

MINOR TO MAJOR CONVERSION

Application Form for Resident Individual

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| | | (3ep | urate Turili 101 | another account) | | |
|--|-----------------------|---|------------------------------|---|--|--|
| Customer ID:* | | Bank | A/c No.:* | | | Date:* D D M M Y Y Y Y |
| | | | GUARDI | AN DECLARA | TION | |
| 1. Name: | | | | | | |
| 2. I Father/ | Mother/ Court A | Appointed Guardian he | reby declare that the | minor has turned Major | :I request HDFC Bank to convert | the status from Minor to Major in the account. |
| 3. I would like to | Continue* / Dis | iscontinue as a Joint H | lolder in the account. | . I / we confirm all the tra | ansactions in the account are car | ried out by me and HDFC will not be |
| responsible for any tra | ansactions in the Min | or u/g guardian accou | ınt. | | | |
| *In case of continual | tion as Joint holder, | the application shoul | ld be signed by all <i>F</i> | Account holders | Guardian Signature:* | |
| | MIN | NOR TURNED | D MAJOR IN | IFORMATION | (All '*' marked fields are man | datory) |
| 10 DEDCONAL DI | | | | | (All markou notae are mark | |
| 1a. PERSONAL DI | TAILS (AII''' Mark | keu Tielus are mañda | itory) | | | |
| (as per ID Proof) | | | | | | |
| Maiden Name:* | | | | | 4 Data of Di 11 to 1 | |
| 3. Nationality:* | | | | | 4. Date of Birth:* D D M | M Y Y Y Y |
| 5. PAN Number:* | | | | etion on this Application BT, first 8 digits to be 7 Mobile | | Photograph |
| 6. AADHAAR No.: | | | masked, otherwise | e attach DBT consent) 7. Mobile | 9 No.:* | |
| 8. Email ID:* | | | | | | |
| 1b. MAILING ADD | RESS (as per addr | ress proof submitted) | | | | |
| 1. Flat No./Bldg Name:* | | | | | | |
| 2. Road No./ Name:* | | | | | | |
| 3. Landmark:* | | | | | | |
| 4. City:* | | | | | 5. Pincode:* | |
| 6. State:* | | | | | 7. Country:* | |
| 1c. PERMANENT | ADDRESS* | Please tick inca | ase the permanent a | address is the same as | mailing address | |
| 1. Flat No./Bldg Name:* | | | | | | |
| 2. Road No./ Name:* | | | | | | |
| 3. Landmark:* | | | | | | |
| 4. City:* | | | | | 5. Pincode:* | |
| 6. State:* | | | | | 7. Country:* | |
| 1d. CUSTOMER P | ROFILE DETAILS | (MINOR TURNED | MAJOR) (All '*' m | narked fields are mandat | ory) | |
| 1. Occupation* | Salaried | Self-employed | Self-employed Pr | rofessional Retir | ed Housewife Poli | tician Student Others |
| 2. If Salaried Employed With* | Private Ltd | Partnership | Proprietorship | Public Limited P | ublic sector Government | Multinational Others |
| | | | Lawwor | Architect | Consultant Others | |
| 3. If Self-employed Professional* | Doctor | | Lawyer | | Consultant Others | |
| 4. If Self Employed* | *Self Employed Sind | | M Months | *Date of Incorpora | | Y |
| | *Nature of Business | | | | ck Brokers Agriculture | Money Lender |
| | *Time of O-: " | Real Estate | | | ers | |
| | *Type of Company/l | Firm : Sole Propr | | | blic Limited Co. Private Lim | ited Co. Others |
| 5. Other details (Mandatory for all | *Source of funds | Salary | Business Inco | | | |
| Occupation)* | *Gross Annual incor | | 50 K-1lac | 1- 3 lac | 3 - 5 lac | 5 - 7.5 lac |
| | *Residential Status | 7.5 - 10 lac | 10 - 15 lac Rented/Lease | 15 - 25 la | | 50 lac - 1Cr |
| 1. ODEDATING | | 0wned | nemed/Lease | ed Ancestral | Training Company provide | u |
| 1e. OPERATING II | | Fither of Committee | lainth. /A | TM/Dobit Court come - 1 | ho inqued) | Survivor Anyono or Committee |
| 1. Mode of Operation | | Either of Survivor | | TM/Debit Card cannot | | |
| 2. Sweep out instruc | . , , | e product codes) | Yes No | 3. If Mandate i | s to be continued in the accou | nt (wherever Applicable) Yes No |
