

Invest or Trade in stocks listed across the globe by opening Demat Account in GIFT City on NSE IFSC platform.

Benefits for holding your HDFC Bank - GIFT City Demat Account

- Access to Global markets
- Invest in fractions
- Diversification of portfolio by inclusion of global assets
- Convenience for trading global stocks



GIFT City Depository Services

Gift City IFSC Demat Account (Individual)
HDFC Bank Ltd. - IFSC Banking Unit, GIFT City

*Based on Retail Loan book size (excluding mortgages). Source: Annual Reports FY 19-20 and No.1 on market capitalisation based on BSE data as on 31st Dec, 2020



Part - (A) IDENTITY DETAILS

Please fill this form in **ENGLISH** and in **BLOCK LETTERS** and Strike off whichever is not applicable.

Prefix ☐ Mr. ☐ Ms. ☐ Others ☐ Existing Customer ☐ Yes ☐ No

Applicant name* F I R S T N A M E M I D D L E N A M E L A S T N A M E

Father / Spouse's name

Gender ☐ Male ☐ Female Marital status ☐ Single ☐ Married

Date of birth D D M M Y Y Y Y

PAN No. (Mandatory for Demat/ISA)

Evidence / Documents provided in case of PAN exemption

Aadhaar No. X X X X X X X X

Status ☐ Resident Individual ☐ Non Resident ☐ Foreign National

Nationality ☐ Indian ☐ Other, please specify

Specify the proof of identity submitted ☐ PAN (Other Officially Valid Document (OVD) required, in addition to PAN)

☐ OVD (Please specify) Valid till D D M M Y Y

S1 (Signature across the photograph)

Please affix your recent passport size photograph

Part - (B) ADDRESS AND CONTACT DETAILS

Below mentioned address is my ☐ Present Residence Address ☐ Office Address **Mandatory : Please attach Self Attested Proof of below address**

Residence / Correspondence Address

Landmark (Mandatory)

City / Town / Village PIN (Mandatory)

State Yrs at current city Y Y M M Residence Y Y M M

Country ☐ India ☐ Other

Specify the proof of address submitted for Residence / Correspondence address Valid till D D M M Y Y

Contact details Country code STD / Area code Number Extn.

Tel. (Off.) - - -

Tel. (Res.) - - - Country code Number

Fax - - - Mobile - - -

E-mail ID (Mandatory) I N C A P I T A L L E T T E R S O N L Y

☐ Please tick if permanent address is the same as above address

Permanent Address

Mandatory to be filled if different from above

Landmark (Mandatory)

City / Town / Village PIN (Mandatory)

State

Country ☐ India ☐ Other

Tel. (Res.) 9 1 - S T D N U M B E R Mobile no. 9 1

Mandatory for Non Resident Applicant to specify overseas address

Part - (C) DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature of the applicant

FOR BANK USE ONLY

Originals verified and Self -Attested Document copies received

In-Person-Verification (IPV) details:

Name of the Person doing IPV

Signature of the Person doing IPV

Designation & Emp. code

Branch code D D M M Y Y Y Y Name of the organisation: HDFC Bank Ltd.

Name and Signature of Authorised Signatory

Seal / Stamp of HDFC Bank

S2

D D M M Y Y Y Y Place

Note:

- If customer provides the KRA registered letter the documents for KYC shall not be taken from the customer.
- The KYC form shall be filled for all the holder's of the account

I/we hereby declare as detailed below for mobile number and email id belongs to:

Financial Details (Please Specify)			
FIRST HOLDER'S DETAILS		SECOND HOLDER'S DETAILS	
*Gross annual income(\$) <input type="checkbox"/> Up to \$24,999 <input type="checkbox"/> \$25,000 to \$49,999 <input type="checkbox"/> \$50,000 to \$99,999 <input type="checkbox"/> \$1,00,000 to 2, 49,999 <input type="checkbox"/> More than \$ 2,50,000 (Income range per annum) OR Net worth (\$) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		*Gross annual income(\$) <input type="checkbox"/> Up to \$24,999 <input type="checkbox"/> \$25,000 to \$49,999 <input type="checkbox"/> \$50,000 to \$99,999 <input type="checkbox"/> \$1,00,000 to 2, 49,999 <input type="checkbox"/> More than \$ 2,50,000 (Income range per annum) OR Net worth (\$) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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Occupation details (please tick any one below and give brief details) _____ <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify) _____		Occupation details (please tick any one below and give brief details) _____ <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify) _____	
Brief Details _____ Any other details _____ Please tick, if applicable <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)		Brief Details _____ Any other details _____ Please tick, if applicable <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)	
THIRD HOLDER'S DETAILS *Gross annual income(\$) <input type="checkbox"/> Up to \$24,999 <input type="checkbox"/> \$25,000 to \$49,999 <input type="checkbox"/> \$50,000 to \$99,999 <input type="checkbox"/> \$1,00,000 to 2, 49,999 <input type="checkbox"/> More than \$ 2,50,000 (Income range per annum) OR Net worth (\$) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		THIRD HOLDER'S DETAILS *Gross annual income(\$) <input type="checkbox"/> Up to \$24,999 <input type="checkbox"/> \$25,000 to \$49,999 <input type="checkbox"/> \$50,000 to \$99,999 <input type="checkbox"/> \$1,00,000 to 2, 49,999 <input type="checkbox"/> More than \$ 2,50,000 (Income range per annum) OR Net worth (\$) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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Occupation details (please tick any one below and give brief details) _____ <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify) _____		Occupation details (please tick any one below and give brief details) _____ <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify) _____	
Brief Details _____ Any other details _____ Please tick, if applicable <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)		Brief Details _____ Any other details _____ Please tick, if applicable <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)	

