

Know Your Customer (KYC) Application Form (Resident Individuals) Please fill the information in BLOCK Letters and in appropriate places. Fields marked with * are mandatory.

The information is so For existing Deposit	tor, the inf	ormation fu	ırnished herein will	supersede the i	nformation	tified the	ereunder a able in the	and Re	rds o	e Bank of erstv	k of In	dia (Kı HDFC	now Yo	ur Cus	tomer (KY	C)) Direct	tions, 2016.
1. Customer De	etalis (as	appearing in	your supporting identi	fication document;		FC Custo	mar Na										
CKYC Identifier (Skip if not alloted)						YC is already			and the same						nder*	Date of B	irth*
	(Prefix)	(F	irst Name)	(Middle I	Name)			(L	ast I	Name)				M/i	- /T		
Name*																	
Guardian's Name (in case of Minor)																	
Guardian's Customer I	No.														Age Pro	of	
Maiden Name (if any*)																	
Father/Spouse																	
Name*																	
Mother's Name* Current/Permanent															Paste la	itest passi	port size
Address*															-	ohotograp	h
Line 1*															(DO	NOT STA	PLE)
Line 2																-	
Line 3															OH	070	
City*							Pin Code*										
State/U.T.*							Country		I	N	D	I A		L			
Correspondence / Loca	al Address*	Please tick i	f same as Current/Permanen	t Address													
Line 1*																	
Line 2																	
Line 3																	
City*							Pin Code*										
State/U.T.*							Country		ı	N	D	I A					
								. B. 4		-		IA					
City of Birth*							Country of	Birth	1	N	D	I A					
PAN No.* (If PAN is not available, submit F	Form 60)						Nationality	1	1	N	D	I A	N (Citizens	hip I N	I D	I A N
☑ I am not a tax-r		any count	ry other than India	. (In case you a	re a tax-ı	esident	of any co	ountry	othe	er than	n India	a, kina	ly subi	mit se	arate KY	C form.)	
CUSTOMER PR																	
		alaried	Calf amplayed	Potirod	Colf om	played pre	of Hou	sewife		Polit	tician		Student		Others		
Occupation			Self-employed	Retired		ployed pro				1555							
If salaried, employed v	with Pr	ivate Ltd.	Partnership	Proprietorship	Public L	.tu.	Pub	ic secto	ונ	GOV	ernme	IL	Multinat	lional	Others		
Self Employed since		Years	Months														
Nature of Business	M	anufacturing	Service Provider	Agriculture I	Bullion/Gold	d/Jewellen	y Stoc	k Broke	er	Real E	state	Trad	er N	Money Le	ender O	thers	
Date of incorporation	Project 1																
Type of Company/Firm		ole Proprietors		Partnership	Public L			ate Ltd.		Othe							
Self Employed Profession	onal Do	octor	CA/CS	Lawyer	Architec	:t	IT C	onsulta	nt	Othe	ers						
Source of funds	Sa	alary	Business Income	Agriculture	Investm	ent Incom		10000									
Gross Annual income	(₹) <:	50,000 50	0,000 < 1 lakh 1 < 3	lakh 3 < 5 lakh	5 < 7.	5 lakh	7.5 < 10 la	kh	10 < 1	15 lakh	15	< 25 lal	kh 2	25 < 50 la	akh 50 l	akh < 1 CR	>= 1 CR
Qualification:				Marital Status*:	☐ Unmar	ried [Married 1		thers								
Residence type	0	wned	Rented/Leased	Ancestral/Family	Comp	any provid	ded										
Please tick (✓) If the	following is	additionally	y applicable to you [☐ Politically Expos	ed Person	(PEP)	☐ Relative	of PEF	P								
2. (A) Proof of	Identity	& Curren	t/Permanent A	ddress* (Please	attach self-at	tested copy	of any one of	the follo	wing O	fficially V	/alid Doo	uments (OVD) and	carry orig	inal documen	for verification	on.)
Proof of Identity* Pro		* Proof of po	ossession of Aadhaar / p	rintout of e-Aadhaar			1970 and 1										
			ometric / OTP based) Aac blackout first 8 digits of Aadhaar Num.		XX	XX	XXX	X	X						Expir	y Date	
			No. [not expired]	331)													
		Permane	nt Driving license No.	[not expired]													
