



HOUSING DEVELOPMENT FINANCE CORPORATION LIMITED
 Regd. Office: Ramon House, H T Parekh Marg, 169, Backbay Reclamation,
 Churchgate, Mumbai 400 020. CIN: L70100MH1977PLC019916
 Email: deposits@hdfc.com Website: www.hdfc.com

Agent's Name:
Code No.:

DEPOSIT APPLICATION FORM (Resident Individuals)

PLEASE USE BLOCK LETTERS AND TICK IN APPROPRIATE PLACES (PREFERABLY IN BLACK INK)

Agents are not permitted to accept cash with application form and issue receipt. HDFC will in no way be responsible for such or other wrong tenders. Date : _____

I/We apply for placement/renewal of deposit at _____ Branch for a period of _____ months and will earn interest @ _____ % p.a.							
PAYMENT DETAILS							
Cheque No. _____ RTGS/NEFT (UTR) No. _____ Date: <table border="1" style="display: inline-table; text-align: center;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	
D	D	M	M	Y	Y		
Amount ₹ _____ Bank Name _____ Branch _____							
HDFC Deposit Receipt No. _____ Maturity Date <table border="1" style="display: inline-table; text-align: center;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	<input type="checkbox"/> FIXED RATE INTEREST <input type="checkbox"/> VARIABLE RATE INTEREST
D	D	M	M	Y	Y		
SCHEME : <input type="checkbox"/> ANNUAL INCOME PLAN <input type="checkbox"/> MONTHLY INCOME PLAN <input type="checkbox"/> NON-CUMULATIVE (Quarterly) <input type="checkbox"/> NON-CUMULATIVE (Half Yearly) <input type="checkbox"/> CUMULATIVE <input type="checkbox"/> DOUBLE MONEY	CATEGORY : <input type="checkbox"/> Member of Public <input type="checkbox"/> Shareholder <input type="checkbox"/> Director/Relative of a Director <input type="checkbox"/> Employee (No. _____)						
STATUS : <input type="checkbox"/> Resident Individual <input type="checkbox"/> Hindu Undivided Family	DEPOSIT REPAYABLE TO : <input type="checkbox"/> First Depositor <input type="checkbox"/> First Depositor or Survivor/s						
	SENIOR CITIZENS (60 years & above) <input type="checkbox"/> YES <input type="checkbox"/> NO						

First / Sole Depositor's Details (as appearing in your supplied identification document)		Gender M / F	Date of Birth (Compulsory) <table border="1" style="display: inline-table; text-align: center;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y				
Name _____			<table border="1" style="display: inline-table; text-align: center;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D			M	M	Y	Y		
Guardian's Name <i>(in case of Minor)</i> _____									
Address _____		Affix a latest photograph with signature. (DO NOT STAPLE) IGNORE if already submitted earlier							
Pin Code _____									
Email ID _____	Aadhaar No. _____								
Mobile _____	PAN _____								
Customer No. (If KYC is already complied) _____									
Annual Income <input type="checkbox"/> Up to ₹ 2,00,000 <input type="checkbox"/> ₹ 2,00,001 to ₹ 5,00,000 <input type="checkbox"/> ₹ 5,00,001 to ₹ 10,00,000 <input type="checkbox"/> ₹ 10,00,001 to ₹ 25,00,000 <input type="checkbox"/> ₹ 25,00,001 & above									
Occupation <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Please specify) _____									
Please tick (✓) If the following is additionally applicable to you <input type="checkbox"/> Civil Servant <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Current or Former MP, MLA or MLC <input type="checkbox"/> Politician <input type="checkbox"/> Current or Former Head of State									

Second Depositor's Details (as appearing in your supplied identification document)		Gender M / F	Date of Birth (Compulsory) <table border="1" style="display: inline-table; text-align: center;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y				
Name _____			<table border="1" style="display: inline-table; text-align: center;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D			M	M	Y	Y		
Address _____									
Pin Code _____		Affix a latest photograph with signature. (DO NOT STAPLE) IGNORE if already submitted earlier							
Email ID _____	Aadhaar No. _____								
Mobile _____	PAN _____								
Customer No. (If KYC is already complied) _____									
Annual Income <input type="checkbox"/> Up to ₹ 2,00,000 <input type="checkbox"/> ₹ 2,00,001 to ₹ 5,00,000 <input type="checkbox"/> ₹ 5,00,001 to ₹ 10,00,000 <input type="checkbox"/> ₹ 10,00,001 to ₹ 25,00,000 <input type="checkbox"/> ₹ 25,00,001 & above									
Occupation <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Please specify) _____									
Please tick (✓) If the following is additionally applicable to you <input type="checkbox"/> Civil Servant <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Current or Former MP, MLA or MLC <input type="checkbox"/> Politician <input type="checkbox"/> Current or Former Head of State									