- I acknowledge and declare that I have received, read, understood and agree to the contents of :
 1. Rights and obligations of beneficial owner and Depository participant as prescribed by IFSCA (MI) and Depositories;
 2. Demat Standard tariff sheet 3. Financial Details 4. FATCA Declaration 5. Aadhaar

							(Signature of all the Holders are Required)	
1st Holder's Name:							S4	(Signature of 1st Holder)
Date:			Place:					
2nd Holder's Name:							S4	(Signature of 2nd Holder)
Date:			Place:					
3rd Holder's Name:							S4	(Signature of 3rd Holder)
Date:			Place:					

Details under FATCA/Foreign Tax Laws: Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s). If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

Please note that you may receive more than one request for information if you have multiple relationships with different members of the HDFC Group. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Debit Authorisation: I/We hereby authorize the Bank to debit all types of Bank charges / commission / fees ("Service Charges") payable by me /us/ to the said Accounts. I/We undertake that sufficient balances shall be maintained by me/us/ in the said Accounts to facilitate the debiting of Service Charges. The failure on part of me /us/ to maintain sufficient balance in the said Account shall not in any way impair the right of the Bank to debit the Service Charges. I/We hereby further authorise the bank to charge any interest on debit balance in the said Accounts due to the debiting of Service Charges, and/or recover the charges from any other account maintained by me/us with HDFC Bank Ltd. The Bank shall not be obliged to provide overdraft facility on the said Account but for towards the debiting of Service Charges payable by me/us. I/We specifically agree and confirm that any matter or issue arising hereunder shall be governed by and construed exclusively in accordance with the Indian laws and shall be subject to the jurisdiction of the courts of Mumbai in India./ We hereby confirm the bank shall have a lien and right of set off on all monies belonging to me /us standing to my /our credit in any account whatsoever with the bank and authorize the bank without reference to me /us/ to appropriate the same towards satisfaction of the service charges or any other charges due and payable by me /us.

Email Statement: I/we agree to discontinue the Physical Statements if electronic mode is opted. I/we understand that the email statements are for my/our convenience. HDFC Bank shall not be liable or responsible for any breach of secrecy because the statements are being sent to the email ID. I/we shall verify the authenticity of the emails I/we receive. I/we shall not hold the Bank responsible for any statement received from frauds/impostors. I/we shall not hold the Bank liable if any problem arises with my/our computer network because of me/ us receiving statements from the Bank. I/we are authorised by the other holders to receive the Statements to the email address. I/we shall inform the Bank in writing if there is any change in the email address. The Bank shall not be responsible if I/we do not receive statement due to incorrect email address and technical reasons. I/we confirm to have read and understood the Terms & Conditions (a copy of which I am in possession of) pertaining to my account. I/we understand and agree that the email statements will only be sent to the First holder in the account. I/we am/are aware that I/we will not receive the transaction statements in paper form. I/we will take all the necessary steps to ensure confidentiality and secrecy of the login name and password of the internet/email account. I/we am/are aware that the transaction statement may be accessed by other entities in case the confidentiality/secrecy of the login name and password is compromised.

CPU Inward Stamp & Authorised
Signatory with Stamp

Branch Inward Stamp &
Authorised Signatory with Stamp

Source channel	DP ID	Client ID	To be filled by DP
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Individual Resident	Minor	NRI Repatriable	NRI Non Repatriable	NRI Repatriable Promoter	Individual Promoter	Foreign National
# Margin	Eligible Foreign Investor (EFI)	Foreign Portfolio Investor (FPI)	Individual Director's Relative	QFI	Others (pls specify)	

Sole / First Holder	F	I	R	S	T	N	A	M	E				M	I	D	D	L	E		N	A	M	E				L	A	S	T		N	A	M	E
Second Holder	F	I	R	S	T	N	A	M	E				M	I	D	D	L	E		N	A	M	E				L	A	S	T		N	A	M	E
Third Holder	F	I	R	S	T	N	A	M	E				M	I	D	D	L	E		N	A	M	E				L	A	S	T		N	A	M	E

UCIC: Applicant	F	I	R	S	T							S	E	C	O	N	D							T	H	I	R	D						
PAN: Applicant	F	I	R	S	T							S	E	C	O	N	D							T	H	I	R	D						

[illegible][illegible]

Relationship of guardian with minor

(Mandatory for the first Demat account holder for receiving credit of Dividend / Interest) Please give NRE Bank details only in case Demat account is to be opened as NRE & NRO.

[illegible]

Bank Details/Nostro Bank Details										IFSC Code									
Account Number										Account Type <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others, Specify _____									
Currency <input type="checkbox"/> USD										Swift Code/BIC Details									
Bank Name										i. Photocopy of the Bank Statement having name and address of the BO. ii. Photocopy of the Passbook having name and address of the BO, (or) iii. Letter from the Bank.									
Bank Address										State									
Country										PIN (mandatory)									

I/We authorise Bank to debit recover charges pertaining to opening & maintenance of Demat Account, transaction charges, or any other charges related to Demat account from the said												
HDFC Bank Savings / Current account												
with Branch												
A	C	C	O	U	N	T	N	O				

Standing Instruction (SI) ☐ Yes, To receive credit automatically into my/our a/c (Default is, Yes) ☐ No **NOTE: SI for a Non PIS NRE Demat A/c will be by default marked as "No."**
 I / We would like to instruct the DP to accept all the pledge instructions in mv /our account without any other further instruction from mv/our end ☐ Yes ☐ No (Default is, No)

SMS alert facility Mandatory if you are giving Power of Attorney (POA). Ensure that mobile number is provided in the KYC application form.