| 1f. SAVINGS ACC | OUNT VARIANT | | | | | |
| *I / We wish to chang (i) Savings Reg | | f above Minor accou (ii) Savings Max A/c | | men's Savings A/c. or, | (iv) DigiSave Youth A/c | (v) Others |
| maintenance of the a | above monthly/quart | | attract charges. The | ese charges have been | explained to me for the respec service charges and fees brock | |
| 1g. DEBIT CARD | | | | | | |
| Choose Debit Card 1 | | Easy Shop Reg | gular Easy S | Shop Platinum | Others (Mention Card Code) | (Existing debit card will be destroyed and a new card will be issued as per request) |
| | | | | | | will be issued as her request) |

| 1h. FATCA DETAILS & DECLARATION (All ⁶⁴⁷ marked fields are mandatory) | |
|--|-----------------|
| 1. Father's Name:* | |
| 2. Spouse's Name: | |
| 3. Country of Birth:* | |
| 4. City of Birth:* | |
| 5. State:* 6. Marital Status:* Married Unmarried Other | |
| 7. Nationality:* | |
| (if national of more than one country mentioned all countries) 8. Country of Tax Residency: (Other than India) | |
| | |
| 9. Tax ID No.: (TIN No.): (For tax resident of other country than India) | |
| 10. Identification Type (TIN or Other):* | |
| 11. Residential Status: Resident Individual Non Resident Indian Foreign National Person of Indian Origin | |
| 12. Address for Tax Purpose other than Mailing Address (Please Tick)* Same as Permanent Address | |
| | |
| 13. Address for Tax Purpose other than Residential Address (Please Tick)* Residential and Business Business Registered Office | |
| 14. Proof of Address* Passport Expiry Date: D D M M Y Y Y Y D Driving License Expiry Date: D D M M Y Y Y Y | |
| Aadhaar Card Voter ID NREGA Job Card Letter from National Population Register | |
| 15. Identification Number (For Address Proof Type mentioned)* | |
| 16. Identification Type* Passport Expiry Date: D D M M Y Y Y Y Driving License Expiry Date: D D M M Y Y Y Y | _' |
| , | |
| Aadhaar Card Voter ID NREGA Job Card Letter from National Population Register | |
| 17. Identification Number (For Identification Type mentioned)* | |
| 2. NON DBT (To be filled only if Aadhaar is attached as ID/Address Proof) | |
| Aadhaar Consent: | |
| 1. I/We hereby voluntarily opt for Aadhaar OVD KYC or e-KYC or offline verification, and submit to the bank my Aadhaar number, Virtual ID, E-Aadhaar, XML, N | asked |
| Aadhaar, Aadhaar details, demographic information, identity information, Aadhaar registered mobile number, face authentication details and/or biometric information (collectively, "information"). 2. I am/We informed by the bank, that: (i) Submission of aadhaar is not mandatory, and there are alternatives options for KYC and establishing identity including by way of physical KYC with a contraction of the contr | officially |
| valid documents other than aadhaar. All options are given to me. | nnolally |
| (ii) For E-KYC/Authentication/offline Verification, Bank will share aadhaar number and/or biometrics with CIDR/UIDAI and CIDR/UIDAI will share with bank, authentication data, aadhaar | data, |
| demographic details, registered mobile number, identity information, which shall be used for the informed purpose mentioned in 3 below. 3. I/We authorise and give my consent to the bank (and its service providers), for following informed purposes. | |
| 3. I/we authorise and give my consent to the bank (and its service providers), for following informed purposes. (i) Kyc and periodic KYC process are as per day PML Act 2002. Rules there under and RBI guidelines, Or for establishing my identity, carrying out identification, Offline verification or E-I | (YC or |
| Yes/No authentication, demographic or other authentication/ verification/ identification as may be permitted as per applicable law for all accounts, facilities, services and relationships of/throu | |
