

ACCOUNT OPENING FORM FOR NON-INDIVIDUALS

Branch:

Date: □ □ □ □ □ □ □ □
 D D M M Y Y Y Y

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 Name
<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	

TITLE OF THE ACCOUNT (IN BLOCK LETTERS)[illegible]

Customer ID

Nature of Activity / Business _____

Date of Incorporation / Establishment (dd-mm-yyyy)

PAN | | | | | | | | | | | | | | | | |

Obtain certified copy of pan

Or Form 60/61 Of IT Act

[illegible][illegible]

Excise No (if any) | | | | | | | | | | | | | | | | |

Annual Turnover / Income | | | | | | | | | | | | | | | | | |

Expected Annual Turnover in the A/C: Rs. _____

CONSTITUTION (Tick ✓ Mark):

Sole Proprietorship ☐ Partnership ☐ Private Ltd Co ☐ Public Ltd Co ☐ HUF ☐ Institution ☐ Other Financial Institution ☐

Society ☐ Association ☐ Trust / Club ☐ Public Sector Bank ☐ Private Sector Bank ☐ Govt./Semi Govt. ☐ Local Bodies. ☐

Others (Pl. specify) ☐ _____

Details of Persons / Karta / Partners / Director / Proprietor of the account (In CAPITAL letters)

M/F

[illegible]

Date of Birth (dd/mm/yyyy)

PAN (if not available, please attach Form 60/61)

Customer ID (if any existing)

[illegible]

	Status **	Annual Income	Occupation *	Nationality	Father's / Husband's Name
1					
2					
3					
4					
5					

* Please choose from the following:

Salaried	Self Employed	Professional	Politician	Housewife	Student
Retired	Stock Broker	Agriculture	Antique Dealer	Arms Dealer	Others (Pl. specify)

** Please choose from the following:

Minor	Sr Citizen	Ex-Staff (EC No.)	Pensioner	NRI	Other /General
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Operating Instructions (Please mark ✓ in appropriate box):

Self by Proprietor	Jointly by all	Others (Pl. Specify)

Facilities required (Please mark ✓ in appropriate box/es):

Cheque Book <input type="checkbox"/>	Statement of A/c through- Please Tick (✓)	
Issued Cheque Series No. TO	Post <input type="checkbox"/>	E mail <input type="checkbox"/> Delivery at branch <input type="checkbox"/>
Date of Issue:	Statement Frequency: Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>	

Internet Banking – Yes ☐ No ☐ @ ATM / Debit Card Yes ☐ No ☐ # BOB Card Yes ☐ No ☐

(# Please fill up separate application for Internet Banking – Baroda Connect and/ or BOB Card).

@ Please issue **Debit Card** in the individual name of the Sole Proprietor of the Proprietorship Firm (**ONLY IN CURRENT ACCOUNT**):

Name to appear on ATM Card (Not to exceed 20 Characters) In CAPITAL LETTERS

Name of the Proprietor

Address of Firm, Company etc. / Residential Address of the authorized persons:

	Firm/Company etc.	1 st Partner/Director	2 nd Partner/Director
Flat No. / Building Name			
Street / Road			
Area / Locality			
City and District			
State and Country			
Pin Code			
Tel No			
Fax No.			
Mobile			
Email			
	3 rd Partner/Director	4 th Partner/Director	5 th Partner/Director
Flat No. / Building Name			
Street / Road			
Area / Locality			
City and District			
State and Country			
Pin Code			
Tel No			
Mobile			
Email			

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 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 Banks 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.

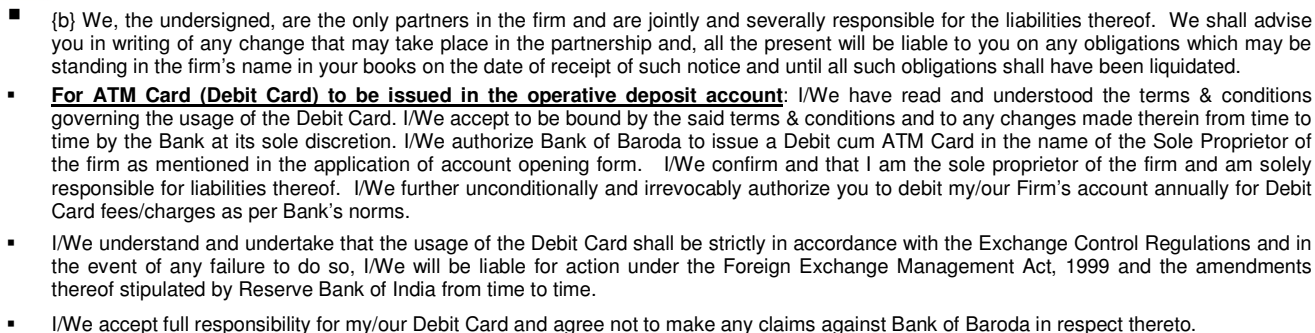
[] I/We wish to be informed about the various features/ products and promotional offers made by the Bank from time to time.

