

Agent's Name: \_\_\_\_\_

Code No.: \_\_\_\_\_

## DEPOSIT APPLICATION FORM (TRUSTS & INSTITUTIONS)

**PLEASE USE BLOCK LETTERS AND TICK  IN APPROPRIATE PLACES (PLEASE REFER NOTES FOR GUIDANCE)**

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 : \_\_\_\_\_

We apply for placement/renewal of deposit at \_\_\_\_\_ Branch

for a period of \_\_\_\_\_ months and will earn interest @ \_\_\_\_\_ % p.a. The payment details are as under :

<b>PAYMENT DETAILS</b>	<input type="checkbox"/> Cheque <input type="checkbox"/> RTGS	Amount : ₹ _____
Cheque No. _____		Date : _____
Bank Name _____		Branch : _____
HDFC Deposit Receipt No. _____		Maturity Date _____
<input type="checkbox"/> <b>FIXED RATE DEPOSIT</b>	<b>SCHEME :</b> <input type="checkbox"/> MONTHLY INCOME PLAN <input type="checkbox"/> NON-CUMULATIVE ( <input type="checkbox"/> Quarterly Option <input type="checkbox"/> Half-Yearly Option) <input type="checkbox"/> ANNUAL INCOME PLAN <input type="checkbox"/> CUMULATIVE	
<input type="checkbox"/> <b>VARIABLE RATE DEPOSIT</b>	<b>STATUS :</b> <input type="checkbox"/> CHARITABLE TRUST <input type="checkbox"/> RELIGIOUS TRUST <input type="checkbox"/> EDUCATIONAL INSTITUTION <input type="checkbox"/> ASSOCIATION OF PERSONS <input type="checkbox"/> CO-OPERATIVE SOCIETY <input type="checkbox"/> PARTNERSHIP FIRM <input type="checkbox"/> OTHERS (SPECIFY)	
	<b>CATEGORY :</b> <input type="checkbox"/> MEMBER OF PUBLIC <input type="checkbox"/> OTHERS (Pls. Specify)	

If "Know Your Customer" (KYC) information is already submitted, please mention your Customer Number or kindly submit proof as mentioned overleaf.

Registration No. \_\_\_\_\_ Date of Incorporation/Agreement/Partnership Or Trust Deed / Formation of AOP \_\_\_\_\_  
 (In case of Companies and Firms)

### NAME AND ADDRESS OF THE TRUST/INSTITUTION (IN BLOCK LETTERS)

Name	_____				
Flat No. & Bldg. Name	_____				
Road No. / Name	_____				
City	_____			Pin Code	_____
State	_____			Country	_____
Tel.	_____			STD Code	_____
e-mail	_____				

Income-tax Permanent Account No. (PAN) \_\_\_\_\_  Applied for

### PARTICULARS OF BANK ACCOUNT

Interest on this deposit and redemption proceeds may be credited to above bank account directly through NACH/NEFT/RTGS/direct credit facility.

Bank Account No. _____	Name of Bank : _____
MICR Code : _____	Branch : _____
IFSC Code : _____	Account: <input type="checkbox"/> Savings <input type="checkbox"/> Current

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

We certify that the information provided above is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962. We also certify that we are not a tax-resident of any country other than India. We have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise. We permit/authorise HDFC Ltd. to collect, store, communicate and process information relating to the account and all transactions therein, by HDFC Ltd. and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign. We undertake to inform you immediately of any changes that may take place in the information provided above as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide revised self-certification along with documentary evidence. We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and HDFC Ltd. would be within its right to put restrictions in the operations of our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI)/RBI for the purpose or take any other action as may be deemed appropriate by HDFC Ltd. If the deficiency is not remedied by us within the stipulated period, thereby accept and acknowledge that HDFC Ltd. shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by us to HDFC Ltd. It shall be our responsibility to educate myself/ourselves and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules hereunder. We also agree to furnish such information and/or documents as HDFC Ltd. may require from time to time on account of any change in law either in India or abroad in the subject matter herein. We shall indemnify HDFC Ltd. for any loss that may arise to HDFC Ltd. on account of providing incorrect or incomplete information.

