code

Service  
Branch Code:Service ID#/  
Empl. Code

Owned

## Ancestral / Family

**ABOVE FIELDS ARE MANDATORY**

C313/V20.0/15-12-11/P0330