

ACCOUNT OPENING FORM FOR INDIVIDUALS

Date : DD / MM / YYYY

Branch : _____

Account No. :

Branch ALPHA

Scheme Code

[illegible]

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 Account
<input type="checkbox"/> Savings Bank A/c		<input type="checkbox"/> Term Deposit A/c	
<input type="checkbox"/> Current A/c		<input type="checkbox"/> Other A/c	

FULL NAME, in CAPITAL Letters (in the order of Title (Mr./Mrs./etc. first, middle, and last name, leaving a space between words

M/F

	Date of Birth (dd/mm/yyyy)				PAN (if not available, please attach Form 60/61)								Customer ID (if any existing)					
1																		
2																		
3																		

	Occupation*	Status**	Annual Income (in Rs.)	Relationship with 1 st Applicant	Nationality	Father s / Husband s Name
1						
2						
3						

* Please choose from the following :

Salaries	Self Employed	Professional	Politician	Housewife	Student	Defence Staff
Retired	Stock Broker	Agriculture	Antique Dealer	Arms Dealer	Business	Other

** 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
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Name of the Guardian (in case of minor):

(Attach proof for minor's DOB)

Relationship with minor (✓ tick one)

(Attach proof for minor's DOB)	Relationship with minor (✓ tick one)				
	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	Second Applicant	Third 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 <input type="checkbox"/>		Pass book <input type="checkbox"/>		Post <input type="checkbox"/>	E mail <input type="checkbox"/>	Delivery at branch <input type="checkbox"/>
Issued Cheque Series No. _____ to _____		Statement Frequency: Monthly <input type="checkbox"/>		Quarterly <input type="checkbox"/>		
Date of Issue: _____						
Internet Banking - Baroda Connect <input type="checkbox"/>		Debit cum ATM Card <input type="checkbox"/>		Phone Banking <input type="checkbox"/>		

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)

[illegible]

Residential Address

	First Applicant	Second Applicant	Third 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	Second Applicant	Third 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 Indian

	First Applicant	Second Applicant	Third Applicant
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)
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If Professional: (✓ tick one)

Doctor	Architect	CA / CS	IT Consultant	Engineer	Lawyer	Others (pl. Specify)
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If Business: (✓ tick one)

Manufacturing	Real Estate	Antique	Service Provider	Trader	Arms Dealer	Agriculture	Stock Broker	Others (Pl. Specify)
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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 you / 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 / 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 enquire 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 operating deposit account:

- I/We have read, 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 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)

(Second Applicant)

(Thied 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 opening account are correct to the best of my/our knowledge & belief.

Date: _____

(Signature of the Introducer)

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: _____ Signature: _____ (SS No: _____)
Bank Official in whose presence signed

Form DA-1 Nomination Form

Nomination under section 45ZA to 45ZF of 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 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 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 on behalf of the nominee in the event of my / our / minors death during the minority of the nominee.

Name of the Nominee in the Pass Book / Statement of Account / FDRs required - Yes / No
(please indicate option)

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 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 those who do not have PAN)

Form 60

Are you a Tax Assessee ☐ Yes ☐ No if Yes

a) Details of Ward / Circle / Range where the last return of income was filled : _____

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

LIST - I (Latest/ recent photo identification documents)		LIST - II (Latest / recent documents showing address proof)	
1. Passport (Must for NRI)		1. Passport	
2. Driving License with photograph		2. Driving License with address, Voter's Identity Card	
3. Voter's Identity Card		3. Telephone Bill, Electricity Bill, Ration Card	
4. PAN Card, Government ID Card		4. Bank account statement (with address)	
5. Identity Card/ Confirmation from employer		5. Income / Wealth Tax assessment order (with address)	
6. Letter from recognized public authority or public servant verifying the identity (photo) of customer.		6. Letter from employer / Any document of communication issued by any authority of Central / State Government or local body showing residential address.	
7. Confirmation letter from employer / other Bank verifying therein photograph of the customer along with other things		7. Any documentary evidence in support of residential address acceptable to the Bank.	
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).		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 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. _____ Mr./Ms. _____ Mr./Ms. _____ in person and hereby confirm that KYC Norms are fully complied with and further confirm that i) a) The introducer has visited the branch OR b) The introducer has not visited the branch but written confirmation obtained. ii) The signature of the introducer is verified and his/her Account is more than six months old and KYC Compliant.	I have verified the documents submitted and confirm that KYC Norms are fully complied with. Signature of Branch Head / Joint Manager/ Manager Specimen Signature No. _____ Date: _____
Signature of Head of the Department _____ Specimen Signature No. _____ Date: _____	

APPLICATION FORM FOR INTERNET BANKING

I / We request you to register my / our application for internet Banking Facility and link my / our accounts with your branch / other branch/es with the rights: (A) internet Banking Facility → Transaction Rights* ☐ View only* ☐ (*Tick any one)
 (B) Other facilities → NEFT / RTGS ☐ Tax Payment ☐ (Tick if Transaction Rights availed)

Transaction alert on mobile - YES / NO

Preferred USER ID (Minimum 6 characters) 1. 2. 3.