Third Depositor's Details (as appearing in your supplied identification document)		Gender M / F	Date of Birth (Compulsory) <table border="1" style="display: inline-table; text-align: center;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y				
Name _____			<table border="1" style="display: inline-table; text-align: center;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D			M	M	Y	Y		
Address _____									
Pin Code _____		Affix a latest photograph with signature. (DO NOT STAPLE) IGNORE if already submitted earlier							
Email ID _____	Aadhaar No. _____								
Mobile _____	PAN _____								
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Annual Income <input type="checkbox"/> Up to ₹ 2,00,000 <input type="checkbox"/> ₹ 2,00,001 to ₹ 5,00,000 <input type="checkbox"/> ₹ 5,00,001 to ₹ 10,00,000 <input type="checkbox"/> ₹ 10,00,001 to ₹ 25,00,000 <input type="checkbox"/> ₹ 25,00,001 & above									
Occupation <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Please specify) _____									
Please tick (✓) If the following is additionally applicable to you <input type="checkbox"/> Civil Servant <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Current or Former MP, MLA or MLC <input type="checkbox"/> Politician <input type="checkbox"/> Current or Former Head of State									

FOR OFFICE USE ONLY

Document Reference No.	Date of Receipt	Verified by	Remarks

Proof of Identity to be provided by Applicant. (Please submit ANY ONE of the following self-certified documents)	Proof of Address to be provided by Applicant. (Please submit ANY ONE of the following self-certified latest documents)
<ul style="list-style-type: none"> • UID/Aadhaar Card • PAN Card • Voter's Identity Card • Driving License • Passport • Any other Identification with Photograph (Subject to satisfaction of HDFC) 	<ul style="list-style-type: none"> • UID/Aadhaar Card • Passport • Voter's Identity Card • Telephone Bill • Electricity / Gas Bill • Bank/Demat Account Statement • Registered Rent Agreement • Any other Address proof (Subject to satisfaction of HDFC)

DETAILS OF BANK ACCOUNT	
Interest on my/our deposit/s with HDFC may be credited to my/our bank account directly through ECS/direct credit facility. Redemption proceeds may also be credited to my/our following bank account on receipt of discharged FDR from me/us.	
Bank Account No. <input style="width: 90%;" type="text"/>	Name of Bank : _____
MICR Code : <input style="width: 80%;" type="text"/>	Branch : _____
IFSC Code : <input style="width: 80%;" type="text"/>	

Tax to be deducted Yes No. If No, Please submit Form 15G OR Form 15H (for 60 years of age and above). (PAN is compulsory on Form 15G or Form 15H)

I/We hereby declare that the first named depositor mentioned in my/our application is the beneficial owner of this deposit and as such he/she should be treated as the payee for the purpose of tax deduction under Section 194A of the Income Tax Act, 1961. I/We hereby agree to abide by the attached terms and conditions governing the deposit.

I/We have gone through the financial and other statements/particulars/representations furnished/made by the Corporation and after careful consideration, I/We am/are making the deposit with the Corporation at my/our own risk and volition.

I/We further declare that, I/We am/are authorized to make this deposit in the above-mentioned scheme (HDFC Deposit) and that the amount kept in the deposit is through legitimate source and does not involve directly or indirectly any proceeds of schedule of offence and/or is not designed for the purpose of any contravention or evasion of the provisions of the Prevention of Money Laundering Act, 2002 and any Rules, Regulations, Notifications, Guidelines or Directions thereunder, as amended from time to time. I/We shall provide any further information and fully co-operate in any investigation as and when required by the Corporation in accordance to the applicable Law. I/We further affirm that the information/details provided by me/us is/are true and correct in all respect and nothing has been concealed. I/we hereby authorise HDFC to send Email/SMS alerts for all transactions relating to my/our deposits.

SIGNATURE OF DEPOSITOR(S)	
FIRST/SOLE/ GUARDIAN : _____	
SECOND : _____	
THIRD : _____	

FORM DA 1 : NOMINATION	
Nomination under Section 36B of the National Housing Bank Act, 1987 and Rule 2(1) of the Banking Companies (Nomination) Rule, 1985 in respect of HDFC deposits.	
I/We nominate the following person to whom in the event of my / our / minor's death the amount of this deposit may be returned by HDFC Ltd.	
Name & Address of Nominee	
	Pin Code
Email ID	Tel./Mobile
Relationship with Depositor (If any)	Age <input style="width: 20px;" type="text"/> Date of Birth of Nominee (if minor)* <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
* As the nominee is a minor on this date, I/We appoint (Name, address & age) _____	
to receive the amount of the deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.	
* 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. (use separate form DA 1)	
<input type="checkbox"/> Please tick if nominee's name should not be printed on Deposit Receipt.	
	SIGNATURE OF DEPOSITOR(S)#
	FIRST/SOLE/ GUARDIAN : _____
	SECOND : _____
	THIRD : _____