

HDFC Know Your Customer (KYC) Application Form (Resident Individuals)

DEPOSITS		P	lease fill the	informa	ation in E	BLOCK	(Letters	and	1	in app	oropria	ate pla	aces.	Field	s mar	ced v	with *	are	manda	tory.		
The information is sough For existing Depositor, 1. Customer Detail	the informa	ition furnish	ed herein w	ill supe	rsede th	e info	les notif	fied th	hereu ilable	nder :	and R e reco	eserv ords o	e Bar of HDI	k of C.	India (Kno	w You	ır Cı	stome	r (KYC)) Directi	ons, 2016.
CKYC Identifier (Skip if not alloted)	S: \	(F: (A)			/h 4: 1 11	N.	(If KYC		stome ady com										ender*	ı	ate of Bir	th*
Name*	TIX)	(First N	ame)		(Middl	e Nan	ne)				(Last I	ivame)				N	N/F/T			
Guardian's Name																						
(in case of Minor) Guardian's Customer No.																			Α	ge Proo	f	
(in case of Minor) Maiden Name (if any*)																						
Father/Spouse																						
Name* Mother's Maiden Name*																						
Current/Permanent																			Pa		est passp	
Address* Line 1*																					otograph OT STAF	
Line 2																						
Line 3																						
City*	Pin Code*																					
State/U.T.*									Cou	ntry		- 1	N	D	1.	Α						
Correspondence / Local Ad	dress* 🔲 Ple	ease tick if same a	as Current/Permane	ent Address	S																	
Line 1*																						
Line 2																						
Line 3									В.	.												
City*										Code*												
State/U.T.*										ntry		1	N	D	Ι.	A						
City of Birth*									Cou	ntry o	f Birth	1	N	D	Ι.	A						
PAN No.* (If PAN is not available, submit Form 6	0)								Nati	onalit	у	1	N	D	1	Α	N C	itizer	ship	I N	DI	A N
☑ I am not a tax-resid	lent of any	country oth	ner than Indi	a. (In c	ase you	are a	a tax-re	sider	nt of a	any c	ountry	y othe	er tha	n Inc	dia, kii	ndly	subr	nit se	eparat	e KYC	form.)	
CUSTOMER PROF	ILE DETA	ILS																				
Occupation	Salaried	Se	lf-employed	Ret	ired	9	Self-emplo	oyed p	orof.	Hou	sewife		Pol	itician		St	udent		Othe	ers		
If salaried, employed with	Private I	_td. Pa	rtnership	Pro	prietorship	F	Public Ltd			Pub	lic sect	or	Go	vernm	nent	Mı	ultinati	onal	Othe	ers		
Self Employed since	Yea	rs	Months																			
Nature of Business	Manufac	cturing Se	rvice Provider	Agri	iculture	Bullio	on/Gold/J	ewelle	ery	Stoc	ck Brok	er	Real E	State	Tra	ader	M	oney	Lender	Oth	ers	
Date of incorporation																						
Type of Company/Firm	Sole Pro	prietorship		Par	tnership		Public Ltd	. Co.			ate Ltd		Oth	ers_								
Self Employed Professional	Doctor		VCS		vyer		rchitect				Consulta	ant	Oth	ers_								
Source of funds	Salary		siness Income	ŭ	iculture		nvestmer			Othe		40	4= 1 11	_	45 05							4.00
Gross Annual income (₹)	< 50,000	50,000 <	1 lakh 1 <	3 lakh	3 < 5 la	_	5 < 7.5		_	< 10 la	_		15 lakh		15 < 25	lakh	2	5 < 50	lakh	50 lal	h < 1 CR	>= 1 CR
Qualification:	O	De			Status*:					arried		Others										
Residence type	Owned		nted/Leased		estral/Fan	,	Compar			olotivo	of DE	D										
Please tick (/) If the following is additionally applicable to you Politically Exposed Person (PEP) Relative of PEP 2. (A) Proof of Identity & Current / Permanent Address* (Please attach self-attested copy of any one of the following Officially Valid Documents (OVD) and carry original document for verification.)																						
Proof of Identity* Proof o	_												ilicially	valiu D	ocument	5 (OV	D) allu	carry o	rigiriai uc	Cument it	verilloation	i.)
		Proof of po (Please redact/black	ssession of A out first 8 digits of Aadha	\adhaai ar Number)	r number	Х	X X	X	X	X	X >	(Е	xpiry	/ Da	te			