(user ID will be allotted subject to availability)

Details of existing accounts to be linked for Internet Banking:

Name of Jt. A/c holders	14 Digit Account No.																Mode of operations

User's obligations:

- The user is welcome to access Bank's Baroda Connect (Retail) on anywhere anytime. However, as a matter of precaution and safety, he/she should avoid using PCs with public access. The Password given by the Bank must be replaced by the User of his/her choice at the time of first login. **This is mandatory.**
- The USER must keep the User Name and Password strictly confidential and Known only to himself/herself. The Bank will not be responsible for any loss sustained by the USER due to breach of this condition. The USER is cautioned against leaving the computer unattended during a valid session.

Please issue User I.D. and Password in the following name:

{Baroda ebanking Retail Services are provided only in those accounts where the mode of operation is one of the following:

(1)Self (2) Either or Survivor (3) Any one or Survivor/Survivors.)

Each signatory to an account requiring access to Baroda e-banking Retail Services must have a separate User I.D and Password).

Name of A/c holders	Customer I D	Separate User I.D/Password	Signature
		Yes / No	
		Yes / No	
		Yes / No	

OTHER TERMS & CONDITIONS & DECLARATION:

I/We have read, understood the Bank's rules relating to the above accounts/services/products/Free & charges which are displayed on the web site www.bankofbaroda.com / contained in the brochures of the Bank. I agree to abide by the same and changes therein that may be made from time to time.

- I confirm that I am the sole account holder or have the required mandate to operate the account linked to the Debit Card singly and that I/We have completed 18 years of age. I/We understand that upon issue of Debit Card to me/us, the existing ATM card of Bank of Baroda's Standalone ATM linked to my/our account will be deactivated.
- I/We am/are aware that Bank Of Baroda does not seek any information relating to login ID/Password in any form including e-mails from its penalties that may be made, suffered or incurred by the Bank by reason of non compliance of the terms and conditions mentioned herein. The terms and conditions and/or the operations in my/our account maintained by the Bank and/or the use of the services provided through Baroda connect shall be governed by the appropriate laws of the Republic of India and no other nation.
- I/We am/are aware that Bank Of Baroda does not seek any information relating to login ID/Password in any form including through e-mails from its customers. I/We agree and undertake that I/We shall never part with any sensitive information of my/our account especially through internet e-mail /phone medium. I/We further agree and confirm that bank of baroda shall not be liable for any losses arising from my/our sharing/disclosing of Login ID and/or password to anyone, nor shall make claims on the bank for any unauthorized use.
- I shall represent the minor account holder 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 minor account holder for any withdrawal/transaction made by me in his/her account.

First applicant

Second applicant

Third applicant

Date : ____ / ____ / ____ (in dd/mm/yyyy format)

The Sr. Branch Manager
Bank of Baroda,
_____ Branch

RBI DECLARATION CUM UNDERTAKING
(UNDER SECTION 10(5)-CHAPTER III OF FEMA 1999)

I/We hereby declare that the transaction, the details of which are specially mentioned in the schedules hereunder, does not involve and is not designed for the purpose of any contravention or evasion of provisions of the aforesaid Act or of any rule, regulation, notification, direction or order made there under.

I/We also hereby agree and undertake to give such information/documents as will reasonably satisfy you about this transaction in terms of the above declaration.

I/We, also understand that I/We, refuse to comply with any such requirement or make only unsatisfactory compliance herewith, the Bank shall refuse in writing to undertake the transaction and shall, if it has reason to believe that any contravention is contemplated by me / us, report the matter to Reserve Bank of India.

Yours faithfully,

First Applicant

Second Applicant

Place :

Date :

FATCA-CRS Annexure for Individual Accounts (including Sole Proprietor)

Details under FATCA and CRS (see instructions)

(Please consult your professional Tax advisor for further guidance on your tax residency, if required)

1. Name of the account holder _____
2. Customer ID _____
2. Father's name _____ (mandatory if PAN not provided)
4. Spouse's name _____ (optional)
5. Gender: _____ (Male, Female, Other)
6. PAN _____
7. Aadhaar number _____ (optional)
8. Identification Type and Identification Number (Documents Submitted as proof of identity of the individual): Name of the document Submitted _____
Identification number _____
9. Occupation Type _____ (Service, Business, Others-please specify)
10. Date of birth _____ (in DD/MM/YYYY format)
11. Nationality _____
12. City of birth _____
13. Country of birth _____

14. Permissible documents are:

Passport
Election ID Card
PAN Card
ID Card
Driving License
UIDAI Card
NREGA Job Card
Other

FATCA-CRS Annexure for Individual Accounts (including Sole Proprietor)14. Residence address for tax purposes (include City, State, Country & Pin Code)

15. Address Type _____ (a) Residential or Business (b) Residential (c) Business (d) Registered Office

16. Tax residence declaration - tick any one, as applicable to you:

☐

I am a tax resident of India and not resident of any other country

Or

☐

I am a tax resident of the country/ies mentioned in the table below

Country #	Tax Identification Number #	Identification Type (TIN or Other % please specify)

To also include USA, where the individual is a citizen/ green card holder of USA

% In case Tax Identification Number is not available, kindly provide functional equivalent

Certification

I have understood the information requirements of this Form (read along with the FATCA-CRS Instructions) and hereby confirm that the information provided by me on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA-CRS Terms and Conditions and hereby accept the same.

Name:

Signature:

Date: ____ / ____ / ____

Place: _____

FATCA-CRS Terms and Conditions

Details under FATCA-CRS/Foreign Tax Laws: Towards compliance with tax information sharing - laws, such as FATCA and CRS, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e. within 30 days. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

FATCA-CRS Instructions

If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010

