

D	D	M	M	Y	Y	Y	Y
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Client ID

Account Holder (Existing) Indicator	Name of Joint Account Holder(s)	Tick against the holder(s) who has/have deceased	
First Holder		<input type="checkbox"/>	Original death certificate or copy of death certificate attested by the joint account holder(s) subject to verification with the original or copy of the death certificate duly attested by a notary public or by a gazette officer or death certificate downloaded from the online portal of Government carrying digital/facsimile signature of the issuing authority
Second Holder		<input type="checkbox"/>	
Third Holder		<input type="checkbox"/>	

- | Sr. No. | Name of the Surviving Joint Holder(s) | Signature |
|---------|---------------------------------------|----------------------------------|
| 1 | <div></div> <div></div> | <div></div> <div>Signature</div> |
| 2 | <div></div> <div></div> | <div></div> <div>Signature</div> |

Notes for Transmission of Securities in Joint Demat Accounts i.e. deletion of name.

1. In case of death of the holder(s) in joint demat account, the surviving holder (s) may opt to continue the existing demat account by deleting the name of deceased account holder(s) from the demat account, by submitting this request along with the original death certificate or copy of death certificate attested by the joint account holder(s) subject to verification with the original or copy of the death certificate duly attested by a notary public or by a gazetted officer or death certificate downloaded from the online portal of Government carrying digital/facsimile signature of the issuing authority.
2. In case, If the surviving holder(s) fails to submit above mentioned request within one year of the date of demise, a new demat account shall be opened by the surviving account holder(s) to execute transmission as per the existing procedure.
3. In case the first holder is deceased in the demat account:
 - a. The deletion of name of first holder in demat account shall make second holder as first holder and third holder if any as second holder in the demat account.
 - b. All the available details of second holder i.e Name, Father's / Spouse's Name, PAN, Mobile Number, email ID, Date of Birth, Family Flag, SMS Flag, PAN Flag etc., will be replaced in the place of first holder. Participants are advised to review the details and update if any changes in the details.
 - c. Further, Participants are advised to update the Local address and correspondence address, Bank account details, signatory details, POA/DDPI details, etc. in the first holder details.
 - d. IDeAS / SPEED-e Login details of first holders will be deleted/de-activated, the next first holder shall receive the email from NSDL for registration of IDeAS / SPEED-e facility.
4. In case the second holder is deceased in the demat account: a. In case joint demat account is having two holders and the second holder is deceased, the available details of second holder will be deleted. b. In case joint demat account is having three holders, the deletion of name of second holder shall make third holder as second holder. c. All the available details of third holder i.e. Name, Father's / Spouse's Name, PAN, Mobile Number, email ID, Date of Birth, Family Flag, SMS Flag, PAN Flag etc., will be replaced in the place of second holder. Participants are advised to review the details and update if any changes in the details. d. There will be no change in first holder details.
5. In case the third holder is deceased in the demat account:
 - a. There will be no change in the first and second holder details.
 - b. The available details of third holder will be deleted.

Part - (A) IDENTITY DETAILS

Please fill this form in **ENGLISH** and in **BLOCK LETTERS** and **Strike off** whichever is not applicable.

Prefix ☐ Mr. ☐ Ms. ☐ Others ☐ Existing Customer ☒ Yes ☒ No

Applicant name* F I R S T N A M E M I D D L E N A M E L A S T N A M E

Father / Spouse's name

Gender ☐ Male ☐ Female Marital status ☐ Single ☐ Married

Date of birth D D M M Y Y Y Y

PAN No. (Mandatory for Demat/ISA)

Evidence / Documents provided in case of PAN exemption

Aadhaar No. X X X X X X X X

Status ☐ Resident Individual ☐ Non Resident ☐ Foreign National

Nationality ☐ Indian ☐ Other, please specify

Specify the proof of identity submitted ☐ PAN (Other Officially Valid Document (OVD) required, in addition to PAN)

☐ OVD (Please specify) Valid till D D M M Y Y

S1 (Signature across the photograph)