| bank, existing and future. (ii) Collecting, sharing, storing, preserving information, maintaining records and using the information and authentication/ verification/ identification records: (a) for the informed purpose about | ve (h) |
| (ii) Collecting, sharing, storing, preserving information, maintaining records and using the information and authentication/ verification/ identification records: (a) for the informed purpose above as well as for regulatory and legal reporting and fillings and/or (c) where required under applicable law; | v6, (D) |
| (iii) Enabling my account for Aadhaar enabled payment services (AEPS); | |
| (iv) Producing records and logs of the consent, information or of authentication, identification, verification etc., For evidentiary purposes, including before a court of law or any authority. | o OTD |
| 4. I/We understand that the Aadhaar number and core biometrics will not be stored/ shared except as per law and for CIDR submissions. I/We have downloaded the E-aadhaar myself using the received on my aadhaar registered mobile number. I/We will not hold the Bank or its officials responsible in the event this document is not found to be in order or in case of any incorrect information. | |
| provided by me. | |
| 5. The above consent and purpose of collecting information has been explained to me in my local language. | |
| 3. NOMINATION | |
| 1. I wish to retain the existing nominee which is updated on my account. 2. No, I/We declare that I do not wish to make a nomination in my/our account. | |
| 3. I/We wish to delete the existing Nominee updated in the account. 4. Yes, I/We wish to nominate (in case of nominee is not registered in the account | |
| Nominee Modification | |
| 5. I/We wish to cancel the nomination made by me/us in favor of (Mention Na | me, |
| Address & Contact No. of existing nominee) | |
| and here by nominate the following person as the new nominee in my/our accomposition under Sec. 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies Rules 1985 in the respect of Bank deposits. I/We nominate the following | |
| to whom in the event of my/our/minor's death the amount deposit in the account, particulars whereof are given below, may be returned by HDFC Bank Ltd., by the account opening | |
| Nominee detials mandatorily required incase option 4 or 5 is ticked | |
| 6. Nominee Name:* | |
| 7. Company Name / | |
| Flat No & Bldg* | |
| 8. Landmark* | |
| 9. City* | |
| 11. State* 12. D.O.B of Nominee* D D M M Y Y | YY |
| 13. Pincode* 14. Relationship with Depositor, if any:* | |
| 15. Mobile No: | |
| 16. Email ID: | |
| As nominee is a minor on this date, I appoint to receive the amount of the deposit in the account on behalf of the nominee in the event of my / minor's death during the minority of the no | minee |
| | |
| nomir | |
| - 1011 (1010 1010 1 1 1 1 1 1 1 1 1 1 1 1 | ee is minor) |
| 12. D.O.B of Nominee* D.D.M.M.Y.Y. | |

| **In case | e form is | being | proce | SSE | ed ba | sis | s thu | mb | im | pres | sio | n, N | omir | ati | on t | o be | at | test | ed b |)y 2 | witr | iess | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|---------------------------------------|--|----------------------------|------------------------------------|--------------------------|------------------------------|-----------------------------------|----------------------------------|-----------------------------|-----------------------------------|-------------------------|----------------------|-------------|-------|---------------|-------|--------|-------|-----------------|--------------|-------|-------|-------|--------|-------|-------|------|--------|-------|--------|-----------|--------|------|-----------|-----------|-------|--------|----------|
