

Account opening form

Branch		Branch Code	Cust Id		Account No.		
Savings	Saving Plus	Current	Current Plus	Short Deposit	Fixed Deposit	Over Draft	Cash Credit
Double Benefit Deposit		Recurring Deposit		Floating Rate Deposit	Monthly Income Certificate	Quarterly Income Certificate	Other

The Branch Manager, Bank of India Date

I/we request you to open _____ account with you for which I/We initially deposit Rs. _____ (Rupees _____ only) by Cash/cheque on yourselves / _____ (Bank)

BUSINESS ACTIVITY: _____ ESTB. SINCE: _____ (DATE)

TITLE/NAME OF THE A/C							TAN/PAN NO. (IN CASE OF LIMITED COMPANY)
	1ST APPLICANT/PROP/DIRECTOR/PARTNER		2ND APPLICANT/ DIRECTOR/PARTNER		3RD APPLICANT/DIRECTOR/PARTNER		
FIRST NAME							
MIDDLE NAME							
SURNAME							
PAN NO.							
DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
RELATIONSHIP WITH 1ST APPLICANT	-						
SEX	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
PERMANENT ADDRESS							
CORRESPONDENCE ADDRESS (LANDMARK, IF ANY)							
TELEPHONE HOME							
TELEPHONE OFFICE							
MOBILE NO.							
EMAIL ADDRESS							

SERVICES REQUIRED ATM INTERNET BANKING MOBILE BANKING STAR SANDESH FACILITY CHEQUE BOOK

NOMINATION FACILITY REQUIRED NOT REQUIRED *IF REQUIRED PLEASE COMPLETE NOMINATION FORM

DECLARATION/UNDERTAKING BY APPLICANT (S):
I/we confirm that I/we am/are resident(s) of India. I/we confirm having received, read and understood the accounts rules and hereby agree to be bound by the terms & conditions outlined in these which govern the account(s) which I am opening with the Bank of India and amendments there to be made from time to time will be binding on me/us and those relating to various services offered by the bank when displayed by the bank on its notice board or on its website including but not limited to ATM card/internet banking/Mobile Banking and other facilities listed in this form. I agree that changes from time to time in the Bank's rules relating to my/our different account and/or other services would be made available to me/us on the Bank's website. I/we declare that the transaction in the account will be made from my legitimate sources only and the account will not be used for any other purpose contrary to law. I/we agree that bank may at its absolute discretion discontinue any of the services completely or partially without any notice to me/us. I/we agree that the bank may debit my account for service charges as applicable from time to time. I/we will take every care to keep the cheque Book in my/our safe custody. I/we will also keep watch on the day to day transaction to detect early frauds, if any, committed by my/our agent/employee. I/we hereby declare that the information furnished above is true and correct to the best of my knowledge.

1ST APPLICANT/PROP/DIRECTOR/PARTNER Please affix passport size photo	2ND APPLICANT/DIRECTOR/PARTNER Please affix passport size photo	3RD APPLICANT/DIRECTOR/PARTNER Please affix passport size photo
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MANDATE FOR ACCOUNT OPERATION Single (Self operated) Either or survivor Former or Survivor Anyone or survivor Jointly by all Other

SIGNATURE OF 1ST APPLICANT	SIGNATURE OF 2ND APPLICANT	SIGNATURE OF 3RD APPLICANT
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VERIFIED BY: _____ APPROVED BY: _____ PLACE: _____ DATE: _____

INTRODUCTION BY EXISTING BANK OF INDIA CUSTOMER: (In case of CD A/c / No-frill A/c / Less KYC Compliant)

I/we confirm that I am/we are an account holder with Bank Of India for over 6 months. I/we certify that I/we have known Mr./Mrs. _____ since last _____ months/years and confirm his/her/their identity, occupation/business and address stated in this application to open the account.

NAME: _____	SIGNATURE OF INTRODUCER
CUST ID <input type="text"/>	A/C NO. <input type="text"/>
FOR BRANCH USE: LETTER OF THANKS SENT TO INTRODUCER/CUSTOMER ON _____ INTRODUCER CONTACTED ON _____	

IN CASE OF A MINOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF ATTAINING MAJORITY: <input type="text"/>
NAME OF PARENT/ NATURAL GUARDIAN <input type="text"/>	DECLARATION BY THE GUARDIAN: I hereby declare that the date of birth <input type="text"/> of the minor who is my _____ and I am his/her natural guardian. I indemnify the bank against the claim of the above minor for any withdrawal/transactions made by me in his/her account.
ADDRESS OF GUARDIAN <input type="text"/>	SIGNATURE OF GUARDIAN