Please affix your recent passport size photograph

Part - (B) ADDRESS AND CONTACT DETAILS

Below mentioned address is my ☐ Present Residence Address ☐ Office Address **Mandatory : Please attach Self Attested Proof of below address**

Residence / Correspondence Address

Landmark (Mandatory)

City / Town / Village PIN (Mandatory)

State Yrs at current city Y Y M M Residence Y Y M M

Country ☐ India ☐ Other Valid till D D M M Y Y

Specify the proof of address submitted for Residence / Correspondence address

Contact details Country code STD / Area code Number Extn.

Tel. (Off.) - - - - -

Tel. (Res.) - - - - - Country code Number

Fax - - - - - Mobile - - - - -

E-mail ID (Mandatory) I N C A P I T A L L E T T E R S O N L Y

☐ Please tick if permanent address is the same as above address

Permanent Address

Mandatory to be filled if different from above

Landmark (Mandatory)

City / Town / Village PIN (Mandatory)

State

Country ☐ India ☐ Other

Tel. (Res.) 9 1 - S T D N U M B E R Mobile no. 9 1

Part - (C) DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature of the applicant

FOR BANK USE ONLY

Originals verified and Self -Attested Document copies received

In-Person-Verification (IPV) details:

Name of the Person doing IPV

Signature of the Person doing IPV

Designation & Emp. code

Branch code

D D M M Y Y Y Y

Name of the organisation: HDFC Bank Ltd.

Name and Signature of Authorised Signatory

Seal / Stamp of
HDFC Bank

S2

D D M M Y Y Y Y Place

Note:

- If customer provides the KRA registered letter the documents for KYC shall not be taken from the customer.
- The KYC form shall be filled for all the holder's of the account

Country of Birth

TAX Reference number

[illegible]

	Are you tax resident of any other country other than India			Are you a Green Card Holder		In case of multiple Citizenship / Nationality (Please mention Country Names below)	
1st Holder	<input type="checkbox"/> Yes of US	<input type="checkbox"/> Yes of _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Country 1: _____	Country 2: _____
2nd Holder	<input type="checkbox"/> Yes of US	<input type="checkbox"/> Yes of _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Country 1: _____	Country 2: _____
3rd Holder	<input checked="" type="checkbox"/> Yes of US	<input checked="" type="checkbox"/> Yes of _____	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Country 1: _____	Country 2: _____
Guardian	<input type="checkbox"/> Yes of US	<input type="checkbox"/> Yes of _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Country 1: _____	Country 2: _____

- I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates
- I hereby confirm that I have read and understood the below-mentioned instructions. I also confirm that the information provided above is true and accurate.