| 19. Witne | ess 1 Na | me: | | | | | | | | | | | | | | | | | _ | | 20. | Witn | ess 2 | 2 Na | me:_ | | | | | | | | | | | | | | | | _ |
| Witn | ess Add | ress: | | | | | | | | | | | | | | | | | | | | Witn | ess A | Addr | ess: | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | • | | | | | | | | | | | | | | | | | | | | | | |
| Witne | ess 1 Sig | n: | | | | | | | | | | | | | | | | | | | , | Witne | ess 2 | Sig | n: | | | | | | | | | | | | | | | | |
| Place |): | | | | | | | | | | D | ate | . D | Тр | | /I IV | 1 | Υ | Υ | | | Place | : | | | | | | | | | | | |)ate | : D | D | M | M | Υ | У |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | _ | | | | | | · | |
| Nominati | ıb impres | sion s | hall be | atte | ested | by | 2 wi | itne | ess | | | | | | | | | | | | | | | | | | | | | Ke | gistra | atior | 1 Dat | e: | D | D N | /1 1\/ | 1 Y | Y | Υ | <u> </u> |
| * Where (| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ı be | mad | e in | favo | ur of | foni | y on | e ind | ividu | ıal. | | |
| 21. Plea | se tick i se fill up | | | | | | | | | | | | | | | | | | | | | | | Г | 7 | PPF | | Г | s | SA | | | | | | | | | | | |
| 4. FOR | |) a 561 | alauv | 11 10 |) | y | ou w | 1511 | 10 | upu | alt | aliu | uiei | 1111 | uitij | JIE II | IOIII | IIIIE | 551 | III PF | T at | ccoul | IL | | | | | | | | | | | | | | | | | | |
| Form for | | tion to | be fill | ed | by an | ı in | ndivid | dua | ıl or | a p | erso | n (r | ot b | ein | g a | com | pai | ny o | r a f | firm) |) wh | o do | es no | t ha | ve a | perr | nane | ent a | CCO | unt | num | ber | and | who | o en | ters | into | any | trans | sactio | on |
| specified | | | | | | | | | | | | | | | | | | | | D | | | D | | IVI | | 1 | IVI | | | Υ | | | Υ | | | γ | | γ | 7 | 1 |
| 1. | If appli and ac | | | | | | | ger | 1era | ited | ent | er d | ate (| of a | ppli | icati | on | | | T | | | | + | 101 | | | IVI | | | Ť | | | Ť | | | T | + | | | - |
| 2. | If PAN | not ap | plied. I | Fill on | estin | nat Id | ted to | ota | l inc | com | e (ir | ıclu | ding | inc | com | e of | spo | ouse | e, m | inor | chil | ld etc | as p | er s | ectio | on 64 | 1 of i | nco | me- | tax | Act, | 196 | 1) fo | r th | e fir | nanc | ial y | ear i | n wh | nile | 1 |
| 3. | Agricul | | | | | _ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 |
| 4. | Other t | han aç | jricultu | ıral | inco | me | e (₹): | : | | | | | | | | | | | | | | | | | | | | | | | | | | \dagger | | | \dagger | \dagger | | | 1 |
| Fixed De | posit / Ro | ecurrir | g Depo | sit | detai | ls 1 | to be | me | entic | onec | l bel | ow | for F | orm | 1 60 | to b | e uj | pdat | ed: | | | | 1 | | | | | | | | | | | 1 | | | | | | | ٦ |
| FD/RD 1) | | | | Ţ | | | | | | | | | | | | | | | | | FD/ | RD 5) | | | | | | | | | | | | | | | | | | | |
| FD/RD 2) | | | | Ì | | Ī | | | | | | | Ì | Ì | | | | | | | FD/ | RD 6) | | | | | | | | | | | | | | | Ì | | | |] |
| FD/RD 3) |). | | | | | | | | | | | | | | | | | | | | FD/ | RD 7) | | | | | | | | | | | | | | | | | | | |
| FD/RD 4) Or you m | | | | | | | | | | | | | | | | | | | | | FD/ | RD 8) | | | | | | | | | | | | | | | | | | | |
| estimate the finan Verified | cial year | in whi | ch the | abo | ove tra | ans ay | saction of _ | on i | is he | eld v | vill k 2 | e le 20 | ss th | an | max | kimu | m a | amo | unt | not o | char | geabl | e to t | ax. | | | | | | | n the | pro | visio | ons o | of Inc | come | e-tax | (Act | 196 | 1 for | |