First holder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Second holder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Third holder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Delivery Instruction To be filled by persons seeking to open a Depository account and has opted for online trading facility or who have given Power of Attorney to operate the Depository account to a stock broker/Participant
 Slip (DIS) booklet / Portfolio Manager and do not intend to open a Basic Services Demat Account.

Slip (DIS) booklet facility ☐ Yes, I / we wish to receive DIS Booklet at the time of account opening ☐ No, however, the DIS booklet should be issued to me/ us immediately on my/ our request at any later date

Mode of receiving Statement of Account
(Tick any one)

<input type="checkbox"/> As per IFSCA Regulation	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly
<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	

I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID Yes No

I / We would like to share the email ID with the Issuer ☐ Yes ☐ No

I / We would like to receive the Annual Report Electronic	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Mode of Operation	<input type="checkbox"/> Jointly	<input checked="" type="checkbox"/> Anyone of the holder or survivor (s)
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Mode of Operation	<input type="checkbox"/> Jointly	<input type="checkbox"/> Anyone of the holder or survivor (s)
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Rate ID				Bk. Sys.					RISK CATEGORY	1st holder	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Group ID				Br. Code						2nd holder	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Client ID				Prod. Code						3rd holder	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low

Emp Name & Emp Code

3

☐ I/We wish to make a nomination (As per details given below) ☐ I/We do not wish to make a nomination. (Strike off the nomination details below, Refer pg no 8)

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my/our account in the event of my/our death.

Nomination Details												
Nomination can be made upto three nominees in the account												
1st Nominee				2nd Nominee				3rd Nominee				
Name of the Nominee(s) (Mr./Ms.)				Name of the Nominee(s) (Mr./Ms.)				Name of the Nominee(s) (Mr./Ms.)				
F I R S T M I D D L E L A S T				F I R S T M I D D L E L A S T				F I R S T M I D D L E L A S T				
Shares of Each Nominee				Shares of Each Nominee				Shares of Each Nominee				
Equally If Not Equally, specify percentage ____%				Equally If Not Equally, specify percentage ____%				Equally If Not Equally, specify percentage ____%				
Residual Securities				Any odd lot after division shall be transferred to the first nominee mentioned in the form								
Relationship with Applicant				Relationship with Applicant				Relationship with Applicant				
Nominee(s) Address				Nominee(s) Address				Nominee(s) Address				
CITY STATE COUNTRY PIN Code				CITY STATE COUNTRY PIN Code				CITY STATE COUNTRY PIN Code				
Nominee Identification Details (please tick any one from below and provide details of the same)				Nominee Identification Details (please tick any one from below and provide details of the same)				Nominee Identification Details (please tick any one from below and provide details of the same)				
A <input type="checkbox"/> or B <input type="checkbox"/> or C <input type="checkbox"/> or D <input type="checkbox"/> or E <input type="checkbox"/> or F <input type="checkbox"/>				A <input type="checkbox"/> or B <input type="checkbox"/> or C <input type="checkbox"/> or D <input type="checkbox"/> or E <input type="checkbox"/> or F <input type="checkbox"/>				A <input type="checkbox"/> or B <input type="checkbox"/> or C <input type="checkbox"/> or D <input type="checkbox"/> or E <input type="checkbox"/> or F <input type="checkbox"/>				
Please affix your recent passport size photograph				Please affix your recent passport size photograph				Please affix your recent passport size photograph				
Sign _____				Sign _____				Sign _____				
Ref. ID no. _____				Ref. ID no. _____				Ref. ID no. _____				
Date of Birth of Nominee(s) Mandatory if Nominee is Minor				Date of Birth of Nominee(s) Mandatory if Nominee is Minor				Date of Birth of Nominee(s) Mandatory if Nominee is Minor				
D D M M Y Y Y Y				D D M M Y Y Y Y				D D M M Y Y Y Y				
Mobile/Telephone no. of Nominee(s)				Mobile/Telephone no. of Nominee(s)				Mobile/Telephone no. of Nominee(s)				
Email ID of Nominee(s)				Email ID of Nominee(s)				Email ID of Nominee(s)				
Guardian Details (should be filled only if nominee(s) is minor)												
Name of Guardian (Mr./Ms.) In case of minor nominee(s)				Name of Guardian (Mr./Ms.) In case of minor nominee(s)				Name of Guardian (Mr./Ms.) In case of minor nominee(s)				
F I R S T M I D D L E L A S T				F I R S T M I D D L E L A S T				F I R S T M I D D L E L A S T				
Address of Guardian(s)				Address of Guardian(s)				Address of Guardian(s)				
CITY STATE COUNTRY PIN Code				CITY STATE COUNTRY PIN Code				CITY STATE COUNTRY PIN Code				
Relationship of Guardian with Nominee				Relationship of Guardian with Nominee				Relationship of Guardian with Nominee				
Guardian Identification Details (please tick any one from below and provide details of the same)				Guardian Identification Details (please tick any one from below and provide details of the same)				Guardian Identification Details (please tick any one from below and provide details of the same)				
A <input type="checkbox"/> or B <input type="checkbox"/> or C <input type="checkbox"/> or D <input type="checkbox"/> or E <input type="checkbox"/> or F <input type="checkbox"/>				A <input type="checkbox"/> or B <input type="checkbox"/> or C <input type="checkbox"/> or D <input type="checkbox"/> or E <input type="checkbox"/> or F <input type="checkbox"/>				A <input type="checkbox"/> or B <input type="checkbox"/> or C <input type="checkbox"/> or D <input type="checkbox"/> or E <input type="checkbox"/> or F <input type="checkbox"/>				
Please affix your recent passport size photograph				Please affix your recent passport size photograph				Please affix your recent passport size photograph				
Sign _____				Sign _____				Sign _____				
Ref. ID no. _____				Ref. ID no. _____				Ref. ID no. _____				
Mobile/Telephone no. of Guardian				Mobile/Telephone no. of Guardian				Mobile/Telephone no. of Guardian				
Email ID of Guardian				Email ID of Guardian				Email ID of Guardian				
Declaration: The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I/we may be held liable for it. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant. I/We hereby give consent to furnish Nomination details to HDFC Securities Limited for the purpose of Compliance and reporting.												
Signature & Name of holder (s)				Signature & Name of holder (s)				Signature & Name of holder (s)				
S5 Signature 1st holder				Signature 2nd holder				Signature 3rd holder				
Name & Address of the Witness, ONLY WHEN thumb impression affixed by the any of holder (Mr. / Ms.):				D D M M Y Y Y Y				Signature of Witness				