Financial Details (Please Specify)		
FIRST HOLDER'S DETAILS *Gross annual income(₹) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Below Rs. 1 lac <input type="checkbox"/> Rs. 1 to 5 lac <input type="checkbox"/> Rs. 5 to 10 lac </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Rs. 10 to 25 lac <input type="checkbox"/> More than Rs. 25 lac </div> (Income range per annum) OR Net worth (₹) 	SECOND HOLDER'S DETAILS *Gross annual income(₹) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Below Rs. 1 lac <input type="checkbox"/> Rs. 1 to 5 lac <input type="checkbox"/> Rs. 5 to 10 lac </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Rs. 10 to 25 lac <input type="checkbox"/> More than Rs. 25 lac </div> (Income range per annum) OR Net worth (₹) 	THIRD HOLDER'S DETAILS *Gross annual income(₹) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input checked="" type="checkbox"/> Below Rs. 1 lac <input checked="" type="checkbox"/> Rs. 1 to 5 lac <input type="checkbox"/> Rs. 5 to 10 lac </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input checked="" type="checkbox"/> Rs. 10 to 25 lac <input checked="" type="checkbox"/> More than Rs. 25 lac </div> (Income range per annum) OR Net worth (₹) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
as on date Net worth should not be older than one year	as on date Net worth should not be older than one year	as on date <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Net worth should not be older than one year
Occupation details (please tick any one below and give brief details) _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify) _____ </div>	Occupation details (please tick any one below and give brief details) _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify) _____ </div>	Occupation details (please tick any one below and give brief details) _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input checked="" type="checkbox"/> Public Sector <input checked="" type="checkbox"/> Private Sector <input checked="" type="checkbox"/> Government Service <input checked="" type="checkbox"/> Business </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input checked="" type="checkbox"/> Professional <input checked="" type="checkbox"/> Agriculturist <input checked="" type="checkbox"/> Retired <input checked="" type="checkbox"/> Housewife </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input checked="" type="checkbox"/> Student <input checked="" type="checkbox"/> Others (please specify) XXXXXXXXXXXX </div>
Brief Details _____ Please tick, if applicable <input type="checkbox"/> Politically Exposed Person (PEP) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Related to a Politically Exposed Person (PEP) </div>	Brief Details _____ Please tick, if applicable <input type="checkbox"/> Politically Exposed Person (PEP) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Related to a Politically Exposed Person (PEP) </div>	Brief Details XXXXXXXXXXXXXXXXXXXX Please tick, if applicable <input checked="" type="checkbox"/> Politically Exposed Person (PEP) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input checked="" type="checkbox"/> Related to a Politically Exposed Person (PEP) </div>

Acknowledgment - Individual Customer

- I acknowledge and declare that I have received, read, understood and agree to the contents of :

1. Financial Details 2. FATCA Declaration 3. Aadhaar, as applicable

1st Holder's Name:		Date:		Place:		Signature of 1st Holder	
2nd Holder's Name:		Date:		Place:		Signature of 2nd Holder	
3rd Holder's Name:		Date:		Place:		Signature of 3rd Holder	

Details under FATCA/Foreign Tax Laws: Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

Please note that you may receive more than one request for information if you have multiple relationships with different members of the HDFC Group. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Debit Authorisation: I/We hereby authorize the Bank to debit all types of Bank charges / commission / fees ("Service Charges") payable by me /us / to the said Accounts. I/We undertake that sufficient balances shall be maintained by me/us in the said Accounts to facilitate the debiting of Service Charges. The failure on part of me /us to maintain sufficient balance in the said Account shall not in any way impair the right of the Bank to debit the Service Charges. I/We hereby further authorise the bank to charge any interest on debit balance in the said Accounts due to the debiting of Service Charges, and/or recover the charges from any other account maintained by me/us with HDFC Bank Ltd. The Bank shall not be obliged to provide overdraft facility on the said Account but for towards the debiting of Service Charges payable by me/us. I/We specifically agree and confirm that any matter or issue arising hereunder shall be governed by and construed exclusively in accordance with the Indian laws and shall be subject to the jurisdiction of the courts of Mumbai in India. I/We hereby confirm the bank shall have a lien and right of set off on all monies belonging to me /us standing to my /our credit in any account whatsoever with the bank and authorize the bank without reference to me /us to appropriate the same towards satisfaction of the service charges or any other charges due and payable by me /us.

Email Statement: I/We agree to discontinue the Physical Statements if electronic mode is opted. I/We understand that the email statements are for my/our convenience. HDFC Bank shall not be liable or responsible for any breach of secrecy because the statements are being sent to the email ID. I/We shall verify the authenticity of the emails I/We receive. I/We shall not hold the Bank responsible for any statement received from frauds/impostors. I/We shall not hold the Bank liable if any problem arises with my/our computer network because of me/ us receiving statements from the Bank. I/We are authorised by the other holders to receive the Statements to the email address. I/We shall inform the Bank in writing if there is any change in the email address. The Bank shall not be responsible if I/we do not receive statement due to incorrect email address and technical reasons. I/We confirm to have read and understood the Terms & Conditions (a copy of which I am in possession of) pertaining to my account. I/We understand and agree that the email statements will only be sent to the First holder in the account. I/we am/are aware that I/we will not receive the transaction statements in paper form. I/We will take all the necessary steps to ensure confidentiality and secrecy of the login name and password of the internet/email account. I/we am/are aware that the transaction statement may be accessed by other entities in case the confidentiality/secretcy of the login name and password is compromised.

