Form No.410

					Branci	h:					
		Operative A/	C No.		11				İ		
		Term Deposit A	/C No.								$\perp \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$
I/We request	Opening Form for you to open a SDR/FD	R (RIRD/QIP/MIP)	/ OTHERS I	Deposit Acc	ount in	my/o	ur name a		etails į	given l	
Full Name (i	in Block letters)		Existing Customer ID			Date of Birth *			PAN		
			ļ								
			<del> </del>	· · · · · · · · · · · · · · · · · · ·	+-		<del></del>				
<del></del>					†						
for benefit of se	enior citizen rate please subi	nit proof of Date of Birth									
1. Depo	osit is under Option - Ca	llable□(pre-mature p	ayment is allow	red) Non Ca	llable □	] **(pr	re-mature	paymen	t is not	allowe	<b>:d</b> )
	od of Deposit				Amount	or De	eposit < _		<u> </u>		-
	case of MIP/QIP - Inter								,		
		= :						hr	anch	-	
	terest to be credited to A	ecountio.		wim	your				mich.		
4. Mat	urity Instructions:		Damarra	ofPrincin	lΔmo	int / D a	newal of	f Princi	nal wi	th	
(I) Cl	redit to Account No rest for Period	(Dave/N	Month / Vear)	or rimerp	и стиной	mit/ I/C	JIIC W at U	. 1 111101	να: W1	-41	
COL	n the absence of maturi	(Days) i	longsitahalih		utomati	ioolly,	00 000 011	to rong	wal co	homo	of
	n the absence of maturi Bank.	ty mstruction remit	icposit shan o	CICHOWOGE	utoman	curry e	us per uu	io rene	War 50	потпо	01
5. In ca	se of Minor: Guardian'	s Name		Nature of G	uardian	ship		Re	lation	ship w	rith
Min	orSour	ce for funds			tol	be fille	ed in.				
6. Any	other instructions	·									
7. Ope	rating Instructions (P	lease mark √ in ap	propriate box	):							
Self	Either or Survi	vor Former	er Survivor	Join	lly		ny one or urvivor/s			ers (PI ecify)	
ļ				<u> </u>				_	~ <u>r</u>		-
L	777 1 1 1 1 1 1 1		. T 1	4 4 4 1 1	<u> </u>		o is subi	act to	rne -		avtont
	We understand that the ruidelines of Income To		i term depos	it and the i	viaturity	value	e is subj	ect to .	IDS a	s per	CAIAUI
_	Conditions:			•							
	Deposit Rules, visit ou	r website www ban	kofbaroda co	in - Denos	it sectio	n					
a.	Simple interest allow	ed monthly, quarter	ly half yearly	or at matur	ity depe	ends o	n period	and ty	pe of o	deposi	it and
	customer's instruction	ns. Interest on Mo	nthly Income	Plan is d	iscount	ed as	per rule	s. Inte	rest o	n RIF	RD is
	compounded quarter							D1			<b>C</b>
	Penal interest will be			of deposit	as per e	extant	guideiin	es. Pie	ase co	mirm	HOIL
•	the branch/refer FD Prepayment of term of			ve will be:	allowed	asnei	r descrip	tion o	f the b	ank.	
c. d.	Maturity value of the	Term denosit will b	e adjusted if I	ax is deduc	ted at s	ource	on intere	est.			
e.	If deposit is placed	under any "Non-	Callable Sch	eme" by v	hateve	r nan	ne it is c	alled,	"No ]	prem:	ature
<b>.</b>	payment will be allo								•	•	
	• -										
We have rea	d and understood the	Bank's rules for Ter	m Deposit A	ccounts an	d agree	to cor	nply wit	h and b	e bou	ınd by	them
ey are in fo	orce now and from tin our address in my/our	ne to time in force	tor such acco	unts. I/We Managing	underta Commi	ake to	advise i	ine Bai	uk in i ciatio	wnun n	g or ar
	our address in my/ou f <b>Account Holders</b>	constitution/partne	AS/DHECTOIS/	1470maRiiiR	Commi	itto/M	11 11 01 03 U	111000	J.445 ()		
Suerarcs O	er rocomine xtoruct 2				*						

Unde	ertaking /	consent / declar	ation in case o	of Deposits in	Joint Names				
a.	terms an	k on receipt of a w d conditions as the l in our joint name:	Bank may stip	tion from any oulate, Grant a	one or more of us loan or advance as	s in its absolute ogainst the securit	discretion ar y of the term	id subject to such deposit receipt to	
b.	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.								
Sign	atures of	Account Holders				·			
ominat	ion:								
1.	Pleaser	egister nominato	n for this depo	-	request given/N	lot interested in	Nominatio	n.	
2.	Print No	minee's name or	receipt:	Yes/No					
(Nomi I/We_	nation) R	ules 1985 in respe	ect of bank dep	oosits.				Banking companion, the amount of the	
		lars whereof are					mor s dead	_Branch.	
4	ure of posit	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*	
(Natof th	me, Addr ne nomine rike out if e:	nee is a minor on ess and Age) to ree. The nominee is n	eceive the am			of my/our/mino	r's death du	ring the minority	
Signatı	ire, Name	and Address of W	Vitness		#Signature/Thur	nb Impression o	f Depositors		
				-					
@Wh	ere Depo f of a min	sit is made in the or. #Thumb impr	name of a mi ession(s) shal	nor the nominal libe attested b	nation should be by two witnesses	signed by a pe	rson lawful	ly entitled to act o	
If PA	N is not s	submitted - Plea	ase submit F	orm 60					
				FOR OF	FICE USE				
hereby ereby	confirm to	that I have verifi hat KYC norms a	ed KYC comp are fully comp	pliance of his lied with.	/her from his/he	r existing accou	ınt No		
Money !	Launderi	ng Risk Classific	ation: Low/N	Medium/High	1				
Nomina Date:	omination Registered Yes/No ate:				If yes, Nomination Registration No.  Signature of Departmental Head  Specimen Signature No.				
	re of Bra	nch Head/Joint l ture no.	vianager						

\*\* For Non-Callable deposit sock planification in a tropicly stress broads

rii. Rii kaan **miga aş**idda meen bi barah