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.

Signature & Name of holder (s)	<div>S6</div> <div>Signature 1st holder</div>	<div>Signature 2nd holder</div>	<div>Signature 3rd holder</div>

Witness for Opting out of Nomination	Name & Address of the Witness, ONLY WHEN thumb impression affixed by the any of holder (Mr. / Ms): _____							Signature of Witness
	D	D	M	M	Y	Y	Y	

Notes : 1. All communication shall be sent at the address or to the Sole/First holder only. 2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate. 3. Instructions related to nomination, are as below: I The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate, partnership firm, and Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly all joint holders will sign the nomination form. II. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner. III. Only Individual / natural person(s) can be nominee(s). The Nominee shall not be artificial person created/dressed by the law or by a fiction such as trust, society, body corporate, partnership firm or Hindu Undivided Family. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time. IV. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities. V. Transfer of securities in favour of a Nominee shall be valid discharge by the depository and the Participant against the legal heir. VI. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate, partnership firm, Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form. VII. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee. 4. Instructions related to mode of receiving Statement of Account in electronic form, are as below: I. All the necessary steps to ensure confidentiality and secrecy of the login name and password of the internet/ email account should be taken by the client. Such statement may be accessed by other entities in case the confidentiality/secrecy of the login name and password is compromised II. Participant or Client can terminate such arrangement by giving 10 days prior notice. III. In case opted for statement through email, the Client shall immediately inform the Participant about change in email address, if any

Date	D	D	M	M	Y	Y	Application No.								DP ID						Client ID					
UC ID															LG Code						LC Code					

The appended Tariff will be applicable for the customer opting for the Regular Demat Account.

Sr. No.	Fee Head	Fees
1.	Account Opening charges	<div><div>Introductory Offer</div><div>\$15*</div><div><p>* inclusive of below charge heads till June 30, 2025</p><p>1. Account Opening</p><p>2. Transaction Charges</p><p>3. AMC</p></div></div>
2.	Debit Transaction	
3.	Credit Transactions	
4.	Pledge Services	
5.	Reissuance of Delivery instruction Booklet (DIB)	
6.	Dematerialisation	
7.	Rematerialisation	
8.	Annual Maintenance Charges	

- The above offer is exclusive of charges levied by Depository and other taxes / statutory charges levied by Government bodies / statutory authorities from time to time, which will be charged as applicable.
- All charges / service standards are subject to revision at the Banks sole discretion at any given point of time and the same shall be communicated to the customers with a notice of 30 days.
- The Annual Maintenance Charges are levied, in advance, for a period of one year at the beginning of the billing cycle.
- The transaction charges will be payable monthly. The charges quoted above are for the services listed. Any service not quoted above will be charged separately.
- The operating instructions for the joint accounts must be signed by all the holders.
- All instructions for transfer must be received at the designated DP servicing branches of the Bank at least 24 hours before the execution date.
- In case of non- recovery of service charges due to inadequate balance in your linked bank account or inadequate advance fees or invalid bank account, the Depository services for your account will be temporarily discontinued. The services will be resumed in a minimum of three working days from the date of receipt of request with HDFC Bank IFSC Banking Unit and post payment of all outstanding dues towards Depository charges.
- In case the Demat accounts are with nil balances / transactions or incase if the customer defaults in payment of AMC, the statement shall not be sent to the customer after period of 1 year.
- Tariff applicable from October 2022 would be communicated with a 30 days notice period.