CPU Inward Stamp & Authorised
Signatory with Stamp

Branch Inward Stamp &
Authorised Signatory with Stamp

☐ I/We wish to make a nomination (As per details given below) ☐ I/We wish to Opt Out of Nomination. (Strike off the nomination details below, Refer pg no 6)

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my/our account in the event of my/our death.

Nomination Details												
Nomination can be made upto three nominees in the account												
1st Nominee				2nd Nominee				3rd Nominee				
Name of the Nominee(s) (Mr./Ms.)				Name of the Nominee(s) (Mr./Ms.)				Name of the Nominee(s) (Mr./Ms.)				
F I R S T M I D D L E L A S T				F I R S T M I D D L E L A S T				F I R S T M I D D L E L A S T				
Shares of Each Nominee				Shares of Each Nominee				Shares of Each Nominee				
Equally If Not Equally, specify percentage____%				Equally If Not Equally, specify percentage____%				Equally If Not Equally, specify percentage____%				
Residual Securities				Any odd lot after division shall be transferred to the first nominee mentioned in the form								
Relationship with Applicant				Relationship with Applicant				Relationship with Applicant				
Nominee(s) Address				Nominee(s) Address				Nominee(s) Address				
CITY STATE COUNTRY PIN Code				CITY STATE COUNTRY PIN Code				CITY STATE COUNTRY PIN Code				
Nominee Identification Details (please tick any one from below and provide details of the same)				Nominee Identification Details (please tick any one from below and provide details of the same)				Nominee Identification Details (please tick any one from below and provide details of the same)				
A <input type="checkbox"/> or B <input type="checkbox"/> or C <input type="checkbox"/> or D <input type="checkbox"/> or E <input type="checkbox"/> or F <input type="checkbox"/>				A <input type="checkbox"/> or B <input type="checkbox"/> or C <input type="checkbox"/> or D <input type="checkbox"/> or E <input type="checkbox"/> or F <input type="checkbox"/>				A <input type="checkbox"/> or B <input type="checkbox"/> or C <input type="checkbox"/> or D <input type="checkbox"/> or E <input type="checkbox"/> or F <input type="checkbox"/>				
Please affix your recent passport size photograph				Please affix your recent passport size photograph				Please affix your recent passport size photograph				
Sign_____				Sign_____				Sign_____				
Ref. ID no._____				Ref. ID no._____				Ref. ID no._____				
Date of Birth of Nominee(s) Mandatory if Nominee is Minor				Date of Birth of Nominee(s) Mandatory if Nominee is Minor				Date of Birth of Nominee(s) Mandatory if Nominee is Minor				
D D M M Y Y Y Y				D D M M Y Y Y Y				D D M M Y Y Y Y				
Mobile/Telephone no. of Nominee(s)				Mobile/Telephone no. of Nominee(s)				Mobile/Telephone no. of Nominee(s)				
Email ID of Nominee(s)				Email ID of Nominee(s)				Email ID of Nominee(s)				
Guardian Details (should be filled only if nominee(s) is minor)												
Name of Guardian (Mr./Ms.) In case of minor nominee(s)				Name of Guardian (Mr./Ms.) In case of minor nominee(s)				Name of Guardian (Mr./Ms.) In case of minor nominee(s)				
F I R S T M I D D L E L A S T				F I R S T M I D D L E L A S T				F I R S T M I D D L E L A S T				
Address of Guardian(s)				Address of Guardian(s)				Address of Guardian(s)				
CITY STATE COUNTRY PIN Code				CITY STATE COUNTRY PIN Code				CITY STATE COUNTRY PIN Code				
Relationship of Guardian with Nominee				Relationship of Guardian with Nominee				Relationship of Guardian with Nominee				
Guardian Identification Details (please tick any one from below and provide details of the same)				Guardian Identification Details (please tick any one from below and provide details of the same)				Guardian Identification Details (please tick any one from below and provide details of the same)				
A <input type="checkbox"/> or B <input type="checkbox"/> or C <input type="checkbox"/> or D <input type="checkbox"/> or E <input type="checkbox"/> or F <input type="checkbox"/>				A <input type="checkbox"/> or B <input type="checkbox"/> or C <input type="checkbox"/> or D <input type="checkbox"/> or E <input type="checkbox"/> or F <input type="checkbox"/>				A <input type="checkbox"/> or B <input type="checkbox"/> or C <input type="checkbox"/> or D <input type="checkbox"/> or E <input type="checkbox"/> or F <input type="checkbox"/>				
Please affix your recent passport size photograph				Please affix your recent passport size photograph				Please affix your recent passport size photograph				
Sign_____				Sign_____				Sign_____				
Ref. ID no._____				Ref. ID no._____				Ref. ID no._____				
Mobile/Telephone no. of Guardian				Mobile/Telephone no. of Guardian				Mobile/Telephone no. of Guardian				
Email ID of Guardian				Email ID of Guardian				Email ID of Guardian				

