

Date:

## PERSONAL ACCOUNT OPENING FORM

Branch: \_\_\_\_\_

Branch ALPHA

Scheme code

ACCOUNT




I/We request you to open my/our deposit account with your branch/bank as under: (Tick (✓) relevant type of account)

Type of account

- Savings Bank A/c       Term Deposit A/c       Current A/c       Other A/c

**FULL NAME in CAPITAL Letters (in order of first, middle and last name, leaving a space between words)** M/F

1	Mr/Mrs/Ms	<input type="text"/>	<input type="text"/>
2	Mr/Mrs/Ms	<input type="text"/>	<input type="text"/>
3	Mr/Mrs/Ms	<input type="text"/>	<input type="text"/>

Date of Birth

D D	M M	Y Y Y Y	National ID Card Number	Customer Id (if any existing)
<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"/>

Occupation*	Status**	Annual Income	Relationship with 1 <sup>st</sup> applicant	Nationality
<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"/>

\* Please choose from the following:

Salaried	Self Employed	Professional	Politician	Housewife	Student
Retired	Stock Broker	Agriculture	Others/General		

\*\* Please choose from the following:

Minor	Sr Citizen	Ex Staff ECNO	Pensioner	NRE	Other/General
Name of the Guardian (in case of Minor)			Relationship with minor (✓ tick one)		
Attach proof for minor's DOB			F & NG	M & NG	Legal*
			De facto	Others	

- In case of legal guardian (guardian appointed by court), enclose copy of court order

Name and address of Employer		
1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>

Operating Instructions (Please mark ✓ in appropriate box)

Self	Either or survivor	Former or survivor	Jointly	Anyone or survivors	Other Pls specify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facilities required (Please mark in appropriate box(es):

Cheque Book		Y / N
Issued Cheque Series No.	To	
Date of Issue:	<input type="text"/>	
Internet Banking	Yes/No	ATM / Debit Card
	<input type="checkbox"/>	<input type="checkbox"/>
		Yes / No

Please fill up separate application for internet Banking - Baroda Connect and ATM Debit card

Please issue Debit ATM card in the name of the first/all applicants (in case of two joint a/c holders with operations as E or S / Any one or S)

Residential Address			
	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant
Flat No. / Bldg Name / House No			
Street / Road & Area / Locality			
Village / Town / City			
Country			
Tel No., Fax No.			
Mobile			
Email:			

Communication Address (if different from Residential Address)			
	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant
Flat No. / Bldg Name / House No			
Street / Road & Area / Locality			
Village / Town / City			
Country			
Tel No., Fax No.			
Mobile			
Email:			

Permanent Address (in case of NRE)			
	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant
Flat No. / Bldg Name / House No			
Street / Road & Area / Locality			
Village / Town / City			
Country			
Tel No., Fax No.			
Mobile			
Email:			

**OTHER INFORMATION:** (✓ tick one)

**Education:**

Non-Matric / CPE / SC	HSC	Gradute	Post Gradute
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**Monthly Income Rs**

Up to Rs 5,000	5,001 - 10,000	10,001 - 20,000	20,001 - 50,000	50,001 - 100,000	Above100,000
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**Expected Annual Turnover in the Ac Rs.....**

**If salaried, employed with (✓ tick one)**

Proprietorship	Public Ltd	MNC	Partnership	Public Sector	Pvt Ltd	Govt	Others
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**If professional (✓ tick one)**

Doctor	Architect	CA / CS	IT Consultant	Engineer	Lawyer	Others ( PI specify)
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**If Business (✓ tick one)**

Manufacturing	Real Estate	Service Provider	Trader	Agriculture	Others (PI Specify)
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**DECLARATION (Please mark ✓ in appropriate boxes):**

I / we declare that I / we do not enjoy any credit facilities with other bank/s.

I / we declare that I / we have following deposit accounts and/or credot facilities your / other banks branches:

Bank	Branch	Type of Account/Facility	Amount	Account No.

**TERMS & CONDITIONS & DECLARATION (Please mark ✓ in appropriate boxes):**

I / We have read, understood and agree to abide by the Banks rules relating to the conduct of the above accounts / services / products / Fee & charges which are displayed / contained in the brochures of the Bank from time to time.

I / We wish to be informed about the various features / products and promotional offers made by the Bank from time to time.

Please do not call / contact me / us for various features / products and promotional offers made by the Bank from time to time.

Please issue **Normal** cheque book and recover charges from my / our account as per norms of the bank.

I / We understand that in the event of the death of the depositor(s), premature termination of term deposit would be allowed to the claimant(s) after following the due procedure.

I / We also agree to maintain the minimum balance which the Bank may prescribe as the minimum balance to be maintained to avail any facility and agree to pay the charges if minimum balance is not maintained and any other charges stipulated by the Bank. I / We understand that any charge in this respect will either be notified by the Bank or will be displayed on the notice board of the branches.

