

Branch:

Operative A/C No.																				
Term Deposit A/C No.																				

Account Opening Form for Term Deposit Account for existing Account holders (In case of new term deposit)

I/We request you to open a **SDR/FDR (RIRD/QIP/MIP) / OTHERS** Deposit Account in my/our name as per details given below

Full Name (in Block letters)	Existing Customer Id	Date of Birth *	PAN

*for benefit of senior citizen rate please submit proof of Date of Birth

1. Deposit is under Option – Callable (pre-mature payment is allowed) Non Callable ** (pre-mature payment is not allowed)
2. Period of Deposit _____ (D/M/Year) Rate of Interest p.a. _____ Amount of Deposit ₹. _____ (Rupees _____)

3. a. In case of MIP/ QIP- Interest will be payable – Monthly/Quarterly basis.
b. Interest to be credited to Account no. _____ with your _____ branch.

4. Maturity Instructions:
(i) Credit to Account No. _____ Renewal of Principal Amount / Renewal of Principal with Interest for Period _____ (Days /Month /Year)

(ii) In the absence of maturity instruction Term deposit shall be renewed automatically as per auto-renewal scheme of the Bank.

5. In case of Minor: Guardian’s Name _____ Nature of Guardianship _____ Relationship with Minor _____ Source for funds _____ to be filled in.

6. Any other instructions _____

7. Operating Instructions (Please mark ✓ in appropriate box):

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

8. I/We understand that the interest earned on Term deposit and the Maturity value is subject to TDS as per extant guidelines of Income Tax.

Terms and Conditions:

For Fixed Deposit Rules, visit our website www.bankofbaroda.co.in- Deposit section

- a. Simple interest allowed monthly, quarterly, half yearly or at maturity depends on period and type of deposit and customer’s instructions. Interest on Monthly Income Plan is discounted as per rules. Interest on RIRD is compounded quarterly and paid at maturity.
Penal interest will be levied on premature withdrawals of deposit as per extant guidelines. Please confirm from the branch / refer FD rules given on bank’s website
- c. Prepayment of term deposits for Rs. One crore and above will be allowed as per discretion of the bank.
- d. Maturity value of the Term deposit will be adjusted if Tax is deducted at source on interest. .
- e. **If deposit is placed under any “Non-Callable Scheme” by whatever name it is called, “No premature payment will be allowed for any reason whatsoever.”**

I/We have read and understood the Bank’s rules for Term Deposit Accounts and agree to comply with and be bound by them as they are in force now and from time to time in force for such accounts. I/We undertake to advise the Bank in writing of any change in my/our address in my/our constitution/partners/Directors/Managing Committee/Articles of Association.

Signatures of Account Holders

Undertaking /consent/declaration in case of Deposits in Joint Names

- The Bank on receipt of a written application from any one or more of us in its absolute discretion and subject to such terms and conditions as the Bank may stipulate, Grant a loan or advance against the security of the term deposit receipt to be issued in our joint names.
- I/We undertake that in case of term deposits with operating instructions “either or survivor “or “former or survivor”, premature termination/payment will be allowed to the survivor in the event of the death of the either of the depositors or former as the case may be on submission of death certificate of the deceased depositor along with application without obtaining consent of the legal heirs of the deceased depositor.

Signatures of Account Holders
Nomination:

- Please register nomination for this deposit as per the request given./ Not interested in Nomination.
- Print Nominee’s name on receipt : Yes /No

Nomination under section 45ZA to 45ZF to the Banking Regulation Act, 1949 and 2(i) of the Banking companies (Nomination) Rules 1985 in respect of bank deposits.

I/We _____

Name(s) and address(es) nominate 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.

Nature of Deposit	Distinguishing no.	Additional Details (if any)	Name of Nominee	Address of Nominee	Relationship with depositor	Age	If Nominee is a minor, her/his date of Birth*

* As the nominee is a minor on this date. I/We appoint Mr./Mrs./Ms _____ (Name, Address and Age) to receive the amount of deposit, in the event of my/our/minor’s death during the minority of the nominee

* Strike out if the nominee is not a minor

Date:

Place:

@Signature, Name and Address of Witness	#Signature/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 a minor. #Thumb impression(s) shall be attested by two witnesses.

If PAN is not submitted – Please submit Form 60
FOR OFFICE USE

I hereby confirm that I have verified KYC compliance of his/her from his/her existing account No _____ and hereby confirm that KYC norms are fully complied with.

Money Laundering Risk Classification : Low/Medium/High

Nomination Registered Yes/ No

If yes, Nomination Registration No. _____

Date:

Signature of Departmental Head _____

Specimen Signature No. _____

Signature of Branch Head/Joint Manager

Specimen Signature no. _____

****For Non-Callable deposit seek clarification from branch/nearest branch**