Declaration: The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I/we may be held liable for it. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant."

Signature & Name of holder (s)		S4 Signature 1st holder		Signature 2nd holder	
Witness for Nomination		Name & Address of the Witness, ONLY WHEN thumb impression affixed by the any of holder (Mr. / Ms.):		Signature of Witness	

Declaration Form for opting out of nomination

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.

Signature & Name of holder (s)	S4	
	Signature 1st holder	Signature 2nd holder

Witness for Opting out of Nomination	Name & Address of the Witness, ONLY WHEN thumb impression affixed by the any of holder (Mr. / Ms): _____	<div>D D M M Y Y Y Y</div>	<div>Signature of Witness</div>

Notes on Nomination in Demat Account

Notes : 1. All communication shall be sent at the address of the Sole/First holder only. 2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate. 3. Instructions related to nomination, are as below: I The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate, partnership firm, and Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly all joint holders will sign the nomination form. II. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner. III. Only Individual / natural person(s) can be nominee(s). The Nominee shall not be artificial person created/dressed by the law or by a fiction such as trust, society, body corporate, partnership firm or Hindu Undivided Family. Anon-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time. IV. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities. V. Transfer of securities in favour of a Nominee shall be valid discharge by the depository and the Participant against the legal heir. VI. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate, partnership firm, Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form. VII. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee. 4. Instructions related to mode of receiving Statement of Account in electronic form, are as below: I. All the necessary steps to ensure confidentiality and secrecy of the login name and password of the internet/ email account should be taken by the client. Such statement may be accessed by other entities in case the confidentiality/secrecy of the login name and password is compromised II. Participant or Client can terminate such arrangement by giving 10 days prior notice. III. In case opted for statement through email, the Client shall immediately inform the Participant about change in email address, if any

For Joint Accounts

A) If Mode of Operation of Joint Operation for Joint Account is chosen as anyone of the holder or survivors(s), only specified operations such as transfer of securities including inter-Depository Transfer, pledge / hypothecation / margin pledge / margine re-pledge (creation, closure and innocation and conformation thereof as applicable) of securities and freeze/unfreeze of account and / or securities and / of specific number of securities will be permitted."

B) in case of joint account, on death of any of the joint account holders, the surviving account holder (s) has to inform Depository Participant about the death of account holder(s) with required documents within one year of the date of demise. In case if 'first holder' is selected, the communication will be sent as per the preference mentioned. In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected."

