

Bank of Baroda (T) Ltd



F. No.-401

Branch: _____

ACCOUNT OPENING FORM FOR INDIVIDUALS FOR SAVINGS / CURRENT / TIME DEPOSIT

Date: ____ / ____ / ____

Account No.	Scheme Code
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I/We request you to open my/our deposit account with your branch / Bank as under (Tick () type of account

Type of Account	Scheme Name
<input type="checkbox"/> Savings Bank A/c	<input type="checkbox"/> Baroda Shule A/c
<input type="checkbox"/> Current A/c	<input type="checkbox"/> Baroda Premium Current A/c
<input type="checkbox"/> Term Deposit A/c	<input type="checkbox"/>
<input type="checkbox"/> Other A/c	<input type="checkbox"/>

FULL NAME (In Block Letters)

Sr. No.	Title(Mr / Mrs / Ms / Dr)	First Name	Middle Name	Surname	Annual Income Tshs.	Customer ID
1						
2						
3						

Sr. No.	Date of Birth (dd/mm/yy)	Gender (M/F)	Occupation	Nationality	PAN No. (If PAN No is not available fill Form 60/61)
1					
2					
3					

* Please choose from the following (Tick () type of account

<input type="checkbox"/> Salaried	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Professional	<input type="checkbox"/> Politician	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student
<input type="checkbox"/> Retired	<input type="checkbox"/> Stock Broker	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Antique / Arms Dealer	<input type="checkbox"/> Others	

SON OF / DAUGHTER OF / WIFE OF

Sr. No.	Title(Mr / Mrs / Ms / Dr)	First Name	Middle Name	Surname
1				
2				
3				

IN CASE OF MINOR

Father & Natural Guardian	Mother & Natural Guardian	Guardian

I Shall represent the said minor in all future trasactions of any description in the above account until the said minor attains majority. I will endemnify the bank against the cclaim of the above minor of any withdrawal / transactions made by me in his/her account.

Name and address of the employer: _____

Customer status (Please ✓ mark):

Sr. No.	Minor	Pensioner	NRI	Others
1				
2				
3				

Facilities Required (Please ✓ mark):

Cheque Book	Without Cheque Book	Statement of A/c through			
		Passbook <input type="checkbox"/>	Mail <input type="checkbox"/>	E-mail <input type="checkbox"/>	Delivery at branch <input type="checkbox"/>

*Internet Banking - Baroda Connect <input type="checkbox"/>	*ATM / Debit Card <input type="checkbox"/>
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*Please fill up separate application

Operating Instructions (Please ✓ mark):

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

Address of the applicants:

Third Applicant	First Applicant	Second Applicant	Third Applicant
Building No			
Street / Road			
City & District			
State & Country			
PIN Code			
Tel No.			
Fax No			
Mobile			
E-mail			

Introduction: The Applicants maintaining KYC Complaint Account with the Bank.

Customer ID	Account No.	Branch:
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Introduction from an existing account holder (At least six months old and KYC complaint account)

Details of Introducer			
Name		Account No.	
Building No.		Customer ID	
Street / Road		Branch Name	
City	District	Type of A/c. SB / CA / CC / OD	
State	Country	Date of Opening of A/c	
PIN Code		Turnover in A/c	
Tel No.	Mobile	Fax	E-mail

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.

Signature of the Introducer: _____

Are you a Tax Assessee	Yes	No	if Yes	PIN Number _____
Verified at _____ this _____ day of _____ 20				
Date: ____ / ____ / ____			_____ Signature of the declarant.	
Place: _____				

NOMINATION FORM

I / We _____ name(s) and address (es) nominate the following persons to whom in the event of my / our / monir's death, the amount of the deposit, particulars whereof are given below may be returned by Bank of Baroda (T) Ltd Branch.

Deposit			Nominee				
Nature of Deposit	Distinguishing No	Additional Details (if any)	Name	Address	Relationship with depositor (if any)	Age	If Nominee is minor 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 on behalf of the nominee in the event of my / our / minors death during the minority of the nominee

Place: _____

Date: ____ / ____ / ____

@ 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 the minor.

Strike out if nominee is not a minor.