Extended KYC Annexure - Individuals (including sole-proprietors)

(Applicable for Resident and Non-Resident Customers)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

Date: _____

Place: _____

AOF Number : _____

Please fill the information below as requested	First Account Holder	Second Account Holder
Name of the Account Holder		
Customer ID		
City of Birth		
Country of Birth		
Address for Tax purpose	<input type="checkbox"/> same as mailing address <input type="checkbox"/> same as permanent address	<input type="checkbox"/> same as mailing address <input type="checkbox"/> same as permanent address
Address Type for the above	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Nationality (if national of more than one country, please mention all the countries separated by a comma)		
Father's Name		
Spouse's Name		
Identification Type - Documents submitted as proof of identity of the individual	<input type="checkbox"/> Passport <input type="checkbox"/> Election / Voter's ID card <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhaar card / letter <input type="checkbox"/> NREGA Card <input type="checkbox"/> Govt ID Card <input type="checkbox"/> Others(pls specify) _____	<input type="checkbox"/> Passport <input type="checkbox"/> Election / Voter's ID card <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhaar card / letter <input type="checkbox"/> NREGA Card <input type="checkbox"/> Govt ID Card <input type="checkbox"/> Others(pls specify) _____
Identification Number - for the identification type mentioned above		

Are you a tax resident of any country other than India?

 • First account holder : Yes ☐ No ☐

 • Second account holder : Yes ☐ No ☐

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Account holder details	Name of Customer	Country/(ies) of Tax residency #	Tax Identification Number (TIN)%	Identification Type (TIN or Other%, please specify)
First				
Second				

To also include USA, where the individual is a citizen/ green card holder of USA

 % In case Tax Identification Number is not available, kindly provide functional equivalent⁵

Certification: I/We have understood the information requirements of this Form as per the CBDT notified Rules 114F to 114H and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the Terms and Conditions below and hereby accept the same. I/We understand that my personal details as provided/available in the bank records will be used for CBDT reporting. Further, I/We hereby authorize HDFC Bank Limited to furnish the above information for the purpose of compliance and reporting under CBDT Rules as applicable.

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Signature of first holder

Signature of second holder*

* Second holder not applicable in case of trading A/C

CBDT Terms and Conditions

The Central Board of Direct Taxes (CBDT) has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with HDFC Bank or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

CBDT Instructions

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.

\$ It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form. In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA/ CRS Indicia observed (ticked)		Documentation required for Cure of FATCA/ CRS indicia
		<i>If customer does not agree to be Specified U.S. person/ reportable person status</i>
1	U.S. place of birth	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: a. Certified Copy of "Certificate of Loss of Nationality or b. Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
2	Residence/ mailing address in a country other than India	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and 2. Documentary evidence (refer list below)
3	Telephone number in a country other than India (and no telephone number in India provided)	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and 2. Documentary evidence (refer list below)
4	Standing instructions to transfer funds to an account maintained in a country other than India	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and 2. Documentary evidence (refer list below)

List of acceptable **documentary evidence** needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body*
2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

* Government or agency thereof or a municipality

For HDFC Bank use only :

Sourcing Branch Name : _____ Branch Code :

Signature verified and form approved by : BDA / BM employee Code : _____ Signature & Date : _____

Central KYC Registry - KYC Additional Details Form (Individual)

 Date:

Place: _____

AOF no.: _____

 LG Code

 LC Code

Please fill the information below as requested	First Account Holder	Second Account Holder
Application Type	<input type="checkbox"/> New <input type="checkbox"/> Update	<input type="checkbox"/> New <input type="checkbox"/> Update
*Account Type	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Simplified (For low risk customer) <input type="checkbox"/> Small	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Simplified (For low risk customer) <input type="checkbox"/> Small
KYC Number (Mandatory for KYC update request)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*Name (Same as ID proof) (write in block letter)	_____ First Name Middle Name Last Name	_____ First Name Middle Name Last Name
Maiden Name (if any*)	_____ First Name Middle Name Last Name	_____ First Name Middle Name Last Name
Mother Name*	_____ First Name Middle Name Last Name	_____ First Name Middle Name Last Name
Gender*	<input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> T-Transgender	<input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> T-Transgender
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others
Citizenship*	<input type="checkbox"/> IN_Indian <input type="checkbox"/> Others_____	<input type="checkbox"/> IN_Indian <input type="checkbox"/> Others_____
Residential status *	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non-Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non-Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin

* Mandatory Fields

Applicant Declaration - Additional Information for CERSAI :

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I hereby consent to receiving information from Central KYC Registry through SMS/Email.

Applicant Preference for receiving Documents as part of Account Opening Kit

 # I / We wish to receive the following documents in ☐ Physical Form ☐ Electronic Form

- Rights and Obligations of beneficial owner and depository participant as prescribed by IFSCA (MII) and depositories.

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Signature/Thumb Impression of First Applicant

Signature/Thumb Impression of Second Applicant

Institution Details

For HDFC Bank use only : _____

 DP ID :

 Client ID :

Sourcing Branch Name : _____

 Branch Code :

Signature verified and form approved by : BDA / BM employee Code : _____ Signature & Date : _____

Institution Stamp

A. IMPORTANT POINTS

1. Self attested copy of PAN card is mandatory for all clients.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted
10. For opening a minor's account with Depository Participant or Mutual Fund, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.
12. Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.
13. Demat master or recent holding statement issued by DP bearing name of the client.
14. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/sub-broker's office.

B. PAN is mandatory, but no longer an Official Valid Document (OVD) as Proof of Identity:

Under PMLA guidelines Permanent Account Number (PAN) is no more listed as an Official Valid Document (OVD), however basis SEBI circular no. MRD/DoP/Cir-05/2007, PAN is still a Mandatory document to be provided by the investor for opening a Demat and Trading Account.

Also, Central KYC Registry (CKYCR) notification dated January 10, 2020 & July 07, 2020 towards revision & implementation of KYC template for Individuals to align it with the extant PMLA requirements.