UCC, EXCHANGE DETAILS AND SEPARATE MOBILE NUMBER & EMAIL ID DECLARATION

First / Sole Holder Name:	
UCC:	
Exchange Name & ID:	

I/we hereby declare as detailed below for mobile number and email id belongs to:

Holder	Mobile Number	Email Id of the Customer
1st / Sole holder	<div>_____</div> <div> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children </div>	<div>_____</div> <div> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children </div>
2nd holder	<div>_____</div> <div> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children </div>	<div>_____</div> <div> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children </div>
3rd holder	<div>_____</div> <div> <input checked="" type="checkbox"/> Self <input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Dependent Parents <input checked="" type="checkbox"/> Dependent Children </div>	<div>_____</div> <div> <input checked="" type="checkbox"/> Self <input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Dependent Parents <input checked="" type="checkbox"/> Dependent Children </div>

Signature & Name of holder (s)	S5		
	Signature 1st holder	Signature 2nd holder	Signature 3rd holder

BLANK

Extended KYC Annexure - Individuals (including sole-proprietors)

(Applicable for Resident and Non-Resident Customers)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

Date: _____

Place: _____

AOF Number : _____

Please fill the information below as requested	First Account Holder	Second Account Holder
Name of the Account Holder		
Customer ID		
City of Birth		
Country of Birth		
Address for Tax purpose	<input type="checkbox"/> same as mailing address <input type="checkbox"/> same as permanent address	<input type="checkbox"/> same as mailing address <input type="checkbox"/> same as permanent address
Address Type for the above	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Nationality (if national of more than one country, please mention all the countries separated by a comma)		
Father's Name		
Spouse's Name		
Identification Type - Documents submitted as proof of identity of the individual	<input type="checkbox"/> Passport <input type="checkbox"/> Election / Voter's ID card <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhaar card / letter <input type="checkbox"/> NREGA Card <input type="checkbox"/> Govt ID Card <input type="checkbox"/> Others(pls specify) _____	<input type="checkbox"/> Passport <input type="checkbox"/> Election / Voter's ID card <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhaar card / letter <input type="checkbox"/> NREGA Card <input type="checkbox"/> Govt ID Card <input type="checkbox"/> Others(pls specify) _____
Identification Number - for the identification type mentioned above		

Are you a tax resident of any country other than India?

• First account holder : Yes ☐ No ☐

• Second account holder : Yes ☐ No ☐

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Account holder details	Name of Customer	Country/(ies) of Tax residency #	Tax Identification Number (TIN)%	Identification Type (TIN or Other%, please specify)
First				
Second				

To also include USA, where the individual is a citizen/ green card holder of USA

% In case Tax Identification Number is not available, kindly provide functional equivalent⁵

Certification: I/We have understood the information requirements of this Form as per the CBDT notified Rules 114F to 114H and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the Terms and Conditions below and hereby accept the same. I/We understand that my personal details as provided/available in the bank/securities records will be used for CBDT reporting. Further, I/We hereby authorize HDFC Bank Limited to furnish the above information for the purpose of compliance and reporting under CBDT Rules as applicable.

S6

Signature of first holder

Signature of second holder*

* Second holder not applicable in case of trading A/C

CBDT Terms and Conditions

The Central Board of Direct Taxes (CBDT) has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with HDFC Bank or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

CBDT Instructions

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.

\$ It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form. In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA/ CRS Indicia observed (ticked)		Documentation required for Cure of FATCA/ CRS indicia
		<i>If customer does not agree to be Specified U.S. person/ reportable person status</i>
1	U.S. place of birth	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: a. Certified Copy of "Certificate of Loss of Nationality or b. Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
2	Residence/ mailing address in a country other than India	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and 2. Documentary evidence (refer list below)
3	Telephone number in a country other than India (and no telephone number in India provided)	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and 2. Documentary evidence (refer list below)
4	Standing instructions to transfer funds to an account maintained in a country other than India	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and 2. Documentary evidence (refer list below)

List of acceptable **documentary evidence** needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body*
2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

* Government or agency thereof or a municipality

For HDFC Bank use only :

Sourcing Branch Name : _____ Branch Code :

Signature verified and form approved by : BDA / BM employee Code : _____ Signature & Date : _____

Central KYC Registry - KYC Additional Details Form (Individual)

 Date:

