

## Application form for e-Age Banking Channels (Individuals/Sole Proprietorship)

FULL NAME																								
	FIRST NAME								MIDDLE NAME								SURNAME							
CUSTOMER ID NO.																								
DEBIT/ATM CARD NO.																								
PRIMARY ACCOUNT NO.																								

Please note that the Primary Account Number mentioned above will be accessed for all your transactions at Merchant locations and at VISA / PLUS ATM locations in case of Debit Cards. This account number will be accessed while paying your bills using the BillPay facility. This will also be set up as the default account for the MobileBanking Service using SMS.

[illegible][illegible]

☐ Yes, I wish to apply for NetBanking / WAP  
(Please tick)  
E-MAIL ID : \_\_\_\_\_

Please provide an E-mail ID for future communication. In case of a current account, **all Authorised Signatories will have to apply separately for NetBanking ID.** A PIN will be mailed to you to enable you to use NetBanking. The same PIN can be used when you access your account on your mobile phone using WAP.

☐
**Yes, I wish to apply for International Debit Card**  
 (Please tick)

Options
 

☐ VISA Gold Debit Card  
 (Please tick)

☐ VISA Electron  
 (Please tick)

☐ Maestro\*  
 (Please tick)

If you already have an HDFC Bank ATM, Card please give the Card Number:
 

**CARD NO.**

This card will be deactivated within 10 days from the issuance of the new card. Annual charges are applicable for Debit Cards.  
 Please indicate if you are part of the following programs run by the bank.

☐ HDFC Bank Preferred  
 (Please tick)

☐ Salary Account  
 (Please tick)

☐ Loan Against Securities

\* Available in select cities

To register in the e-Age banking facilities, just fill-up this form and drop it at your nearest branch or mail to :  
HDFC Bank Ltd., DVU Department, Narayan Properties, 26A Chandivili, off Saki Vihar Road, Saki Naka, Andheri (E), Mumbai-400 072.

Filling in the following details will enable you to avail the BillPay facility. You can pay for 5 different Consumer Nos. in case of Electricity and 5 different Phone Nos. (Land line + Cellular Phone combined) & 5 different Policy Nos. in case of insurance premium payments. Please use a separate form to register, if you have more than one bill of each company. Please select SHORT NAME (a combination of 4 alphabets or number of your choice) to help you identify the bills while paying at the ATMs, through MobileBanking and through NetBanking. This SHORT NAME will appear on the ATM / MobileBanking / NetBanking screen when the bill details are displayed.

■ These details are available on your bill copy. In case you wish to leave these fields blank, please attach a copy of your bill.

Name of Co.	<input type="text"/>	City	<input type="text"/>
Short Name for the Co.	<input type="text"/>		
Consumer ID. No. (As provided by the Electricity Co.)	<input type="text"/>		
Cycle No. (If applicable)	<input type="text"/>		
Billing Unit No. (If applicable)	<input type="text"/>		

☐ Bill copy attached

Name of Co.																		City													
Short Name for the Co.																															
Customer ID. No.																															
(As provided by the Telephone Co.)																															
Telephone No.																															
Exchange Code																															
Name in which Telephone is registered																															

☐ Bill copy attached

Name of Co.	<input type="text"/>	City	<input type="text"/>
Short Name for the Co.	<input type="text"/>		
Customer Account No.	<input type="text"/>		
(As provided by the Cellular Co.)	<input type="text"/>		
Cellular Phone No.	<input type="text"/>		

Name of Co. <span style="border: 1px solid black; display: inline-block; width: 400px; height: 20px; vertical-align: middle;"></span>	City <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>
Short Name for the Co. <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>	
Policy No. <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>	<input type="checkbox"/> <b>Bill copy attached</b>
(As provided by the Insurance Co.) <span style="border: 1px solid black; display: inline-block; width: 300px; height: 20px; vertical-align: middle;"></span>	
Premium Amount Payable <span style="border: 1px solid black; display: inline-block; width: 250px; height: 20px; vertical-align: middle;"></span>	Premium Frequency (Qtly/Half Yearly/Yearly) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>

Note: Insurance premium payment facility available through NetBanking only.

Please donot fill this section if there is no change in your mailing address.

										City										Pin									
Tel (Off)										(Res)																			
Fax										Mobile																			

I have read and understood the Terms and Conditions (a copy of which I am in possession of) relating to opening of an account and various services including but not limited to (a) ATMs (b) PhoneBanking (c) Debit Cards (d) MobileBanking (e) NetBanking (f) BillPay Facility. I accept and agree to be bound by the said Terms and Conditions. I understand that in the event of my already being registered for PhoneBanking / NetBanking, this application will be treated as an authenticated request for regeneration of my TPIN / IPIN. I agree that the Bank may debit my account for service charges as applicable for time to time

SIGNATURE \_\_\_\_\_

Branch	Signature verified by
Account No. verified by	Date NetBanking password generated