



Date:

CORPORATE ACCOUNT OPENING FORM

Branch: _____

Branch ALPHA

Scheme code

ACCOUNT

Type of account

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

TITLE OF THE ACCOUNT (IN BLOCK LETTER)

Customer ID

Nature of Activity / Business _____

Date of Incorporation / Establishment (dd-mm-yyyy)

BUSINESS REGISTRATION NUMBER

Annual Income Rs.

Expected Annual Turnover in the A/C: Rs _____

CONSTITUTION (Tick ✓ Mark):

- Sole Proprietorship Partnership Private Ltd Co Public Ltd Co Institution Other Financial Institution
 Society Association Trust / Club Public Sector Bank Private Sector Bank Govt / Semi Govt.
 Local Bodies. Others (Pl. Specify)

Details of Persons / Partners / Director / Proprietor of the account (in CAPITAL Letters)

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"/>
4	Mr/Mrs/Ms	<input type="text"/>	<input type="text"/>
5	Mr/Mrs/Ms	<input type="text"/>	<input type="text"/>

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

	Status **	Annual Income	Occupation *	Nationality	Father's / Husband's Name
1					
2					
3					
4					
5					

*** Please choose from the following:**

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

*** Please choose from the following:**

Minor	Sr Citizen	EX Staff ECNO	Pensioner	NRE	Other/General
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Operating Instructions (Please mark in appropriate box):

Self By proprietor	Jointly by all	Others PI Specify

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

Cheque Book	
Issued Cheque Series No.	
Date of Issue:	
Internet Banking	Yes/No

Please fill up separate application for internet Banking - Baroda Connect
Please issue Debit ATM Card in the individual name of the sole proprietor of the proprietorship Firm (ONLY IN CURRENT ACCOUNT)

Address of Firm, Company etc./Residential Address of the authorized persons:

	Firm/Company etc.	1 st Partner/Director	2 nd Partner/Director
Flat / Bldg / House No/Name			
Street / Road / Locality			
Village / Town / City			
Tel No.			
Fax No.			
Mobile			
Email			
	3 rd Partner/Director	4 th Partner/Director	5 th Partner/Director
Flat / Bldg / House No/Name			
Street / Road / Locality			
Village / Town / City			
Tel No.			
Fax No.			
Mobile			
Email			

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 account and / or credit facilities with your / other banks branches:

Bank & Branch	Place of 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.

{a} I, the undersigned, am the sole proprietor of the firm and am solely responsible for liabilities thereof. I shall advise you in writing of any change that may take place in the constitution of the firm and I will be liable to you on any obligation which may be standing in the firms name in your books on the date of the receipt of such notice and until all such obligation shall have been liquidated.

{b} We, the undersigned, are the only partners in the firm and are jointly and severally responsible for the liabilities thereof. We shall advise you in writing of any change that may take place in the partnership and. All the present will be liable to you on any obligations which may be standing in the obligations shall have been liquidated.

SPECIMEN SIGNATURE

Sr No	Name of the authorized person	Specimen Signature
1		
2		
3		
4		
5		

(Bank Official in whose presence signed)

Name.....

Signature.....

Details of Identification documents of applicant/s obtained.

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

	Photo Identity				
	1	2	3	4	5
Type of Document & Number					
Issuing Authority & Date of Issue					
Place of issue & Valid upto.					
	Address Proof				
Type of Document & Number					
Issuing Authority & Date of Issue					
Place of issue & Valid upto.					

– For Office Use –

Sr. No	Description	Name of Authorized Staff	Signature
1	Applicant interviewed & purpose ascertained		
2	Document/s of identification/Address Proof listed above were verified with original by		
3	Letter of thanks sent to A/c holders		
4	Money Laundering Risk Classification [] Low [] Medium [] High		
5	AML / CFT CHECK CARRIED OUT (Black list/caution list verification)		

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 align="center">I have verified the documents submitted and confirm that KYC norms are fully complied with.</p> <p align="center">Signature of Branch Head / Manager / Officer in Charge </p>
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Additional documents to be obtained

Constitution	Document to be submitted
<p>Sole Proprietor Ship Firm</p> <p>Partnership Firm</p>	<ul style="list-style-type: none"> ● Sole Proprietorship Letter (included in terms and conditions in the form) ● Power of Attorney (if any) granted to any person to transact the business on its behalf. ● Letter of Partnership (included in terms and conditions in the form) ● Registration Certificate (if any) ● Power of Attorney granted to partner or an employee of the firm to transact business on its behalf. ● Any document identifying the main partners and the person(s) holding power of attorney and their addresses
Limited Company (Public / Pvt.)	<ul style="list-style-type: none"> ● Copy of Certificate of Incorporation. ● Copy of Certificate of commencement of Business in case of Public Limited Co. ● Certified copy of Memorandum and Article of Association of the company made up to date. ● A certified true copy of the resolution of the Board of Directors of Company, requesting the Bank to open an account in its name and specify the operating instructions and a list of authorized officials to operate the account. ● A list of present directors & their addresses, under the signature of chairman. ● Power of Attorney if granted to its manager, office or employee to transact the business on its behalf.
Cooperative Societies, Association, Club	<ul style="list-style-type: none"> ● Certificate of Registration of association, clubs etc of the societies / association / club if any. ● Certified copy of the Bylaws of the society etc. ● Resolution of the Management committee appointing the Bank as its Banker for opening of Account and stipulating the conditions for the conduct of account. ● List of members (with address) of managing committee with the copy of resolution electing them to the committee.
Charitable / Public Trust / Foundations	<ul style="list-style-type: none"> ● Certificate of Registration, if registered. ● Copy of Trust Deed / Constitution document. ● Power of attorney granted to persons to transact the business on its behalf ● Certified copy of the resolution signed by all the trustees in regard to the conduct of the account ● Any document listing out the names and address of trusts, settlers, beneficiaries and those holding Power of Attorney and other key officials involved in day to day management of the trust / foundation to the satisfaction of Bank. ● Certificate from the Charity Commissioner in case of registered trust.

Note: All Individuals who are proprietor / partner / Director / Authorized Signatory etc must provide separate identity and address proof or any document required as per the KYC / AML policy of the Bank, from time to time in conformity with the details furnished in the application form.

FATCA annexure - Form for Non-Individuals (Sole-proprietors to fill up form for individuals)

Please indicate the country in which the entity is a resident for tax purposes and the associated Tax ID Number below

Country	Tax Reference Number

Please tick the relevant box below, even if Country of Tax Residency is India)

FATCA status

FFI or **NFFE** and

Form W8BEN-E/ specified declaration (Enclosed)

OR

Unable to confirm FATCA status

[We will contact you shortly to confirm your FATCA Status and obtain required supporting documents. To be completed within-----days of account opening]

^Where no box is ticked, the second statement will be taken as the default implying that the accountholder currently is unable to confirm FATCA status and will confirm the same in future.

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

FATCA Instruction

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 certification and documentation from our account holders . Such information may be sought either at the time of account opening or any time subsequently. In certain circumstance (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 any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification

FATCA annexure - Form for Non-Individuals (Sole-proprietors to fill up form for individuals)

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)