

Application Form – DD in Cash

(CASH should not exceed Rs 49,999/-, KYC MANDATORY)

Date: _____

Branch: _____

Issue Demand Draft payable at _____

Favoring _____

For amount Rs. (in figures) _____

Amount in words _____

Photo
Mandatory

All details are MANDATORY:

1	Requestor Name with Prefix –	Date of Birth - DD / MM / YYYY																								
2	Mobile Number -	PAN / Form 60 (As Applicable) -																								
3	Mother's Maiden name -	Customer Residential Status – <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin Visa Type <input type="checkbox"/> Employment Visa <input type="checkbox"/> Student Visa <input type="checkbox"/> Tourist Visa <input type="checkbox"/> Business Visa <input type="checkbox"/> Multiple Entry Visa <input type="checkbox"/> Others (pls specify) Visa Expiry Date: ____/____/____																								
4	Spouse Name if Married -	Politically exposed person - Yes / No																								
5	Communication Address - Tick if Communication Add is same as Permanent Address <input type="checkbox"/> Permanent Address – <table style="width: 100%;"> <tr> <td style="width: 50%;">City -</td> <td style="width: 50%;">State -</td> </tr> <tr> <td>Country -</td> <td>Pin Code -</td> </tr> </table>		City -	State -	Country -	Pin Code -																				
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Country -	Pin Code -																									
6	Address Type -	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office																								
7	Place / City of Birth -	Country of Birth -																								
8	Gender - <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender	Marital Status – <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Other																								
9	Father's name -	Nationality (country) -																								
10	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Requestor Details</th> <th style="width: 15%;">Country of tax residency</th> <th style="width: 15%;">Tax identification No</th> <th style="width: 15%;">Identification type</th> <th style="width: 20%;">Please tick if add. For tax purpose is other than mailing address</th> <th style="width: 20%;">Please tick if address type for tax purpose is other than residential</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Same as Permanent Address</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Same as Permanent Address</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Same as Permanent Address</td> <td> </td> </tr> </tbody> </table>		Requestor Details	Country of tax residency	Tax identification No	Identification type	Please tick if add. For tax purpose is other than mailing address	Please tick if address type for tax purpose is other than residential					<input type="checkbox"/> Same as Permanent Address						<input type="checkbox"/> Same as Permanent Address						<input type="checkbox"/> Same as Permanent Address	
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				<input type="checkbox"/> Same as Permanent Address																						
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11	Proof of Identity (attach Document) <input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Letter from NPR Mention ID no _____ Expiry Date (If Applicable): DD / MM / YYYY	Proof of Address (attach Document) <input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Letter from NPR Mention ID no _____ Expiry Date (If Applicable): DD / MM / YYYY
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Section A - Customer Details:
Occupation --
☐ Salaried ☐ Self Employed ☐ Retired ☐ Self Employed prof ☐ Housewife ☐ Politician ☐ Student ☐ Others _____

If salaried employed with -
☐ Pvt Ltd ☐ Partnership ☐ Proprietorship ☐ PUB LTD ☐ Public Sec ☐ GOVT ☐ Multinational ☐ Others _____

Self Employed since Years Months

Nature of Business ☐ Manufacturing ☐ Service provider ☐ Agriculture ☐ Bullion/Gold/Jewellery ☐ Stock Broker
☐ Real Estate ☐ Trader ☐ Money Lender ☐ Others _____

Type of Company/Firm ☐ Sole Proprietorship ☐ Partnership ☐ Public Limited Co. ☐ Private Ltd Co.

Self Employed Professional ☐ Doctor ☐ CA/CS ☐ Lawyer ☐ Architect ☐ IT Consultant ☐ Others _____

Source of funds ☐ Salary ☐ Business income ☐ Agriculture ☐ Investment Income

Gross Annual Income --
☐ < 50,000 ☐ 50K -1 lac ☐ 1 - 3 lac ☐ 3 - 5 lac ☐ 5 - 7.5 lac ☐ 7.5 - 10 Lac ☐ 10 - 15 lacs ☐ 15 -25 lac
☐ 25 - 50 lacs ☐ 50 - 1cr ☐ > 1cr

Residence type --
☐ Owned ☐ Rented/leased ☐ Ancestral/Family ☐ Company Provided

Authentication Type	e-KYC OTP	e-KYC Biometric	e-KYC IRIS	Certified Copies
Ticked as Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I/We acknowledge that HDFC bank accepts no liability for any consequences arising out of erroneous details provided by me / us.

SIGNATURE OF THE REQUESTOR

☐ CSIMP Done

<input type="checkbox"/> UCIC Checked <input type="checkbox"/> Banned Dedupe & PAN Checked	DD UTR Number -
Reference No -	MIS Code -
Processed By - Name - Emp Code -	Charges Recovered - Yes / No
Signature -	Day end checked by -