We further declare that, we 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. We shall provide any further information and fully co-operate in any investigation as and when required by the Corporation in accordance with the applicable Law. We further affirm that the information/details provided by us are true and correct in all respect and nothing has been concealed. We hereby authorise HDFC to send Email/SMS alerts for all transactions relating to our deposits. We have gone through the financial and other statements/particulars/representations furnished/made by the Corporation and after careful consideration we are making the deposit with the Corporation at our own risk and volition.

Name of Trustee(s)/Authorised Signatories with Tel. No.				Signatures of Trustee(s) / Signatories alongwith Seal/Rubber Stamp of the Trust	
i) Name	_____	PAN No.	_____		
		Mobile	_____		
ii) Name	_____	PAN No.	_____		
		Mobile	_____		
iii) Name	_____	PAN No.	_____		
		Mobile	_____		

### FOR OFFICE USE ONLY

Deposit Receipt No.	Stationery Serial No.	Date of Receipt	Date of Deposit	Checked by	Authorised by

## LIST OF DOCUMENTS TO BE SUBMITTED BY VARIOUS CATEGORIES OF CUSTOMERS FOR KNOW YOUR CUSTOMER (KYC) COMPLIANCE

Categories	Documents
<p style="text-align: center;"><b><u>Partnership Firms</u></b></p> <p><b>Detailed information about the following should be submitted :</b></p> <ul style="list-style-type: none"> <li>- Legal Name used</li> <li>- Complete Address of firm</li> <li>- Names of all partners and their addresses</li> <li>- Telephone numbers of the firm and partners</li> </ul>	<p><b>Certified true copy of the following documents:</b></p> <p>(i) Certificate of Registration issued by Registrar of Firms            (ii) Partnership Deed (iii) PAN Card (iv) Power of Attorney granted to a partner or an employee of the firm to transact business on its behalf (v) Any officially valid document identifying the partners and persons holding the Power of Attorney and their addresses. (vi) Telephone bill in the name of firm/partners</p>
<p style="text-align: center;"><b><u>Association of Persons</u></b></p> <p><b>Detailed information about the following should be submitted :</b></p> <ul style="list-style-type: none"> <li>- Legal Name used</li> <li>- Complete Address of Association</li> <li>- Names and addresses of the founder, the directors/managers of the association</li> <li>- Telephone numbers</li> </ul>	<p><b>Certified true copy of the following documents:</b></p> <p>(i) Certificate of Registration if registered (ii) PAN Card            (iii) Power of Attorney granted to transact business on its behalf (iv) Any officially valid document identifying the persons holding the Power of Attorney and their addresses.            (v) Resolution of the managing body of the association            (vi) Telephone bill in the name of association.</p>
<p style="text-align: center;"><b><u>Co-operative Societies</u></b></p> <p><b>Detailed information about the following should be submitted :</b></p> <ul style="list-style-type: none"> <li>- Legal Name used</li> <li>- Complete Address / Telephone Numbers of the Society</li> <li>- Name and addresses of the Chairman, Secretary, Treasurer and the members of the managing committee</li> </ul>	<p><b>Certified true copy of the following documents:</b></p> <p>(i) Certificate of Registration issued by Registrar of Co-operative Society (ii) PAN Card (iii) Resolution passed by the managing committee (iv) Telephone bill in the name of the society (v) Rules &amp; Regulations/Bye Laws</p>
<p style="text-align: center;"><b><u>Trusts &amp; Foundations</u></b></p> <p><b>Detailed information about the following should be submitted :</b></p> <ul style="list-style-type: none"> <li>- Names and addresses of the Trustees, Settlers, Beneficiaries and signatories</li> <li>- Names and addresses of the founder, directors / managers / beneficiaries of the trust</li> <li>- Telephone/fax numbers</li> </ul>	<p><b>Certified true copy of the following documents:</b></p> <p>(i) Certificate of Registration issued by the Charity Commissioner (ii) PAN Card (iii) Trust Deed (iv) Power of Attorney granted to transact business on its behalf            (v) Resolution of the managing body of the Trust            (vi) Telephone bill in the name of Trust (vii) Proof of Identity &amp; Residence of Partners / Trustees / Settlers / Beneficiaries / Signatories.</p>