anticloppine		Election /	Voter's card issued by														
			sion of India			01-1- 0											
Last State College			issued by NREGA dul														
			ued by the National P	PARTY OF THE PARTY													
			Please submit self-attested co														
3. CONTACT	DETAIL	S: (All com	munication will be se	nt to Mobile numb	er/Email-II) provide	d below. K	indly e	nsure	that th	he con	tact de	tails be	long to	the above	ustomer	only.)
Mobile* + 9 1				Email ID													
Tel. (Res)						Tel. (Off)											
Tax to be dedu	icted F] Yes □	No If No, Plea	ase submit Fo	rm 15G	OR Fo	rm 15H	(for F	Depo	sitors	aged	60 ve	ars an	nd abo	ve).		
I am interested to	know mo	re about of	her products offer	ed by HDFC Ba	nk and it	s group	compan	ies.	0	Yes	ON	0					
DECLARATION: I cert	tify that the info	rmation provided	above is in accordance with	h section 285BA of the	ncome Tax A	ct, 1961 rea	d with Rules	114F to 1	114H of	the Inco	me Tax	Rules, 19	62. I have	not withh	eld any mater	al information	n that may affect
the assessment/categorization	on of the accouncluding sharing	int as a Reportal	ble account or otherwise. I p sclosure between them and	permit/authorise HDFC to the authorities in and	Bank to collector outside Inc	ct, store, coldia of any co	mmunicate ar infidential info	nd proces rmation f	ss infor	mation re pliance w	elating to vith any l	the Acco	ount and a ulation wh	all transac nether don	tions therein, nestic or foreig	n. It shall be	nk and any of its my responsibility
to educate myself and to con I hereby submit voluntarily at	mply at all times	with all relevant	t laws relating to reporting uppossession of Aadhaar to HD	nder section 285BA of the purpos	ne Act read w e of establishi	ith the Rules ng my identi	s thereunder. ity/address. I	oluntarily	y give n	ny consei	nt for ve	ification o	f my Aadh	naar (wher	ever submitted	i) to establish	its genuineness
through such acceptable ma that my Aadhaar submitted h	nner as stipula nerewith shall n	ted by UIDAI in o	connection with customer ide ny purpose other than mention	entification and accepta oned above, or as per re	nce for HDFC equirements of	Bank. The	consent and Bank has in	purpose of formed m	of colle ne that	cting Aac	dhaar ha sent and	s been ex my Aadh	plained to aar will be	o me in lo stored wi	cal language. th HDFC Bank	IDFC Bank I	nas informed me
DECLARATION: I cert the assessment/categorizatic affiliates wherever situated in to educate myself and to con I hereby submit voluntarily at through such acceptable mathat my Aadhaar submitted h I hereby authorise HDFC Ba	ank to search, d changes therei	lownload and sto n, immediately. I	ore my KYC details from CE n case any of the above info	RSAI Registry for the permation is found to be for	urpose of KY alse or untrue	C compliand or misleading	ce. I hereby d ng or misrepr	eclare the esenting,	at the o	details ful ware that	mished t I may b	above are e held lia	true and ble for it. I	correct to hereby o	the best of monsent to rece	y knowledge ving informa	and belief and I tion from Central
I hereby give my consent to	HDFC Bank for	sending OTP (C	One Time Password) on my	mobile number and ema	il id to facilita	te processir	ng of my										
deposit transactions using O to time to comply with regula	TP authenticat	ion. I also agree	to furnish such information	and/or documents as H	DFC Bank ma	ay require fr	om time	Signat	ture*	: >							
Place :			Dat	e:						/							PTO

P.T.O.

DETAILS	IN-PERSON VERIFICA	ATION & KYC DOCUMENTS VERIFIED BY	CPU DETAILS	
Empl. Na	ime	+	Staff Name:	
Empl. Co	ode			
Empl. Br	anch		Emp Code:	
Date			DVU signature and Date	
Empl. Signatur	e			