I / We shall fill up separate pay-in-slips prescribed by the Bank for various time deposit schemes. I/We understand that the Term deposit shall be under auto-renewal scheme of the Bank unless otherwise specified by me / us.

**For ATM Card (Debit Card) to be issued in the operative deposit account:** I / We have read and understood the terms & conditions governing the usage of the Debit Card, I / We accept to be bound by the said terms & conditions and to any changes made therein from time to time by the Bank at its sole discretion, I / We accept full responsibility for my / our Debit Card and agree not to make any claims against Bank of Baroda in respect thereto.

**SPECIMEN SIGNATURE**

Sr No	Signatures in Full	Specimen Signatures
1		
2		
3		

TITLE OF ACCOUNT																				
ACCOUNT NO	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																			
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NAME																				
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(Bank official in whose presence signatures obtained)  
 NAME \_\_\_\_\_ Signature \_\_\_\_\_

Date: .....

**Details of identification documents submitted by the applicant/s.**

(CARE: FOR NRE APPLICANTS COPY OF PASSPORT MUST BE SUBMITTED AS IDENTIFICATION DOCUMENT)

	Photo Identity			Address Proof		
	1	2	3	1	2	3
Type of Document						
Document Number						
Issuing Authority						
Date of Issue						
Place of Issue						
Valid up to.						

**KYC IDENTIFICATION DOCUMENT (TO BE SUBMITTED BY APPLICANT)**

(Any one document from each of the following two lists subject to Bank's satisfaction)

**LIST - I (Latest / recent photo identification documents)**

1. Passport (Must for NRE)
2. Driving License with photograph
3. National Id Card
4. Identity Card / Confirmation from employer
5. Letter from recognized public authority or public servant verifying the identity (photo) of the customer

**LIST - II (Latest / recent documents showing residential address proof)**

1. Passport
2. Driving License with address
3. Utility Bill

**Account Opened with cash / Cheque Rs.**

**For Office Use**

Sr No	Description	Name of Authorized Staff	Signature
1	Applicant / interviewed & purpose ascertained by		
2	Documents of identification / Address Proof listed above were verified with original by		
3	Letter of thanks sent to Ac holders and introducer on _____		
5	<b>Money Laundering Risk classification</b> [ ] Low [ ] Medium [ ] High		
6	<b>AML / CFT CHECK CARRIED OUT (Blacklist / caution list verification)</b>		

**KYC CERTIFICATION**

<p>I have met the account opener/s                  Mr/Ms..... Mr/Ms.....                  Mr/Ms.....in person and hereby confirm that KYC norms are fully complied with.                  Name of the authorised Staff.....                  Signature.....</p>	<p>I have verified the documents submitted and confirm that KYC norms are fully complied with.                  Signature of Branch Head / Manager / Officer in Charge                  .....</p>
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# FATCA annexure - Form for Individuals (including sole-proprietors)

## Details under FATCA / Foreign tax laws ( see Instructions)

1. Country of Birth \_\_\_\_\_

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

If no, please tick here.  I am a tax resident of India and not resident of any other country

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

Country #	Tax Reference Number

# to include USA, where the individual is a citizen / green card holder of USA

< Declaration (regarding information being true and correct) & Signature etc, to be included >

## Instructions

**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 greencard 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 BoB Group. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

**AML undertaking**

I/We agree to the Bank's disclosure of any information and documents which the Bank considers reasonably necessary for the purpose of compliance with any Anti-Money Laundering (AML) legislation applicable to the Bank and I/we further undertake to make disclosure of any information and/or documents and grant to the Bank access to any corporate and other documents for such purpose.

I/We agree and undertakes that I/we will not make any claim of any kind in any jurisdiction against the Bank or its successors, agents or correspondents in respect of any delay, loss, damages, costs or expense which I/we may suffer, incur or sustain directly or indirectly as a consequence the failure of the Bank or its successors, agents or correspondents to carry out instructions or obligations, if the Bank, its successors, agents or correspondents reasonably believe that there may be fraudulent activity or other crime affecting the transaction or they or they or any of them are required not to comply with the instructions or obligations by any law, regulation, regulatory directives or court order or due (directly or indirectly) to circumstances beyond the reasonable control of them or any of them preventing them or any of them from offering a normal service (such as the failure of any machine, data processing system or transmission link or due to industrial dispute, strikes, terrorist threat or force majeure).

I/We agree to indemnify and to keep indemnified the Bank and its successors, agents or correspondents against all actions, proceedings, liabilities, demands, claims, damages, costs and expenses which the Bank and its successors, agents or correspondents may suffer incur or sustain directly or indirectly as a consequence of the said fraudulent activity or other crime affecting the transaction or the said circumstances or beyond the reasonable control of the Bank, its successors, agents or correspondents.

- 1.
- 2.
- 3.
- 4.
- 5.

**(Signature of the Account Holders)**