**ACCOUNT OPENING FORM FOR INDIVIDUALS F. No.-401**

# Branch:

**Date:** D D

M M Y Y Y Y

### Account No. Branch ALPHA Scheme Code

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Account** | **Scheme Name** | **Type of Account** | **Scheme Name** |
| □ Savings Bank A/c | □ Term Deposit A/c |
| □ Current A/c | □ Other A/c |

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

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Date of Birth (dd/mm/yyyy) PAN (if not available, please attach Form 60/61) Customer ID(if any existing)

## 1

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2

## 3

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Occupation \* | Status **\*\*** | Annual Income (in Rs.) | Relationship with 1st applicant | Nationality | Father's / Husband's Name |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## 2

3

\* Please choose from the following:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Salaried | Self Employed | Professional | Politician | Housewife | Student | Defence Staff |
| Retired | Stock Broker | Agriculture | Antique Dealer | Arms Dealer | Business | Others |

**\*\*** Please choose from the following (If Staff / Ex-Staff, mention E.C. Number):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Minor | Sr Citizen | Staff (EC No. ) | Ex-Staff (EC No. ) | Pensioner | NRI | 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 the court order.

|  |
| --- |
| **Name and address of Employer** |
| **First Applicant** | **2nd Applicant** | **3rd Applicant** |
|  |  |  |

### Operating Instructions (Please mark ✓ in appropriate box):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Self** | **Either or Survivor** | **Former or Survivor** | **Jointly** | **Any one or Survivor/s** | **Others (Pl. Specify)** |
|  |  |  |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Cheque Book |  |  | **Statement of Account through** |
| Issued Cheque Series No. to  | Pass book Post E mail Delivery at branch |
| Date of Issue: | **Statement Frequency**: Monthly Quarterly |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \* Internet Banking – Baroda Connect | Debit cum ATM Card | \* BOB Card |  |  |

(\* Please fill up separate application for Internet Banking – Baroda Connect and/ or BOB Card).

Please issue Debit cum 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):

|  |
| --- |
| Name to appear on Debit cum ATM Card In CAPITAL LETTER (not to exceed 20 Characters) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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## First applicant Second Applicant Third Applicant

|  |
| --- |
| **Residential address** |
|  | **First Applicant** | **2nd Applicant** | **3rd Applicant** |
| Flat No./Bldg Name |  |  |  |
| Street/ Road & Area/ Locality |  |  |  |
| City and District |  |  |  |
| State and Country |  |  |  |
| Pin Code |  |  |  |
| Tel No., Fax No. |  |  |  |
| Mobile |  |  |  |
| Email |  |  |  |

|  |
| --- |
| **Communication Address** (If different from Residential Address) |
|  | **First Applicant** | **2nd Applicant** | **3rd Applicant** |
| Flat No./Bldg Name |  |  |  |
| Street/ Road & Area/ Locality |  |  |  |
| City and District |  |  |  |
| State and Country |  |  |  |
| Pin Code |  |  |  |
| Tel No., Fax No. |  |  |  |
| Mobile |  |  |  |
| **Permanent Address / In case of NRE, local address in India** |
| Flat No./Bldg Name |  |  |  |
| Street / Road & Area / Locality |  |  |  |
| City and District |  |  |  |
| State and Country |  |  |  |
| Pin Code |  |  |  |
| Tel No., |  |  |  |

### OTHER INFORMATION: (√ tick one)

**Education :**

|  |  |  |  |
| --- | --- | --- | --- |
| Non Matric | SSC/HSC | Graduate | Post Graduate |

### Monthly Income (Rs.}:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Upto 5000/- | 5001 – 10000 | 10001 – 20000 | 20001 - 50000 | 50001 – 1 lac | Above 1 lac |

**Expected Annual Turnover in the A/C: Rs. If salaried, employed with: (√ tick one)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Proprietorship | Public Ltd. | MNC | Partnership | Public Sector | Pvt. Ltd. | Government | Others (Pl. Specify) |

