

Pin Code Tel No., Fax No. Mobile Email

	Α	cco	υητ	OPE		IG F	OR	М	FO	R <u>II</u>			DUA	L S	<u>S</u>	F. N	o4
Branch:										Date:		D	M	-			Y
Account No.								E	Branc	h ALPI	HA			So	cheme	Code	
We request you to open	my/our c	leposit a	ccount	with you	ır brand	ch/ban	k as ur	nder:	(Tic	k (√) re	elevant	type	of acc	count	:)		
Type of Account	Sc	heme Na	ame			e of Ac					Sche	eme N	lame				
Savings Bank A/c Current A/c						n Depos er A/c	sit A/c										
ULL NAME, in CAPITAL L	etters (In	the order	r of first,	middle ar			aving a	a spac	ce be	tween	words)						M/F
2																	
3																	
Date of Birth (dd/m	m/yyyy)		PAN	(if not ava	ilable, p	olease a	ttach F	orm 6	60/61)		Custo	mer ID	o(if an	y existi	ing)	
														<u> </u>			<u> </u>
Occupation * Sta	itus **	Annual	Income	e (in Rs.)	Rela	tionship	with 1 ^s	* арр	licant	Na	tionality		Fathe	er's / ⊢	lusban	d's Nan	ne
Please choose from the foll																	
	mployed Broker		Profess Agricul			Politic	an e Deale	r		Hous	ewife Dealer		Studen Busine:		Defenc Others	e Staff	
		Staff / Ex	Ŭ.		C Num		e Deak			741113	Dealer		5051110.		Others		
* Please choose from the fol Minor Sr Citizen	Staff	EC No.	(-Stall, I) E	x-Staff	(EC No)	F	ension	er	N	RI	Ot	her /Ge	eneral	
lame of the Guardian (In ca	ase of Mir	nor):								Rel	ationsh	ip wit	th min	or (√	tick on	e)	
Attach Proof for minor's DOI	,								& NC	à N	1 & NG	Le	egal*	De	facto	Othe	rs
In case of legal guardian (g	uardian a	ppointed	by Cour	rt), enclose Name a													
First App	licant					2 nd	Applic	ant						3 rd Ap	oplicar	nt	
Operating Instructions (Ple	ase mark	√ in ap	propriat	te box):													
Self Either or Self	urvivor		Form	ner or Su	rvivor		Join	tly		Any or	ne or Su	urvivo	or/s	Ot	hers (F	Pl. Spec	cify)
			viete he	···· ()·													
acilities required (Please Cheq	ue Book		riate bo	x/es):					State	ment o	of Accou	unt th	rough	1			
ssued Cheque Series No		to				book [_		st 🗌		E mai	_			very at	branch	
Date of Issue:					State	ement F	reque	ncy:		Monthl	у 🗆	Qı	uarterly	у 🗆			
Internet Banking – Baroda			B 1.			ATM Ca			I)			* B0	OB Cai	rd 🗌			
* Please fill up separate app ease issue Debit cum ATM c				•					'	dore wi	th oper	otione	00 E 0	r C /	٨٥٧.٥٩	o or S	
ase issue Debit cuill ATM c				r on Debit												e 01 3).	
First appl	icant																
Second Appli														_			
Third App	icant																
					esiden	tial add		w.4				·		p ri			
		Fir	st App	olicant			2	nd A	pplic	ant				3'" A	pplic	ant	
lat No./Bldg Name																	
treet/ Road & Area/ Locality						-											
ity and District																	
State and Country																	

Bank of Baroda

	Communication Address (If di	fferent from Residential Address)	
	First Applicant	2 nd Applicant	3 rd 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: (√ tic	k one)		
Education : Not	n Matric SSC/HSC	Graduate Post Graduat	te
Monthly Income (Rs.): Upt	o 5000/- 5001 – 10000 10001 – 2	0000 20001 - 50000 50001 -	1 lac Above 1 lac
Expected Annual Turnover in t	he A/C: Rs		
If salaried, employed with: (\sqrt{ti}	ick one)		
Proprietorship Public Ltd. N	MNC Partnership Public Sect	or Pvt. Ltd. Government	Others (PI. Specify)
If Professional: (√ tick one)			
Doctor Architect CA /	CS IT Consultant Engineer I	_awyer Others (pl. Specify)	
If Business: (√ tick one)			
Manufacturing Real Estate	Antique Service Provider Trade	Arms Dealer Agriculture	Stock Broker Others (PI. Specify
	in appropriate boxes) : not enjoy any credit facilities with other ba		

[] 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 <u>www.bankofbaroda.com</u> / 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 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 / 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)



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	r./ Mrs./ Ms.		is/are kn	iown to

months / years and confirm the occupation and address stated in this application form for opening account are me/us personally since last correct to the best of my/our knowledge & belief.

Date:	<u></u>			1 M COLUMN CO		100 CE 1000 CE 000 CE 00 CE 00			(Sig	gnature o	of the Introducer)
TITLE OF THE ACCOUNT											
ACCOUNT NO								BRANCH			
OPERATING INSTRUCTIONS											
Name				Spe	cime	n Sig	natur	е			Photograph
Customer ID											1. Recent Photo
Customer ID											2. Recent Photo
Customer ID											3. Recent Photo

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 (Nam 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 of	out if nominee is not a minor.							
	@ Signature, I	Name and Addres	s 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)

		Photo Identity		Address Proof Identity				
	1	2	3	1	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 r Form 60 Are you a Tax Assessee a) Details of Ward / Circle / Ra was filled: b) Reason for not having PAN Form 61 To be filled by a person who ha other income chargeable to inc I hereby declare that my sourc am not required to pay income Verification I true to the best of my knowledge Verified at this the	■ Yes ■ N nge where the last r No: as only agricultural in come tax. e of income is from a tax on any other income hereby declare that a ge and belief.	o if Yes eturn of income ncome and no agriculture and I come if any.	 (Any one docume LIST – I (Latest/ re Passport (Mus Driving License Voter's Identity PAN Card, Goo Identity Card/ C Letter from reidentity (photo) Confirmation photograph of 1 Any other do applicant/s acc (For married woman a verified true cop proof). LIST – II (Latest / re Passport 	e with photograph Card vernment ID Card Confirmation from employer cognized public authority or public servant verifying the of customer. letter from employer / other Bank verifying therein the customer along with other things. bocument with photograph evidencing identity of the eptable to the Bank. I, proof of identity with her maiden name, if supported with y of marriage certificate is acceptable as valid identity				
Date Place:	Signature o	of the Declarant.	 Driving License with address, Voters' Identity Card Telephone Bill, Electricity Bill, Ration Card Bank account statement (with address) Income / Wealth Tax assessment order (with address) 					

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 with original 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.		I have verified the documents
	Mr./Ms in person and	submitted and confirm that KYC
hereby confirm that KYC Norms are fully contained and the second se		Norms are fully complied with.
i) a) The introducer has visited the brand	h	
OR		
b) The introducer has not visited the b	ranch but written confirmation obtained.	
ii) The signature of the introducer is verified	ed and his/her Account is more than six months old	
and KYC Compliant.		Signature of Branch Head
		/ Joint Manager / Manager
		Specimen Signature
Signature of Head of the Department	No	
Date:		Date:

Pkv/ ACCOUNT OPENING FORM FOR INDIVIDUALS-31.01.08