Proof of Identity(POI): List of documents admissible as Proof of Identity:

Officially Valid Documents (OVDs) under terms of Rule 2 (d) of Prevention of Money-Laundering (Maintenance of Records) Rules, 2005 (PML Rules) are as listed below

1. Passport
2. Driving Licence
3. Proof of possession of Aadhaar number
4. Voter's Identity Card

5. NREGA Job Card duly signed by an officer of the State Government
6. Letter issued by National Population Register containing demographic details
7. Any other document as notified by the Central Government in consultation with the Regulator.

C. Proof of Address (POA): List of documents admissible as Proof of Address:

(*Documents having an expiry date should be valid on the date of submission.)

1. Passport
2. Driving Licence
3. Proof of possession of Aadhaar number
4. Voter's Identity Card
5. NREGA Job Card duly signed by an officer of the State Government
6. Letter issued by National Population Register containing demographic details
7. Any other document as notified by the Central Government in consultation with the Regulator.

D. Exemptions/clarifications to PAN

(*Sufficient documentary evidence in support of such claims to be collected.)

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
3. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
4. SIP of Mutual Funds upto Rs 50,000/- p.a.
5. In case of institutional clients, namely, FIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.

Important:

The Bank staff carrying out the IPV should:

1. Sign in the place provided for "Signature of Authorised Signatory" within the box "For Office USE Only" on the KYC Form and
2. Affix the OSV stamp along-with the signature on the relevant supporting documents pertaining to Proof of Identity & Proof of Address.

To,
The Manager, HDFC Bank Ltd, Depository Operations

Subject: FEMA Declaration

Dear Sir,

I (First/Sole holder)/we _____ agree that I/We have complied with FEMA regulations and shall continue to do so in the future with respect to any new regulations that may be introduced by the Indian Government from time to time.

Name of all Account Holder/s

1) _____
2) _____
3) _____

Date: _____

Place: _____

Signature of all Account Holder/s

S9

For NRI Customers only

Date: _____

The Manager, HDFC Bank, Demat Division

Dear Sir,

Re: NON PIS DECLARATION

This is to request you to kindly open a Demat account [repatriable (NRE) / non-repatriable (NRO)] as per the enclosed forms. I confirm that I will only be dematerialising the shares. I also confirm that I will comply and will continue to comply with FEMA Regulations

- i) Purchased through the Primary market as an NRI on repatriable basis (NRE Shares) as per the enclosed Annexure I
 - ii) Purchased through the Primary market as an NRI on non-repatriable basis (NRO Shares) as per the enclosed Annexure II.
 - iii) Purchased through the Primary market and Secondary market as a Resident during resident tenor as per enclosed Annexure III.
 - iv) Inherited by me from my parents/ _____ who were residents as per annexure III
 - v) Which will be allotted in new IPO's on repatriable basis
 - vi) Which will be allotted in new IPO's on non - repatriable basis.
- (please tick appropriate option)

I am aware that NRIs who want to deal in shares through the secondary market are to obtain permission through a designated branch for PIS and observe the various guidelines as laid down by RBI for the Portfolio Investment Scheme.

I confirm that I will not transact in the secondary market unless I obtain the specific permission in writing from your designated branch, by duly submitting application for PIS, form RPI/NRI, as per the RBI guidelines.

Yours Sincerely,

Name of all Account Holder/s

1) _____
2) _____
3) _____

Date: _____

Place: _____

Signature of all Account Holder/s

S10

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

- ▶ For use by individuals. Entities must use Form W-8BEN-E.
- ▶ Go to www.irs.gov/FormW8BEN for instructions and the latest information.
- ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:

- You are NOT an individual W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States 8233 or W-4
- You are a person acting as an intermediary W-8IMY

Instead, use Form:

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner	2 Country of citizenship
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.	
City or town, state or province. Include postal code where appropriate.	Country
4 Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	
6a Foreign tax identifying number (see instructions)	6b Check if FTIN not legally required <input type="checkbox"/>
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions)

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
 - (a) income not effectively connected with the conduct of a trade or business in the United States;
 - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
 - (c) the partner's share of a partnership's effectively connected taxable income; or
 - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

☐ I certify that I have the capacity to sign for the person identified on line 1 of this form.

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer

FORM A2
Remittance Application for UDR Demat Account in Gift City

I _____, request HDFC Bank Ltd. for outward remittance as per details below.
 I enclose my cheque no. / Account No.: _____ mentioned below towards equivalent INR amount, and further authorize the bank to debit my same account for applicable bank charges and taxes.

Currency & Amount		Exchange Rate (check with Bank for applicable rate)		Equiv. INR amount	
-------------------	--	---	--	-------------------	--

Applicant Details

Name: _____ Customer ID: _____
 Address: _____ Account No.: _____
 PAN No.: _____ Cheque No.: _____
 Passport Details (**): No. _____ Country: _____ Issue Date: _____ Expiry Date: _____

Residential Status: (please tick the correct option)

Resident Indian – Individual ☐

Resident Indian – Non-individual ☐

(* PAN no. is mandatory for all LRS transactions. Same should also be updated in the account.)