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

----- TEAR HERE -----

DA1

ACKNOWLEDGEMENT

Account No: _____ Name of Depositor: _____

Nomination in favour of _____ Dated: ____ / ____ / ____

Has been registered in the books of the Bank. kindly note that in case of a nominee being a non-resident Tanzanian, the repatriation of funds will be subjected to the extant guidelines of RBI.

Place: _____

Date: ____ / ____ / ____

Branch Manager / Authorized Signatory

TITLE OF THE ACCOUNT _____

BRANCH: _____

Account No.														
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OPERATING INSTRUCTIONS

Name	Specimen Signature	Photograph

Name: _____ Signature: _____
 Bank Official in whose presence signed SS No. _____

KYC CERTIFICATION

Name of the Account: _____

<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.</p> <p>i) (a) The introducer has visited the Branch OR (b) The introducer has not visited the branch but written confirmation obtained.</p> <p>ii) The signature of the introducer is verified and his / her Account is more than six months old and KYC Compliant.</p> <p>_____ Signature of Head of the Department Specimen Signature No. _____ Date: ___ / ___ / ___</p>	<p>I have verified the documents submitted and confirm that KYC Norms are fully complied with.</p> <p>_____ Signature of Branch Head / Joint Manager / Manager Specimen Signature</p> <p>No. _____ Date: ___ / ___ / ___</p>
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Date:

Name & Signature of the authenticating: _____ Signature No. _____

TERMS, CONDITIONS & DECLARATIONS (Please mark boxes)

- 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 cheque book and recover charges from my / our account.

I / We have read, understood and agree to abide by the Bank rules relating to the conduct of the above accounts / services / products which are displayed on the website, www.bankofbaroda.com / contained in the brochures of the Bank.

Account will be operated and balance along with interest payable as per operational instructions given above.

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 / average quarterly balance which the bank may prescribe as the minimum balance to be maintained to avail the facilities 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 charges in this respect will be displayed on the notice board of the branches one month in advance.

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

I / We declare that we have following deposit account and/or credit facilities with other Banks / other branches of your Bank in this city / town and any other city / town and details thereof are given here below **(incase nil information indicate accordingly)**

Bank & Branch	Place of Bank / Branch	Type of Account / Facility	Amount	Account No.

I/ We authorize bank of Baroda (T) Ltd /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 to this application(s). Bank of Baroda (T) Ltd 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 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 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 / User's registered with such agencies.

Signatures in full

Sole / First Applicant

Second Applicant

Third Applicant

FOR OFFICE USE

KYC IDENTIFICATION DOCUMENT / PAPERS TO BE SUBMITTED BY APPLICANT (S):
(Any one document from each of the following two lists subject to Bank's satisfaction.)

Operatign Instructions (Please ✓ mark boxes)

LIST -1 (Latest / recent photo identification documents)	LIST -2 (Latest / recent documents showing address proof)
Passport	Passport
Driving License with photograph	Driving License with address, Voter's Identity Card
Voter,s Identity Card	Income / Wealth Tax assessment order (with address)
Identity Card / Confirmation from employer	Letter from employer / Any document of communication issued by any authority of Central / State government or local body showing residential address
Letter from recognised public authority or public servant Verifying the identity (photo) of customer.	
Confirmation letter form employer / other Bank verifying therein photograph of the customer along with other things	Any documentary evidence in support of residential address acceptable to the Bank
For married woman documents acceptable to Bank	In case of married women address proof of the groom is acceptable

Details Identification document obtained / Submitted (Expatriater)

(For NRI applicant/s copy of passport must be submitted as Identuification document)

	Photo Identity		
	Sole / First Applicant	Second Applicant	Third Applicant
Type of Document			
Identification No.			
Issuing Authority:			
Place of issue:			
Date of issue:			
Copy of Work permit Valid up to			
Letter of Employment			
Address Proof Identity			
Type of Document			
Identification No.			
Issuing Authority:			
Place of issue:			
Date of issue:			

Sr. No.	Description	Name of Officer	Signature
1	Applicant interviewed & purpose ascertained		
2	Introducer personally called at branch & interviewed by		
3	Introducer did not personally call on branch, but written confirmation obtained.		
4	Document/s of identification/Address Proof listed above were verified with original by		
5	Letter of thanks sent to A/c. holders and Introducer on _____		
6	Nomination, if any, entered in register & its Sr. No. _____		
	Money Laundering Risk Classification <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		