[] 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 (Give Option) cheque** book and recover charges from my/our account as per norms 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 /average quarterly balance to be maintained to avail the facilities and agree to pay the charges if minimum /average quarterly 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 to this application/s. 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.

(Please mark ✓ in appropriate boxes): {a} Applicable in case of sole Proprietary firm & {b} Applicable in case of Partnership firm.

- {a} I, the undersigned, am the sole proprietor of the firm and am solely responsible for liabilities thereof. I shall advise you in writing of any change that may take place in the constitution of the firm and I will be liable to you on any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.



Sr. No.	Name of the authorized person	Signatures in full (without rubber stamp)
1		
2		
3		
4		
5		

[illegible]

1. Mr./Ms.		2. Mr./Ms.	
3. Mr./Ms.	4. Mr./Ms.	5. Mr./Ms.	

Signature; _____
(SS No: _____)

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:

(Signature of the Introducer)

Details of Identification documents of applicant/s obtained.
(CARE: FOR NRI APPLICANTS COPY OF PASSPORT MUST BE SUBMITTED AS IDENTIFICATION DOCUMENT)

Photo Identity					
	1	2	3	4	5
Type of Document & Number					
Issuing Authority & Date of Issue					
Place of issue & Valid upto.					
Address Proof Identity					
Type of Document & Number					
Issuing Authority & Date of Issue					
Place of issue & Valid up to.					

--For Office Use --

Sr. No	Description	Name of Authorized Staff	Signature
1	Applicant interviewed & purpose ascertained		
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:

<p>I have met the account opener/s Mr./Ms. _____ Mr./Ms. _____ in person and hereby confirm that KYC Norms are fully complied with and further confirm that</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/their Account is more than six months old and KYC Compliant.</p> <p>Signature of Head of the Department _____ Specimen Signature No. _____</p> <p>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 No. _____</p> <p>Date: _____</p>
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Form DA-1 Nomination Form (FOR SOLE PROPRIETOR CONCERN ONLY)
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	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 Shri / Smt / Kumari _____ (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: _____

Strike out if nominee is not a minor.

@ Signature, Name and Address 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)

Form 60 / 61 (to be filled by those who do not have PAN)

Form 60
Are you a Tax Assessee <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes
a) Details of Ward / Circle / Range where the last return of income was filed:
b) Reason for not having PAN:
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.

Additional Documents to be obtained

Constitution	Document to be submitted
➤ Sole Proprietor Ship Firm	<ul style="list-style-type: none"> • Sole Proprietorship Letter (included in terms and conditions in the form) • Power of Attorney (if any) granted to any person to transact the business on its behalf.
➤ Partnership Firm	<ul style="list-style-type: none"> • Letter of Partnership (included in terms and conditions in the form) • Registration Certificate (if any) • Power of Attorney granted to partner or an employee of the firm to transact business on its behalf. • Any document identifying the main partners and the person(s) holding power of attorney and their addresses
➤ Hind Undivided Family (HUF) Or Joint Hindu Family Firm	<ul style="list-style-type: none"> • Prescribed Joint Hindu Family letter signed by all adult coparceners. • Declaration from Karta • Proof of Identification and address of Karta
➤ Limited Company (Public / Pvt.)	<ul style="list-style-type: none"> • Copy of Certificate of Incorporation. • Copy of Certificate of commencement of Business in case of Public Limited Co • Certified copy of Memorandum and Article of Association of the company made up to date • A certified true copy of the resolution of the Board of Directors of Company, requesting the Bank to open an account in its name and specify the operating instructions and a list of authorized officials to operate the account. • A list of present directors & their addresses, under the signature of chairman. • Power of Attorney if granted to its manager, officer or employee to transact the business on its behalf.
➤ Cooperative Societies, Association, Club	<ul style="list-style-type: none"> • Certificate of Registration of association, clubs etc of the societies / association / club if any. • Certified copy of the Bylaws of the society etc. • Resolution of the Management committee appointing the Bank at its Banker for opening of Account and stipulating the conditions for the conduct of account. • List of members (with address) of managing committee with the copy of resolution electing them to the committee.
➤ Charitable / Public Trust / Foundations	<ul style="list-style-type: none"> • Certificate of Registration, if registered. • Copy of Trust Deed / Constitution document. • Power of attorney granted to persons to transact the business on its behalf • Certified copy of the resolution signed by all the trustees in regard to the conduct of the account. • Any document listing out the names and address of trusts, settlers, beneficiaries and those holding Power of Attorney and other key officials involved in day to day management of the trust / foundation to the satisfaction of Bank. • Certificate from the Charity Commissioner in case of registered trust.