For Outward Remittance

Beneficiary Name	HDFC Bank GIFT City Branch	Account No. / IBAN No.	304276227
Beneficiary Address	GIFT City, Gandhinagar, Gujrat	Country of Residence	India
Beneficiary Bank & Branch	HDFC Bank GIFT City Branch	Beneficiary Bank's SWIFT Code	HDFCINAAXXX
Foreign Bank Charges to be borne by (tick)	Remitter <input type="checkbox"/>	Beneficiary <input type="checkbox"/>	[@] Full Value (For USD currency only) <input checked="" type="checkbox"/>
Intermediary Bank & Branch	J P Morgan Chase, New York	Intermediary Bank's SWIFT Code	CHASUS33
Additional Instructions to beneficiary, if any	DEMAT Charges for _____ (Name of Customer)		

Whether Under LRS (Yes/No) (*)	Purpose Code (@)	Purpose Description	Tick (✓)
Yes	S0001	Indian Portfolio investment abroad – in equity shares	<input type="checkbox"/>
Yes	S0002	Indian Portfolio investment abroad – in Debt Securities	<input type="checkbox"/>
No	S0703	Auxiliary Services - Charges on operation & regulatory fees, custodial services, depository services etc.,	<input type="checkbox"/>

[@]Full Value, if the remittance has to be made to the beneficiary without any deductions, on payment of additional upfront charges.

*LRS (Liberalised Remittance Scheme) is permitted for Resident Individuals only.

"Name of the country providing ultimate services: _____"

Declarations under Income Tax Act, 1961

I confirm that I am a resident individual as per the provisions of income Tax Act 1961.
(strike out if you are a non-resident individual as per income Tax Act, 1961 and provide your tentative taxable income in India for the current financial year in an extra sheet)

Declarations under Foreign Exchange Management Act (FEMA, 1999)(*)

1. (a) For Resident Individuals (strike out in case of other)

- (i) I, _____, hereby declare that the total amount of foreign exchange purchased from, or remitted through, all sources in India during the financial year, including this application is within the overall limit of the Liberalised Remittance Scheme prescribed by Reserve Bank of India and certify that the source of funds for making the said remittance belongs to me and the foreign exchange will not be used for prohibited purposes. Details of the remittances made/ transactions effected under the Liberalised Remittance Scheme in the current financial year (April- March) _____ are as under: (please add extra sheet, if required).

S No.	Date	Currency & Amount	Name & Address of AD Branch/FFMC through which the transaction has been effected

(please add extra sheet, if required).

- (ii) For remittance towards Capital Account transactions – (strike out if not applicable)
I confirm and declare that all my capital account remittances have been and will be made through HDFC Bank only AND the funds being remitted have not been borrowed from any Bank/Financial Institution.
- (iii) Source of funds for remittance under LRS - (strike out if not applicable)
I declare that the remittance is not made from the funds of lottery winnings or out of income from racing/riding etc. or any other hobby

(b) For other than Resident Individuals (strike out in case of Resident Individuals)

- The total amount of foreign exchange purchased from or remitted through all sources in India by me/us during this calendar year / financial year, including this application is within USD _____ (USD _____ only), the annual limit prescribed by Reserve Bank of India for the said purpose.
- Foreign exchange purchased from you is for the purpose indicated above.
- The instructions given by me is verified and true to the best of my knowledge.
- The remittance / drawl of foreign exchange is not intended and will not be used for any purpose that is prohibited or restricted under Foreign Exchange Management Act, 1999.

Date _____ Name _____ Signature _____

(* Please note any wrong declaration made here is liable to penal action as per Foreign Exchange Management Act, 1999)

Dedupe with Banned Entity List

Confirmed that dedupe with Banned Entity List has been carried out

Signature of Bank Official conducting

Dedupe with Name & Emp Code

Certificate by Authorised Dealer

This is to certify that the remittance is not being made by / to ineligible entities and that the remittance is in conformity with the instructions issued by Reserve Bank of India under the Scheme.

Date: _____

Place: _____ Name & Desig of Auth Official _____ Signature with Stamp / Seal _____

Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by IFSCA and IID IFSC Limited

General Clause

1 The Beneficial Owner and the Depository Participant ("DP") shall be bound by the provisions of the International Financial Services Centres Authority Act, 2019 ("IFSCA Act"), the International Financial Services Centres Authority (Market Infrastructure Institutions) Regulations, 2021 ("MII Regulations"), Securities & Exchange Board of India (Depositories & Participants) Regulations, 2018 (to the extent applicable), and all rules, regulations, circulars, directions, operating instructions as may be issued by the International Financial Services Centres Authority ("IFSCA") from time to time and the Bye Laws and Operating Instructions issued by IID IFSC Limited ("IID IFSC") and relevant notifications of Government Authorities as may be in force from time to time.

2 The DP shall open/activate Depository Account of a Beneficial Owner in the IID IFSC depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by Regulator from time to time.

Beneficial Owner information

3 The DP shall maintain all the details of the Beneficial Owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the Beneficial Owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.

4 The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the Depository Account or furnished to the DP from time to time.

Fees/Charges/Tariff

5 The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "no charges are payable for opening of Depository Account".

6 In case of Basic Services Depository Account, the DP shall adhere to the charge structure as laid down under the relevant IFSCA and/or IID IFSC circulars/directions/notifications issued from time to time.

7 The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

Dematerialization

8 The Beneficial Owner shall have the right to get the securities, which have been admitted on IID IFSC, dematerialized in the form and manner laid down under the Bye Laws and Operating Instructions of IID IFSC.

Separate Accounts

9 The DP shall open separate accounts in the name of each of the Beneficial Owners and securities of each Beneficial Owner shall be segregated and shall not be mixed up with the securities of other Beneficial Owners and/or DP's own securities held in dematerialized form.

10 The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in Depository Account except in the form and manner prescribed in the IFSC Act, MII Regulations and Bye-Laws/Operating Instructions of IID IFSC.