Place: _____

AOF no.: _____

 LG Code

 LC Code

Please fill the information below as requested	First Account Holder	Second Account Holder
Application Type	<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Update	<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Update
*Account Type	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Simplified (For low risk customer) <input type="checkbox"/> Small	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Simplified (For low risk customer) <input type="checkbox"/> Small
KYC Number (Mandatory for KYC update request)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*Name (Same as ID proof) (write in block letter)	First Name _____ Middle Name _____ Last Name _____	First Name _____ Middle Name _____ Last Name _____
Maiden Name (if any*)	First Name _____ Middle Name _____ Last Name _____	First Name _____ Middle Name _____ Last Name _____
Mother Name*	First Name _____ Middle Name _____ Last Name _____	First Name _____ Middle Name _____ Last Name _____
Gender*	<input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> T-Transgender	<input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> T-Transgender
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others
Citizenship*	<input type="checkbox"/> IN_Indian <input type="checkbox"/> Others _____	<input type="checkbox"/> IN_Indian <input type="checkbox"/> Others _____
Residential status *	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non-Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non-Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin

* Mandatory Fields

Applicant Declaration - Additional Information for CERSAI :

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I hereby consent to receiving information from Central KYC Registry through SMS/Email.

S7

Signature/Thumb Impression of First Applicant

Signature/Thumb Impression of Second Applicant

Institution Details

For HDFC Bank use only :		<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto;">Institution Stamp</div>
DP ID : <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Client ID : <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	
Sourcing Branch Name : _____	Branch Code : <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	
Signature verified and form approved by : BDA / BM employee Code : _____ Signature & Date : _____		

A. IMPORTANT POINTS

1. Self attested copy of PAN card is mandatory for all clients.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted
10. For opening a minor's account with Depository Participant or Mutual Fund, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.
12. Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.
13. Demat master or recent holding statement issued by DP bearing name of the client.
14. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/sub-broker's office.

B. PAN is mandatory, but no longer an Official Valid Document (OVD) as Proof of Identity

Under PMLA guidelines Permanent Account Number (PAN) is no more listed as an Official Valid Document (OVD), however basis SEBI circular no. MRD/DoP/Cir-05/2007, PAN is still a Mandatory document to be provided by the investor for opening a Demat and Trading Account.

Also, Central KYC Registry (CKYCR) notification dated January 10, 2020 & July 07, 2020 towards revision & implementation of KYC template for Individuals to align it with the extant PMLA requirements.

C. Proof of Identity(POI): List of documents admissible as Proof of Identity:

Officially Valid Documents (OVDs) under terms of Rule 2 (d) of Prevention of Money-Laundering (Maintenance of Records) Rules, 2005 (PML Rules) are as listed below

1. Passport
2. Driving Licence
3. Proof of possession of Aadhaar number
4. Voter's Identity Card

5. NREGA Job Card duly signed by an officer of the State Government
6. Letter issued by National Population Register containing demographic details
7. Any other document as notified by the Central Government in consultation with the Regulator.

D. Proof of Address (POA): List of documents admissible as Proof of Address:

(*Documents having an expiry date should be valid on the date of submission.)

1. Passport
2. Driving Licence
3. Proof of possession of Aadhaar number
4. Voter's Identity Card
5. NREGA Job Card duly signed by an officer of the State Government
6. Letter issued by National Population Register containing demographic details
7. Any other document as notified by the Central Government in consultation with the Regulator.

E. Exemptions/clarifications to PAN

(*Sufficient documentary evidence in support of such claims to be collected.)

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
3. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
4. SIP of Mutual Funds upto Rs 50,000/- p.a.
5. In case of institutional clients, namely, FIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

F. List of people authorized to attest the documents:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.

Important:

The Bank staff carrying out the IPV should:

1. Sign in the place provided for "Signature of Authorised Signatory" within the box "For Office USE Only" on the KYC Form and
2. Affix the OSV stamp along-with the signature on the relevant supporting documents pertaining to Proof of Identity & Proof of Address.