Note: All Individuals who are proprietor / partner / Karta / Director / Authorized Signatory etc must provide separate identity and address proof in conformity with the details furnished in the application form.

Resolution for opening Company account: (The Resolution should be somewhat in the following terms)

We hereby certify that the following Resolution of the Board of Directors of the _____ Company Ltd., was passed at a meeting of the Board held on the _____ and has been duly recorded in the Minute Book of the said Company.

Resolved that a banking account for the Company be opened with the Bank of Baroda and that the said Bank be and is hereby authorized to honour cheques, bills of exchange and Promissory notes drawn, accepted or made on behalf of the Company by

_____ and to act on any instructions so given relating to the account whether the same be overdrawn or not or relating to the transaction of the Company.

Chairman

Secretary / Managing Agents

Directors / Managing Agent

All alterations should be initiated

It is necessary that the authority given by the Resolution shall be in accordance with the powers provided by the Articles of Association of the Company.

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LETTER OF MANDATE TO OPERATE ACCOUNTF.No.6
(To be without any stamp)The Manager,
BANK OF BARODA

Dear Sir,

Ref. : MY / OUR CURRENT ACCOUNT No. _____ WITH YOU

I/We hereby request you from time to time to pay and honour all cheques which may be drawn by Mr. _____ including cheques made out in his own favour, purporting to be drawn by him and on my/our account and to your books, notwithstanding that payment of such cheques may create an overdraft or increase it to any extent. Any operation by Mr. _____ on my/our current account will be binding on me/us and you are, therefore, requested to act on instructions received from him in connections with the said current account.

Mr. _____ will also make, draw and endorse and accept or otherwise sign bills of exchange, promissory notes, or other negotiable instruments and discount the same with your Bank or otherwise, and will also pay monies, cheques, notes, drafts, orders and all other documents to the credit of my/our Current account and as and when needful endorse the same for me/us and will also certify the correctness of the balance of my/our current account, and will also acknowledge debt or debts from me/us so as to bind me/us all and will also receive notices on my/our behalf.

He will also endorse, pledge, deposit, withdraw, sell Government and other securities, shares, bills of lading, railway receipts and such other instruments and open letters of credit on my/our behalf, and give, vary and revoke instructions regarding my/our accounts in respect of all transactions and acts which he may do

Applicable for
Partnership Firm

Upon the firm and the partners and perform, and all such acts shall be binding on me/us and my/our heirs executors and administrators thereof and the heirs, executors of any such partners, their and his successors and I/We shall always and at all times, allow, ratify and confirm all and whatever said Mr. _____ assigns and in the case of dissolution of our partnership, all acts done by the said _____ shall do in relation to the said current account and/or under this mandate.

For individual
Sole Proprietor

Mr. _____ shall be binding upon the firm and each and every one of us and all other persons claiming from under or in trust for us or any of us unless notice in writing of such dissolution is previously received by you and we shall always and at all times allow ratify and confirm all and whatever the said Mr. _____ shall do in relation to the said current account and/or under this mandate.

This mandate if not revoked in my/our life time shall be binding upon my/our estate and effects and our legal representative until a written notice of my/our death is given to you.

This mandate shall continue in force until you receive a notice in writing from me/us to the contrary.

Specimen signature of

Yours faithfully,

Mr. _____