| PPF Acc | ount No. | : [| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sukanya Account | | hi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. TER I agree to At the Existin I confir Public You wi Fixed [| time of co g Standin rm all tran Provident Il be regis | wing poonwersing Instractions of Instractions of Fund | oints: on Net uctions, ns done and Sul or Insta | Bar , if f e in kan a Ale | rking v from g the M ya Sa erts- c | jua lind mri cred | rdian or und iddhi dit/ D | s a der acc ebi | ccou Gua coun t Tra | unt v ardia nt wil ansad | vill b n ac Il be ction | e de cour con , Mi | ecline nt, Hl verte nimu | d DFC d to m E | will sin Balar | not I | be r | respo ated | acc | count | if de | e sam etails | ne are pi | rovid | led | | | | | | | | | | | | | | | | |
| 7. ACC | OUNT | HOLD | ER'S | N | AME | A | ND | SI | GN | ATU | JRE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thu | ımb İmpi | ressio | ı / Sigı | nat | ure (1 | st | Арр | lica | ant) | | | | | Γhu | mb | Imp | res | sion | n / S | igna | aturo | e (2n | d App | olica | nnt) | | | | Thu | ımb | Imp | ress | sion / | / Sig | gnat | ture | (3rd | Арр | lican | t) | |
| Name: | | | | | | | | | | | _ | N | lame | | | | | | | | | | | | | | | Namo | e: | | | | | | | | | | | | |
| I/We con In case o | nfirm tha of guard | it I/We ian co | have i | rea tior | d and the | l u sa | nder me t | sto o b | od 1 e si | the a | abov d by | ve D | ecla th jo | rat int | ion hole | and ders | tha | nt th | e de | etails | s pro | ovide | d on | the | form | n are | cor | rect. | | | | | | | | | | | | | |
| CUST | OMER | ACK | IOWL | ΕŪ | GEN | ΛE | NT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I/ We | acknowl | edge t | ne rece | ipt | of Mi | noı | r to N | lajo | or u | pgra | dati | on r | eque | st. | | | _ | | | | | | | | | Da | ate o | f Red | ques | t Re | ceive | ed: | D | D | M | M | Υ | Υ | / Y | | |
| | mer Nan ınt Numb | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0000 |
| | | | | ne | ficial | _ | _ _ | _ _ | | | | _ | _ | | | | | | | | | | | | | c: | uno4- | uro s | 5 C+ | gper | | | | | | | | | | | 3 |
| wame | & Emp. | ו זט מו | əi aricii | UĬ | ııcıal | - | | | | | | | | | | | | | | | | | | | | 9I(| JIIATI | are 8 | x Əli | аШр | - | | | | | | | | | | |

| o. Branch Cert | | Tick against the relevant check | |
|---|-----------------------------------|----------------------------------|---------------------------------|
| All Original documents are seen an | | Ц | |
| Customer signed in my presence o | | Ц | _ |
| PAN Verification of Account Application | | | _ |
| Signature Verified of the Account A | Applicant(s) | | _ |
| Banned Dedupe | | | |
| UCIC | | | |
| 0. | Particulars | | Tick against the relevant check |
| Applicant Name is as per OVD subr | miited. | | |
| Applicant's FATCA is completely fil | | | |
| Guardian /Joint Applicant (s) FATC | | k records | |
| In case of Name Change, separate | | | |
| Aadhaar no. is redacted in case of | | | |
| Form 60 income and AML gross inc | | | |
| Correct AMB is mentioned on form | | | |
| MOP is correctly mentioned on the | | | – |
| Contact detail of the Minor is corre | | | |
| Nominee DOB, address is updated | | d else same is mentioned on form | |
| Correct Debit card Product code m | | a clos came to mentioned on form | |
| Mother's Maiden name mentioned | | cords | |
| Guardian Declaration to be duly fill | | 70140 | |
| Applicant latest Photograph to be a | | | |
| Address on form should match wit | | | |
| Incase of name mismatch in docu | | tion for name is provided | <u> </u> |
| | | | |
| RM / PB Signature | BDA Verification | ure | |
| | BDA Verification BDA Employee ID: | | |
| Sourced | BDA Verification | | inch Stamp with Date |
| Sourced PB Employee ID: | BDA Verification BDA Employee ID: | | nnch Stamp with Date |