### If Professional: (√ tick one) If Business: (√ tick one)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Doctor | Architect | CA / CS | IT Consultant | Engineer | Lawyer | Others (pl. Specify) |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Manufacturing | Real Estate | Antique | Service Provider | Trader | Arms Dealer | Agriculture | Stock Broker | Others (Pl. Specify |

**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 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 Bank’s rules relating to the conduct of the above accounts / services/ products /Fee & charges

which are displayed on the website [**www.bankofbaroda.com**](http://www.bankofbaroda.com/) / 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 **Multi-city / Normal cheque** book and recover charges from my/our account as per norms of the bank **(Give Option)**
* Account will be operated and balance along with interest payable as per operational instructions given above.
* I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority.
* I will indemnify the Bank against the claim of the above minor of any withdrawal/transactions made by me in his/her account.
* I / We understand that in the event of the death of the depositor(s), premature termination of term deposit would be allowed without any penal charges to the claimant(s) after following the due procedure.
* I / We also agree to maintain the minimum / quarterly average balance which the Bank may prescribe as the minimum / quarterly average balance to be maintained to avail the facilities and agree to pay the charges if minimum / quarterly average balance is not maintained and any other charges stipulated by the Bank. I/We understand that any change in this respect will be notified by the Bank on its website [www.bankofbaroda.com](http://www.bankofbaroda.com/) and also will be displayed on the notice board of the branches one month in advance.
* 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.
* I/We authorize Bank of Baroda/its Group Companies or its/their agents to make references and enquiries as may be deemed necessary in their discretion with regard to the information furnished in this application. Bank of Baroda and its Group entities/companies are empowered to exchange, share or part with all the information, data or documents relating to my/our application inter se among themselves or to other Banks / Financial Institutions / Credit Bureaus / Agencies / Statutory Bodies / such other entities / persons as may be deemed necessary or appropriate or as may be required for processing of such information / data by such person/s or for furnishing of the processed information / data / products thereof to other Banks / Financial Institutions / Credit Bureaus / Agencies / users registered with such agencies.

**For Debit cum ATM 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 authorize Bank of Baroda to issue a Debit cum ATM Card to the person/s as name mentioned in the application of account opening form. I confirm that I am the sole account holder or have the required mandate to operate the account singly linked to the Debit Card. I/We further unconditionally and irrevocably authorize you to debit my/our account annually for Debit Card fees/charges if any stipulated by the bank.
* I/We understand and undertake that the usage of the Debit Card shall be strictly in accordance with the Exchange Control Regulations and in the event of any failure to do so, I/We will be liable for action under the Foreign Exchange Management Act, 1999 and the amendments thereof stipulated by Reserve Bank of India from time to time.
* I/We accept full responsibility for my/our Debit Card and agree not to make any claims against Bank of Baroda in respect thereto.

**Full Signature (in running handwriting):**

# (Sole / First Applicant) (2nd Applicant) (3rd Applicant)

### Introduction from an existing account holder (at least six months old satisfactorily conducted and KYC compliant account).

|  |  |
| --- | --- |
| Name: | Account No. |
| Address: | Date of opening of the A/C: |
|  | Customer ID: |
| Pin: Email: | Branch Name: |
| Tel No. | Mobile | Fax | Type of A/c. SB / CA / CC / OD |

I/We certify that, Mr./ Mrs./ Ms. is/are known to me/us personally since last months / years and confirm the occupation and address stated in this application form for opening account are correct to the best of my/our knowledge & belief.

### Date: (Signature of the Introducer)

**8888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888888**

|  |  |
| --- | --- |
| **TITLE OF THE ACCOUNT** |  |
| **ACCOUNT NO** |  |  |  |  |  |  |  |  |  |  | **BRANCH** |
| **OPERATING INSTRUCTIONS** |  |
| **Name** | **Specimen Signature** | **Photograph** |
|  |  | 1.Recent Photo |
| Customer ID |
|  |  |  |  |  |  |  |  |  |
|  |  | 2.Recent Photo |
| Customer ID |
|  |  |  |  |  |  |  |  |  |
|  |  | 3.Recent Photo |
| Customer ID |
|  |  |  |  |  |  |  |  |  |

Name: Bank Official in whose presence signed

Signature:

(S.S No: )