Transfer of Securities

11 The DP shall effect transfer to and from the Depository Accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.

12 The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his Depository Account and the DP shall act according to such instructions.

Statement of account

13 The DP shall provide statements of accounts to the Beneficial Owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by IFSCA/ IID IFSC in this regard.

14 However, if there is no transaction in the Depository Account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such Beneficial Owners and shall resume sending the transaction statement as and when there is a transaction in the account.

15 The DP may provide the services of issuing the statement of Depository Accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of Depository Accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of Depository Account in the electronic mode, then the Participant shall be obliged to forward the statement of Depository Accounts in physical form.

16 In case of Basic Services Depository Accounts, the DP shall send the transaction statements as mandated by IFSCA and/or IID IFSC from time to time.

Manner of Closure of Depository Account

17 The DP shall have the right to close the Depository Account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to IID IFSC. Similarly, the Beneficial Owner shall have the right to close his/her Depository Account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their Depository Account should be transferred to another Depository Account of the Beneficial Owner held with another DP or to rematerialize the security balances held.

18 Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by IID IFSC. Provided further, closure of Depository Account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

Default in payment of charges

19 In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 and 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the Depository Account of the Beneficial Owner, the DP may charge interest at a rate as specified by IID IFSC from time to time for the period of such default.

20 In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5 and 6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

Liability of IID IFSC

21 As per applicable law and as provided under the Bye Laws,

21.1 Without prejudice to the provisions of any other law for the time being in force, any loss caused to the Beneficial Owner due to the negligence of IID IFSC or the DP, IID IFSC shall indemnify such Beneficial Owner.

21.2 Where the loss due to the negligence of a DP under Clause (1) above, is indemnified by IID IFSC, IID IFSC shall have the right to recover the same from such DP.

Freezing/ Defreezing of accounts

22 The Beneficial Owner may exercise the right to freeze/defreeze his/her Depository Account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Operating Instructions of IID IFSC.

23 The DP or IID IFSC shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

Redressal of Investor grievance

24 The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.

Authorized representative

25 If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of officials authorized by it, who shall represent and interact on its behalf with the DP. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the DP.

Law and Jurisdiction

26 In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Bye Laws and Operating Instructions of IID IFSC and circulars/notices issued there under or rules and regulations as may be specified by IFSCA from time to time.

27 The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by IFSCA, and Bye-laws and Operating Instructions of IID IFSC, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.


28 The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of IID IFSC and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.

29 Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Bye-Laws and Operating Instructions and circulars/notices issued there under by IID IFSC and/or IFSCA.

30 Any changes in the rights and obligations which are specified by IFSCA/ IID IFSC shall also be brought to the notice of the clients at once.

31 If the rights and obligations of the parties hereto are altered by virtue of change in rules and regulations of IFSCA, or Bye-laws and/or Operating Instructions of IID IFSC, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

Tariff Sheet - Regular / Basic Services Demat Account (BSDA)

Sr. No.	Fee Head	Fees
1.	Account Opening charges	<div style="text-align: center;">  <p>Introductory Offer \$15*</p> </div> <p>* inclusive of below charge heads till June 30, 2025</p> <ol style="list-style-type: none"> 1. Account Opening 2. Transaction Charges 3. AMC
2.	Debit Transaction	
3.	Credit Transactions	
4.	Pledge Services	
5.	Reissuance of Delivery instruction Booklet (DIB)	
6.	Dematerialisation	
7.	Rematerialisation	
8.	Annual Maintenance Charges	

Common Clauses :

- The above offer is exclusive of charges levied by Depository and other taxes / statutory charges levied by Government bodies / statutory authorities from time to time, which will be charged as applicable.
- All charges / service standards are subject to revision at the Banks sole discretion at any given point of time and the same shall be communicated to the customers with a notice of 30 days.
- The Annual Maintenance Charges are levied, in advance, for a period of one year at the beginning of the billing cycle.
- The transaction charges will be payable monthly. The charges quoted above are for the services listed. Any service not quoted above will be charged separately.
- The operating instructions for the joint accounts must be signed by all the holders.
- All instructions for transfer must be received at the designated DP servicing branches of the Bank at least 24 hours before the execution date.
- In case of non- recovery of service charges due to inadequate balance in your linked bank account or inadequate advance fees or invalid bank account, the Depository services for your account will be temporarily discontinued. The services will be resumed in a minimum of three working days from the date of receipt of request with HDFC Bank IFSC Banking Unit and post payment of all outstanding dues towards Depository charges.
- In case the Demat accounts are with nil balances / transactions or incase if the customer defaults in payment of AMC, the statement shall not be sent to the customer after period of 1 year.
- Tariff applicable from October 2022 would be communicated with a 30 days notice period.

I/we agree to abide by and to be bound by all the Terms and Conditions pertaining to Debit authorisation, E-mail statement and Fee & schedule.



HDFC Bank Limited - IFSC Banking Unit (IBU), 402-403/404, 4th Floor, Brigade International Financial Centre (BIFC) Building No 14A, Block 14, Zone 1, GIFT SEZ, GIFT City, Gandhinagar – 382355, Gujarat.

ACKNOWLEDGMENT

Received the application from Mr/Ms _____ as the sole/first holder alongwith _____ and _____ as the second and third holders respectively for opening of a depository account. Please quote the

DP ID & Client ID allotted to you in all your future correspondence.

Participant Stamp & Signature



We understand your world