HDFC Bank Investment Services Account

Application No.: __



I/ We request you to open an Investment services account to transact in Mutual Funds and link the same to the existing / new Bank account mentioned below: (The holding pattern of Investment Service Account should be similar to the Bank Holding pattern and cannot be changed later) Name of the bank account holder Holding Pattern Single Holding (S) Either or Survivor (E/S) Non Individual														от																						
												Single Holding (S) Either or Surviv							or (E/S) Non Individual																	
1st / sole holder																																				
2nd holder																																				
3rd holder Karta Name /																																				
Guardian Name / Authorized Signatory																																				
	PAN No*											Cust ID*																Date of Birth *								
1st / sole holder																																				
2nd holder																																				
3rd holder																																				
Karta Name / Guardian Name / Authorized Signatory																																				
Email ID*:											П													T	T		Ī					П				
(The product offering co	SE - Self SP - Spouse DC - Dependen												t (if any) which would be sent regularly to this ID) hildren DS - Dependent Siblings DP - Depend								pende	ent Parents GD - Guardian;														
Contact Number *: (K)								(0											(Mobil	e)															
Mobile No belongs to		SE -	Self		SF	- Sp	ouse		D	C - D	epen	dent C	hildr	en	- 1	DS -	Depe	nden	t Sib	ling	s	DI	P - De	epend	lent F	aren	ts		GD) - G	uard	ian;				
HDFC Bank Account No	umb	er															Ban	k Ac	cour	nt Ty	/ре	N	RE	N	RO	S	Savi	ings		Cu	ırren	t				
Nomination : "I/We	do hereby nominate the person on/_/ in respect of the units held by															by me	e/us.																			
Name and Address of	Nomination 1														1		Nomination 2						1		П	1	1	<u> </u>		Nomination 3						
Nominee												Н													H											
*City / State / Country												Н													H											
Date of Birth	D	D	M	M	Υ	Y	Υ	Υ	*PIN	N CO	DE:		D	D	M	M	Υ	Υ	Y	Υ	*PI	N CO	DE:		D	D	P	VI I	M	Υ	Υ	Υ	Υ	PIN C	ODE	
*Relation with										ocati	on %		*Allocation %											*Allocation %												
Applicant: (Refer Pg 2.) Guardian Name	*Allocation %												,///												3333300 7											70
Guardian Relationship with minor (Refer Pg.2)																							⊩													
*PAN / Aadhar / DL** or Passport / OCI/PIO (for NRI)																																				
Email Address*																																				
Mobile No.* *Opt Out Nomination	L																																			

Declaration

I/ We have read and understood the Terms and Conditions (a copy of which is in my/ our possession) applicable to Investment Services Account. I/ We agree to abide by the same. I/ We declare that the particulars given above are true to the best of my/ our knowledge as on the date of making such applications. I/ We undertake to inform, in writing, of any change in the particulars furnished above. I/ We further agree that any false/ misleading information given by me/ us or suppression of any material fact will render my/ our account liable for termination. I/ We declare that all the details in my/ our relationship record are true and correct and any instruction given to you to transact business on my/ our behalf shall be in due conformity with the applicable laws as may for the time being be in force. Any tax implication arising out of any transactions entered in to pursuant to these terms and conditions on solid the saper and beclare that any and all tax liability will be my/ our sole responsibility. I/ We half will be present deliver to the Bank 1961, and in the considerable to the bank's Investment Services Account and agreed to be bound by the said terms and conditions and including those excluding/limiting your Liability. I/ We agree that the particulars furnished to the Investment Services Account will not be closed till the time all my investment services Account and agreed to be bound by the said terms and conditions and including those excluding/limiting your Liability. I/ We agree that the particulars furnished to the Investment Services Account and agreed to be bound by the said terms and conditions and including those excluding/limiting your Liability. I/ We will be jointly and severally bound by the terms and conditions of the bank's Investment Services Account.

