

- Business/Trading/Partnership/Proprietary/Company/Corporations cannot open a savings account. Trusts/Societies/Charitable/Educational Institutions may open a savings account subject to conditions. The bank reserves the right to close the account incase the savings account is used for business purposes as evinced by the transaction behaviour.
- Savings accounts will be issued only 25 cheque leaves per calendar quarter. The branch manager can be contacted for additional cheque leaves at a nominal charge.
- Adequate balance should be maintained in the account before issuing a cheque.
- Details of charges on funds transfer, inter branch banking and other services are available in the Service Charges & Fees Brochure.
- Copy of the Terms & Conditions, Service Charges & Fees Brochure and the Code of Bank's Commitment for Individual Customers can be obtained from the branch/website
- Interest on Savings account will be paid at the rate stipulated by RBI from time to time.
- No unarranged overdraft would be allowed in the Savings account. In case of exceptions, the bank would charge interest at commercial rate.
- The bank reserves the right to close the account in case of unsatisfactory conduct of the account.
- In the event of the death of one of the joint account holders, the right to the deposit proceeds does not automatically devolve on the surviving joint deposit account holder, unless there is a survivorship clause
- The Deposits of the bank are insured with DICGC and in case of liquidation of the bank, DICGC is liable to pay each depositor through the liquidator, the amount of his deposit upto Rupees one lakh within two months from the date of claim list from the liquidator.
- For availing passbook facility, please visit your home branch.

DEPOSITORY ACCOUNT DETAILS

(In case your existing account is used for making payments of DP charges).

[illegible]

I / We authorise the bank to debit all DP related charges for the above - mentioned DP accounts or any other DP account which is currently linked to the existing account from my / our new savings account.

HDFC SECURITIES LIMITED (HSL) TRADING ACCOUNT

I / We authorise the bank to transfer all debit authorisation and linkage for the HSL Trading Account No. as it exists on my / our above mentioned account to my / our new account.

Declaration

1. I / We understand that the same operating instructions will apply for my / our new savings account.
2. I / We hereby surrender my / our unused cheque leaves to the bank.
3. I / We undertake to replace the PDCs immediately on receipt of my / our new savings account number & cheque book.
(Applicable in case Post Dated Cheques have been issued from your existing savings account)
4. I / We undertake to make the necessary changes for ECS debits / credits immediately on receipt of my / our new account number.
(Applicable in case your existing account number has been provided for ECS debits / credits / Dividend or remittance credits)

We have read and understood the Terms & Conditions governing the opening of an account with HDFC Bank and those relating to various services including but not limited to (A) ATMs, (B) PhoneBanking, (C) Debit Cards, (D) MobileBanking, (E) NetBanking, (F) BillPay facility, (G) InstaAlert facility (H) Email Statements. I/We accept and agree to be bound by the said Terms & Conditions including those excluding/limiting the Bank's liability. I/We understand that the Bank may, at its sole discretion, amend any of the services completely or partially with atleast 30 days notice and/or provide an option to switch to other services to me/us. I/We agree that the Bank may to debit my/our account for the service charges applicable from time to time. I/We confirm that I/We am/are resident of India. I/We authorise the Bank to disclose, from time to time any information relating to my savings account to any parent/subsidiary, affiliate and associate of HDFC Bank, and to third parties engaged by the Bank, for purposes as detailed in the Terms & Conditions Booklet. I/We confirm that I/We am/are in possession of and have read the Terms and Conditions booklet which details the rules governing account operations, the Service charges and Fees Brochure which specifies the charges applicable from time to time for various services and the tear away customer copy detailing the instructions and account opening rules. I/We have understood that I/We am/are required to maintain the prescribed Average Quarterly Balance in the account.

Note :

The Bank will not be liable / responsible for the return / dishonoring of any cheques issued by me / us and presented to the bank post the transfer of my / our existing account. The Bank reserves the rights of recovery in case of any future debits accruing on this account as a result of any claims or transactions.

SIGNATURES

Name : _____ Name : _____ Name : _____

Date : DD MM YYYY Date : DD MM YYYY Date : DD MM YYYY

I/We _____ consent/ _____ do not consent to receive information/service etc for Marketing purposes through Telephone/Mobile/SMS/Email by the Bank/its agents. I/We agree and acknowledge that only direct telephone numbers (not board/general telephone numbers of offices/corporates/employers) will be accepted for registration of "Do Not Call". I/We am/are aware that post registration I/We may receive a call from the Bank to verify the correctness of request for registration. I/We confirm that I/We have read and understood the above Declaration, and that the details provided on the form are correct. I/We also confirm that my/our account been opened by Bank officer Mr./Ms. _____ & I/We have signed in his/her presence.

NOMINATION FORM DA1

Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I / We (Name) _____

(Address) _____

nominate the following person to whom in the event of my / our / minor's death the amount of the above account, may be returned by HDFC Bank Ltd.

[illegible]

NOMINEE (Only one individual nominee permitted)

Address	Relation with Depositor, if any	Age	If nominee is a minor, his / her date of birth

*As the nominee is a minor on this date, I / We appoint (name)

(Relationship with the minor) _____

to receive the deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

1. Signature of witness _____ Name _____ 2. Signature of witness _____ Name _____

Address _____ Address _____

Date: _____ Date: _____

*Leave out if nominee is not a minor

****Where deposit is made in the name of a minor, the nomination should be signed**

by a person lawfully entitled to act on behalf of the minor.

***Thumb impression shall be attested by 2 witnesses.

***Signature(s) / ***Thumb impression(s) of Depositor(s)

FOR BANK USE ONLY

New A/C No.

Customer ID No.

Company Code

Br Code				
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(where a/c is to be opened)

Service Branch

Service Branch
Code:Product Code:

P B SIGNATURE	DATE	CPU USE ONLY	DATE
		DVU	
APPROVED BY (BM)		FCU	
SOURCING BR CODE			