TERM DEPOSIT

AMOUNT (in Rs.) <input type="text"/>	PERIOD <input type="text"/>	INTEREST FREQUENCY (Tick any one) <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> CUMULATIVE
MATURITY INSTRUCTIONS (Tick any one) <input type="checkbox"/> AUTO RENEW PRINCIPAL & INTEREST <input type="checkbox"/> REPAY PRINCIPAL & INTEREST	COMMUNICATION ON IMPENDING DUE DATE OF DEPOSITS <input type="checkbox"/> POST <input type="checkbox"/> COURIER <input type="checkbox"/> NOT REQUIRED	
In the absence of specific instructions, Term deposit will be automatically renewed on the same Terms and conditions, at rates prevailing at the time of renewal.		
PAYMENT INSTRUCTIONS (Tick any one) <input type="checkbox"/> ISSUE DD/PAY ORDER TO MAILING ADDRESS <input type="checkbox"/> CREDIT TO ACCOUNT NO. <input type="text"/>		

FORM NO. 60/61 (DECLARATION TO BE FILED BY A PERSON NOT HAVING EITHER A PAN AND WHO INTENDS TO MAKE CASH DEPOSIT IN RESPECT OF TRANSACTION SPECIFIED)

- FULL NAME AND ADDRESS OF THE DECLARANT (TO BE SUPPORTED BY PASSPORT/RATION CARD/DRIVING LICENSE ETC.)
- DETAILS OF THE DOCUMENT PRODUCED IN SUPPORT OF ADDRESS
- TRANSACTION PARTICULARS: OPENING OF _____ A/C
- AMOUNT TRANSACTION: _____
- ARE YOU ASSESSED TO TAX? YES NO
BEING AGRICULTURIST/INCOME BEING NOT CHARGEABLE TO IT
- IF YES, DETAILS OF INCOME TAX WARD/CIRCLE/RANGE: _____
- REASON FOR NOT HAVING PAN NUMBER: _____

Declaration by a person having agriculture Income only and no other income chargeable to IT
I hereby declare that my source of income is from agriculture and I am not required to pay IT on any other income (if any)
SIGNATURE OF AGRICULTURIST: _____

Verification: I _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. Verified, today, the _____ day of 20
PLACE: _____ SIGNATURE: _____

NOMINATION (FILL FORM DA-1) NOMINATION UNDER SEC. 45ZA OF THE BANKING REGULATION ACT, 1949 AND RULE 2(1) OF THE BANKING COMPANIES (NOMINATION) RULES, 1985 IN RESPECT OF BANK DEPOSIT.

I/we nominate the following person to whom in the event of my/our/minor's death the amount deposit in the above account may be returned by the Bank of India _____ Branch. As nominee is minor on this date, I/we appoint Mr./Mrs. _____ to receive the amount of deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.	NAME & ADDRESS OF NOMINEE: <input type="text"/>
	RELATIONSHIP : <input type="text"/>
	SIGNATURE OF DEPOSITOR: <input type="text"/>
IF NOMINEE IS MINOR, DATE OF BIRTH: <input type="text"/>	
NAME(S) AND SIGNATURE(S) OF TWO WITNESSES (IF THUMB IMPRESSION OBTAINED) <input type="text"/>	

ACKNOWLEDGEMENT OF NOMINATION

NOMINATION RECEIVED & REGISTERED ON: <input type="text"/>	CUSTOMER ID <input type="text"/>
Authorised Signatory	ACCOUNT NO <input type="text"/>

OCCUPATION	MONTHLY INCOME
<input type="checkbox"/> SALARIED <input type="checkbox"/> SELF-EMPLOYED/PROFESSIONAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> STUDENT <input type="checkbox"/> AGRICULTURE <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> GRAM SABHA <input type="checkbox"/> EDUCATIONAL INSTITUTION <input type="checkbox"/> TRUST <input type="checkbox"/> GOVERNMENT DEPARTMENT	<input type="checkbox"/> UP TO ₹20,000 <input type="checkbox"/> ₹20,001 TO ₹50,000 <input type="checkbox"/> ₹50,001 TO ₹1 LAC <input type="checkbox"/> ₹1,00,001 TO ₹5 LAC <input type="checkbox"/> ₹5,00,001 AND ABOVE
IF SELF-EMPLOYED: <input type="checkbox"/> DOCTOR <input type="checkbox"/> LAWYER <input type="checkbox"/> C.A. <input type="checkbox"/> ENGINEER <input type="checkbox"/> OTHERS	COMMUNITY: <input type="checkbox"/> HINDU <input type="checkbox"/> MUSLIM <input type="checkbox"/> CHRISTIAN <input type="checkbox"/> SIKH <input type="checkbox"/> BUDDHISM <input type="checkbox"/> OTHERS

EDUCATION: Non-Graduate Graduate Post Graduate Others _____

DO YOU HAVE AN ACCOUNT IN ANY OTHER BRANCH(ES) OF OUR BANK* IF SO, PLEASE FURNISH DETAILS:

NAME OF THE BRANCH	TYPE OF ACCOUNT	ACCOUNT NO.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

DO YOU HAVE AN ACCOUNT IN ANY OTHER BANK* IF SO, PLEASE FURNISH THE DETAILS:

NAME OF THE BANK	TYPE OF ACCOUNT	ACCOUNT NO.
1. _____	_____	_____
2. _____	_____	_____

EMPLOYMENT DETAILS

EMPLOYER NAME: _____	DESIGNATION: _____
_____	WORKING SINCE: _____

ASSETS VALUE IN LAC: _____

RESIDENCE OWNERSHIP: ANCESTRAL OWNED RENTED EMPLOYERS

LIFE INSURANCE: < 1 LAC 1 LAC TO < 2 LAC 2 LAC TO < 5 LAC > 5 LAC

CREDIT CARD: YES NO IF YES, WHICH CARD: BOI OTHERS

MUTUAL FUNDS YES NO IF YES, WHICH MUTUAL FUND: BOI OTHERS

OWNERSHIP OF VEHICLE: FOUR WHEELER TWO/THREE WHEELER NONE

OTHER INVESTMENTS: < 1 LAC 1 LAC TO < 2 LAC 2 LAC TO < 5 LAC > 5 LAC

EXISTING CREDIT FACILITIES, IF ANY

AUTO LOAN	<input type="checkbox"/> Y <input type="checkbox"/> N	HOUSING LOAN	<input type="checkbox"/> Y <input type="checkbox"/> N	PERSONAL LOAN	<input type="checkbox"/> Y <input type="checkbox"/> N
LOAN AGAINST SHARES	<input type="checkbox"/> Y <input type="checkbox"/> N	EDUCATION LOAN	<input type="checkbox"/> Y <input type="checkbox"/> N	LOAN AGAINST GOLD	<input type="checkbox"/> Y <input type="checkbox"/> N
AGRICULTURE LOAN	<input type="checkbox"/> Y <input type="checkbox"/> N	BUSINESS LOAN	<input type="checkbox"/> Y <input type="checkbox"/> N	OTHERS	_____

Documents to be submitted for opening account

Any one document from each of the undernoted two columns for a photo-identity and proof of address of individual/karta/proprietor/partners/directors/trustees/anyone who has authority to operate the account:

Please attach self attested photocopy of identity proof and address proof and originals thereof will have to be produced for verification

PROOF OF IDENTITY

- PAN CARD
- VOTER ID CARD
- PASSPORT
- AADHAAR CARD
- DRIVING LICENSE
- ID FROM EMPLOYER (subject to bank's satisfaction)
- GOVT/DEFENCE CARD
- LETTER FROM A GAZETTED OFFICER VERIFYING THE IDENTITY AND ATTESTING PHOTO AND ADDRESS
- JOB CARD ISSUED BY NREGA DULY SIGNED BY AN OFFICER OF THE STATE GOVT

PROOF OF ADDRESS

- RATION CARD
- ELECTRICITY BILL
- TELEPHONE BILL
- GAS CONNECTION RECEIPT
- BANK ACCOUNT STATEMENT
- LETTER FROM EMPLOYER (subject to bank's satisfaction)
- LETTER FROM RECOGNIZED PUBLIC AUTHORITY

ADDITIONAL DOCUMENTS REQUIRED

For all types of accounts Latest passport size photograph (including minor's parents or guardians) of individuals/proprietor/partners/directors/trustees/HUF members/karta etc.

For residents in India Proof of age in case of senior citizens

For Proprietary concern Declaration of proprietorship (available with branch)

Any Two of the following documents

- Registration certificate in case of a registered concern
- Certificate/license issued by the Municipal Authorities under Shops and Establishment Act
- Sales and Income-tax returns
- CST/VAT certificate
- Certificate/registration document issued by Sales Tax/Service Tax/Professional Tax authorities
- License issued by any registering authority like certificate of practice issued by the Institute of Chartered Accountants of India, Institute of Cost Accountants of India, Institute of Company Secretaries of India, Indian Medical Council, Food and Drug Control Authorities etc.
- Any Registration/Licensing document issued by the Central Government or State Government Authority/Department
- Importer Exporter Code issued to the proprietary concern by the office of the DGFT

The above mentioned documents are in the name of the proprietary concern

For HUF

- Declaration of HUF and its Karta
- Joint HUF letter (CD-115) signed by the Karta and major co-parceners
- PAN allotment letter
- Identification and address proof of Karta and major co-parceners

For Partnership firm

- Partnership Letter (L-438)
- Registration certificate with a copy certified by the partners
- Identification and address proof of partners

For Limited Company

- Copy of PAN
- Certified copies of the following by the Chairman/Secretary/Director
 - Certificate of incorporation
 - Certificate of commencement of business
 - Memorandum and Articles of Association
 - Board resolution for opening and operating the account
 - List of present directors
 - List of the authorized signatories with their signatures
- Identification and address proof of directors/who have authority to open and operate the account

For Club/Association/Societies/School/College etc.

- Copy of PAN
- Certified copies of the following by the Chairman/Secretary
 - Certificate of registration
 - Memorandum of Association
 - Rules, regulations, bye laws
- Committee resolution for opening and operating the account
- List of authorized signatories with their signatures
- Identification and address proof of Chairman/Secretary/President/who have authority to open and operate the account

For Trusts

- Copy of PAN
- Certified copies of the following by the Chairman/Managing Trustee
 - Certificate of registration
 - Trust deed
- Resolution for opening and operating the account signed by all the Trustees
- Any document listing the names of the trustees/settlers/beneficiaries
- List of the names of trustees with their signatures