		Passport	No.																			
		Driving Li	cence No.																			
		Voter ID C	ard No.																			
2. (B) Correspondence																						
3. CONTACT DE	TAILS: (A	All communic	ation will be s	ent to M	lobile nur	nber/E	mail-ID p	rovid	led be	low. K	(indly	ensure	e that	the co	ontact	detai	ls bel	ong t	o the a	oove cu	stomer o	nly.)
Mobile* + 9 1				E	Email ID																	
Tel. (Res)							Те	I. (Off)													
Tax to be deducte	d □ Ye	s □ No	If No, Ple	ase s	ubmit F	orm	15G C	R F	orm	15H	l (for l	Depo	sitors	age	ed 60 y	/ear	s an	d ab	ove).			
I am interested to kno	w more ab	out other p	roducts offe	ered by	HDFC	Ltd. a	ınd its g	group	con	npani	es.		'es		No							
I certify that the information provide	d above is in acco	ordance with sect	ion 285BA of the Ir	come Tax	Act, 1961 re	ad with F	Rules 114F	RAT to 114H	of the l	ncome	Tax Rule	s, 1962.	I have r	ot with	held any	mater	ial infor	mation	that may	affect the	assessment	categorization
I certify that the information provide of the account as a Reportable acc sharing, transfer and disclosure be sharing, transfer and disclosure be all times with all relevant laws relat I hereby submit voluntarily at my o	tween them and ing to reporting	to the authorities under section 285	in and/or outside BA of the Act rear	India of an	ny confidentia Rules there	al inform inder.	ation for co	mplian	ce with	any law	or regul	ation wh	nether d	omesti	c or forei	gn. It s	shall be	my res	ponsibilit	y to educ	ite myself a	nd to comply at
I hereby submit voluntarily at my ow through such acceptable manner a	vn discretion, the s stipulated by U	proof of possess	ion of Aadhaar to h	HDFC Ltd.	for the purp	ose of es	stablishing i	my iden	ntity/add	lress. I v	oluntaril	y give m collectir	ny conse ng Aadh	nt for v aar has	erifications been ex	of m	y Aadha ed to me	ar (wh	erever su al langua	bmitted) t ge. HDF0	establish it Ltd. has int	s genuineness ormed me that
my Aadhaar submitted herewith sh I hereby authorise HDFC Ltd. to se	all not be used for earch, download	or any purpose of and store my K	ther than mentioned Control of Co	ed above,	or as per rec	quiremer purpose	nts of law. He of KYC o	IDFC L	td. has	informe ereby de	d me tha eclare th	at this co	onsent a letails fu	nd my	Aadhaar d above	will be	e stored	with F	IDFC Ltd to the be	st of my	nowledge a	nd belief and I
												, I am a	ware tha	at I may	y be held	liable	for it. I	hereby	consent	to receivi	ng information	n from Central
I hereby give my consent to HDFO transactions using OTP authentica with regulations.	Ltd. for sending tion. I also agree	g OTP (One Time e to furnish such	e Password) on m information and/o	y mobile r r documen	number and nts as HDFC	email id Ltd. ma	to facilitate y require fr	proces rom tim	ssing or ie to tim	r my dep ne to cor	posit mply	Sign	ature	· * ·								
Place:			Da	ite :								olgii	aturt									
1 1400 .			Da																			

or Office	Use Only								
Documents	Received	Certified Copies	Scan Sr. No.				Application Type	New	Update
	DETAILS	IN-PERSON VERIFICA	ATION & KYC DOCU	MENTS VERIFIED BY			INSTITUTION DETAIL	_S	
	Empl. Name				N	ame :	HOUSING DEVELOPMENT	FINANCE	
	Empl. Code						IN2294		
	Empl. Branch					ode : _			- -
	Date				In	stitutic	on stamp		
	Empl. Signature								

HOUSING DEVELOPMENT FINANCE CORPORATION LIMITED

Regd. Office: Ramon House, H T Parekh Marg, 169, Backbay Reclamation, Churchgate, Mumbai 400 020.

Phone: 022-67546060 (for Deposits only) Email: deposits@hdfc.com Website: www.hdfc.com CIN: L70100MH1977PLC019916