# +++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++

**Form DA-1 Nomination Form**

Nomination under section 45ZA to 45ZF of the Banking Regulation A/c 1949 and 2(i) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits**.**

I / We \_ name(s) and address (es) nominate the following persons to whom in the event of my / our / minor’s death, the amount of the deposit, particulars whereof are given below may be returned by Bank of Baroda Branch.

|  |  |
| --- | --- |
| **Deposit** | **Nominee** |
| Nature of Deposit | Distinguishing No | Additional Details(if any) | Name of Nominee | Address of Nominee | Relationship with depositor (if any) | Age | If Nominee is minor his/her date of birth # |
|  |  |  |  |  |  |  |  |

# As the nominee is a minor on this date, I / We appoint Shri / Smt / Kumari (Name Address, and Age) to receive the amount of deposit on behalf of the nominee in the event of my / our / minors death during the minority of the nominee. Place:

Date: # Strike out if nominee is not a minor.

|  |  |
| --- | --- |
| @ Signature, Name and Address of Witness | \*Signatures / Thumb Impression of Depositors |
|  |  |
|  |  |
|  |  |

\* Where deposit is made in the name of a minor the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

@ Signature(s) of depositor(s) should be witnessed by one person, thumb impression(s) of depositor(s) should be witnessed by two person(s).

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

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

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

### \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Form 60 / 61 (to be filled by those who do not have PAN) Form 60**

Are you a Tax Assessee **□ Yes □ No if Yes**

1. Details of Ward / Circle / Range where the last return of income

was filled:

1. Reason for not having PAN No: \_

**Form 61**

To be filled by a person who has only agricultural income and no other income chargeable to income tax.

I hereby declare that my source of income is from agriculture and I am not required to pay income tax on any other income if any.

**Verification**

I do hereby declare that what is stated is true to the best of my knowledge and belief.

Verified at this the day of 20

Date

Place: Signature of the Declarant.

### 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 NRI**)
2. Driving License with photograph
3. Voter’s Identity Card
4. PAN Card, Government ID Card
5. Identity Card/ Confirmation from employer
6. Letter from recognized public authority or public servant verifying the identity (photo) of customer.
7. Confirmation letter from employer / other Bank verifying therein photograph of the customer along with other things.
8. Any other document with photograph evidencing identity of the applicant/s acceptable to the Bank.

(For married woman, proof of identity with her maiden name, if supported with a verified true copy of marriage certificate is acceptable as valid identity proof).

### LIST – II (Latest / recent documents showing address proof)

1. Passport
2. Driving License with address, Voters’ Identity Card
3. Telephone Bill, Electricity Bill, Ration Card
4. Bank account statement (with address)
5. Income / Wealth Tax assessment order (with address)
6. Letter from employer / Any document of communication issued by any authority of Central / State Government or local body showing residential address.
7. Any documentary evidence in support of residential address acceptable to the Bank.
8. In case of married women address proof of the groom is acceptable

# =====================================================================================================

**For Office Use**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.****No** | **Description** | **Name of Authorised****Staff** | **Signature** |
| 1 | Applicant interviewed & purpose ascertained by |  |  |
| 2 | Document/s of identification/Address Proof listed above were verified withoriginal by |  |  |
| 3 | Letter of thanks sent to A/c. holders and Introducer on  |  |  |
| 4 | **Money Laundering Risk Classification [ ] Low [ ] Medium [ ] High** |  |  |

**KYC CERTIFICATION:**

|  |  |
| --- | --- |
| 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 and further confirm that -1. a) The introducer has visited the branch

ORb) The introducer has not visited the branch but written confirmation obtained.1. The signature of the introducer is verified and his/her Account is more than six months old and KYC Compliant.

Signature of Head of the Department Specimen Signature No.  | I have verified the documents submitted and confirm that KYC Norms are fully complied with.Signature of Branch Head/ Joint Manager / Manager Specimen SignatureNo.  |
| Date: | Date: |

Pkv/ ACCOUNT OPENING FORM FOR INDIVIDUALS-31.01.08 msr08/ ACCOUNT OPENING FORM FOR INDIVIDUALS-31.01.08