If we authorize HDFC Bank Ltd to link the above mentioned HDFC Bank Account/ New account maintained/ being opened by me/ us to the Investment Services Account.

If we authorize HDFC Bank Ltd to link the above mentioned HDFC Bank

Signature of

1st Holder 2nd Holder

Nominee Relation

AUNT / BROTHER-IN-LAW / BROTHER / DAUGHTER / DAUGHTER-IN-LAW / FATHER / FATHER-IN-LAW / GRAND DAUGHTER / GRAND FATHER / GRAND MOTHER GRAND SON / MOTHER-IN-LAW / MOTHER / NIECE / SISTER / SISTER-IN-LAW / SON / SON-IN-LAW / SPOUSE / UNCLE / OTHERS (Please specify)

Guardian Relationship

F-FATHER / M-MOTHER / C-COURT APPOINTED LEGAL GUARDIAN

For Office	or Office use																												
Signature Verified Yes Bank Account E/S Account OR Single Yes Customer Details Verified Yes																													
Net Bank	Net Banking / Phonebanking Activated Yes (Application for Netbanking/ Phonebanking to be signed by the First holder) RM Signature RM Employee Code																												
RM Nam	е	RM Signature												RM Employee Code															
Primary RM Name:														T	Primary RM CAMS C	AMS Code:													
Shadow RM Name:														;	Shadow RM CAMS Code:														
Branch													Branch Code:																
LC Co	de (For ı	use by Coex only):												ı	Date of form filing:		D	D	M	M Y Y Y Y									
I here by	confirm	that all the docume	ents h	nave be	en	seen	and	l veri	fied wi	th Ori	igina	als.																	
RM Name									RM Si	anatı	ıro					RM E	mnlo	vee (^ode										
TAW Nam									T (IVI OI	griate	ai C																		
BM Nam	е								BM Signature							Code													
										gcc								,											
(To be ve	To be verified either by RM/ BM or PBG Advisor)																												
	CHE	IECKLIST																ICK ERE											
1	Ensu	sure that NAME/ PAN NO / CUST ID of all the applicants are mentioned.																											
2																													
3	In cas	se applicant is HUF	F	NAME	/ P/	AN N	0/0	cus	Γ ID of	Kart	a is	mentioned																	
4	HDF	HDFC Bank A/c. No is mentionedIn case of existing Bank Customers																											
5	Signature of all Bank Account Holders present on the form																												
6	Signa	atures verified T	Γick ir	n Box -	YES	S/NO																							
7	Custo	omers details verific	ed	-Tick ir	n Bo	охY	ES/	NO																					
8	RM N	IAME/ RM SIGNA	TURE	=/ RM [ΞMI	P CO	DE i	s pre	esent c	n the	forr	m																	
9	Prim	ary RM CODE/ Sh	adov	w RM (00	DE (in	cas	e of	shado	w cre	edit) i	is mentione	d																
10	Brand	ch Name/Branch C	ode o	of the F	RM	is me	ntio	ned																					
11	Any a	alteration on the for	m is	counte	rsig	ned b	oy al	I the	applic	ants																			
12	Emai	I Id & Contact Num	bers	of the	Cus	stome	er is	men	tioned																				
13	Appli	cation for Netbanki	ing / F	² honet	anl	king t	o be	sigr	ed by	the F	irst	holder (if n	ot regis	stere	ed)														
14	CVL	Print out of KYC ve	erifica	tion is	atta	ched	with	ı ISA	form	with p	orope	er attestion																	
15	Debit	Mandate attached	i.																										

⁽I) The ISA account Holding pattern has to be lines with the Bank account Holding pattern. For example, For Bank Account with the A, B & C as holders the ISA Holding patterns can be (i) A, B & C.....(ii) A & B......(iii) A & C only. The holding pattern once registered cannot be changed in future.

⁽ii) KYC certification for all the holders of the ISA account is mandatory. Pls attach the KYC certification copies or duly filled KYC application froms for all the proposed holders.