



BANK OF INDIA

The Guiding Star

MUMBAI N.R.I. BRANCH

For Bank use only

BRANCH CODE

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Customer ID

--	--	--	--	--	--	--	--	--	--

Account No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account type

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Opening Form

The Manager,
Bank of India

Date : _____

_____ Branch

I / We request you to open an account with you for which I/We initially deposit Rs. _____ in words

(Rupees _____)

Title of A/c. Mr./Mrs./Ms./Messers _____

Nature / Activity of Business _____

Name of Joint Holders / partners / proprietor / Director

	FIRST NAME	MIDDLE NAME	SUR NAME
1 st APPLICANT			
2 nd APPLICANT			
3 rd APPLICANT			

	DATE OF BIRTH (DD/MM/YYYY)	PAN/GIR No.	SEX (M/F)	RELATIONSHIP WITH FIRST APPLICANT
1 st APPLICANT	<input type="text"/>			
2 nd APPLICANT	<input type="text"/>			
3 rd APPLICANT	<input type="text"/>			

Please attach Form 60 in case of non-availability of PAN / GIR No.

DATE OF ESTABLISHMENT (In case of Firm / Companies) : DD/MM/YYYY

IN CASE OF A MINOR

Minor's date of birth (dd/mm/yyyy) _____ (submit copy of birth certificate) Attains Majority On _____

Name of parent / natural guardian _____

Address of the guardian _____

Relationship with minor Father Mother By Court Order (If yes please attach a copy)

Others (Please specify)

MAILING ADDRESS

1 st APPLICANT				
	Country	Tel (O)	Tel. (R)	Fax
	Mobile	E-mail		
2 nd APPLICANT				
	Country	Tel (O)	Tel. (R)	Fax
	Mobile	E-mail		
3 rd APPLICANT				
	Country	Tel (O)	Tel. (R)	Fax
	Mobile	E-mail		

PERMANENT ADDRESS (If different from above) / REGISTERED OFFICE ADDRESS IN CASE LIMITED COMPANY

1 st APPLICANT				
	Country	Tel. (O)	Tel. (R)	Fax
2 nd APPLICANT				
	Country	Tel. (O)	Tel. (R)	Fax
3 rd APPLICANT				
	Country	Tel. (O)	Tel. (R)	Fax

PROOF OF ADDRESS SUBMITTED (individuals) : (Please tick)

<input type="checkbox"/> Passport Copy	<input type="checkbox"/> Voter's ID Card	<input type="checkbox"/> Govt. ID Card	<input type="checkbox"/> Driving License
<input type="checkbox"/> PAN Card	<input type="checkbox"/> Latest Telephone Bill	<input type="checkbox"/> Latest Electricity Bill	<input type="checkbox"/> Gas connection Receipt

CHOICE OF ACCOUNT

Type of Account (FCNR/NRF/NRO/RFC)	Type of Account
<input type="checkbox"/> Savings	<input type="checkbox"/> BOI Star 92
<input type="checkbox"/> Current	<input type="checkbox"/> Floating rate Deposit
<input type="checkbox"/> Fixed Deposit	<input type="checkbox"/> Certificate of Deposit
<input type="checkbox"/> Short Deposit	<input type="checkbox"/> BOI Savings plus
<input type="checkbox"/> Monthly Income / Quarterly Income	<input type="checkbox"/> BOI Current Plus
<input type="checkbox"/> Double Benefit Deposit	<input type="checkbox"/> Overdraft
<input type="checkbox"/> Recurring Deposit	<input type="checkbox"/> Cash Credit
<input type="checkbox"/> Others	

PAYMENT DETAILS FOR OPENING OF ACCOUNT

<input type="checkbox"/> Cash	<input type="checkbox"/> Debit Current / Savings A/c. No.
Cheque No. _____	drawn on _____ Bank _____ Branch _____

MANDATE FOR ACCOUNT OPERATION-ACCOUNT TO BE OPERATED BY & BALANCE PAYABLE TO :

<input type="checkbox"/> Me	<input type="checkbox"/> Either of Survivor	<input type="checkbox"/> Former or Survivor
<input type="checkbox"/> Anyone or any one of Survivor	<input type="checkbox"/> Jointly by all or survivor	<input type="checkbox"/> Others

SWEEP IN INSTRUCTIONS

In case of insufficient balance in my Savings / Current Account No. _____ please clear my cheque / allow withdrawal by transferring funds to my Savings / Current account by breaking units of my/our fixed deposits

CHEQUE BOOK REQUIRED ? YES NO**FORTERM DEPOSITS / RECURRING DEPOSITS :**

On maturity

I/We authorize the Bank to automatically renew the deposit with accrued interest for the same period on the maturity date at the prevailing rate of interest unless otherwise informed by me/us.

I/We authorize the Bank to automatically renew the Recurring deposit with accrued interest for the same period in D.B.D. on the maturity date at the prevailing rate of interest unless otherwise informed by me/us. issue DD/Pay Order Renew Principal only for the same period at the prevailing rate of interest and credit interest to my account No. _____

For Interest payment

Credit to Account No. _____ Issue DD/Pay Order By Cash

STATEMENT FREQUENCY

Current Account Monthly Weekly * Daily*

* Charges Applicable

* Please complete the nomination form attached herewith.

INTRODUCTION BY EXISTING BANK OF INDIA CUSTOMER

Name _____ Account No. / Customer ID _____ I confirm that I am an account holder with Bank of India for last _____ months / years, I certify that I have known Mr./Mrs. /Miss. _____ since last _____ months / years and confirm his / her / their identify, occupation and address stated in this application to open the account.

Signature of Introducer

Please tell us about yourself to serve you better

PERSONAL INFORMATION

<input type="checkbox"/> Do you have any relatives in Bank of India <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Do you have any relations with Directors of Bank of India <input type="checkbox"/> Yes <input type="checkbox"/> No				
Marital Status	<input type="checkbox"/> Married			<input type="checkbox"/> Signal
	Spouse Details :			
	Name :	Occupation :	E-mail Id :	
Dependents	<input type="checkbox"/> Spouse	<input type="checkbox"/> Parents	<input type="checkbox"/> No. of children	
Education	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Doctorate <input type="checkbox"/> Professional

EMPLOYMENT DETAILS

Occupation	<input type="checkbox"/> Salaried	<input type="checkbox"/> Prof./Self empl.	<input type="checkbox"/> Business	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
	<input type="checkbox"/> Others				
Profession	<input type="checkbox"/> Doctor	<input type="checkbox"/> C.A./ICWA/ACS	<input type="checkbox"/> Engineer	<input type="checkbox"/> Architech	<input type="checkbox"/> Software/IT
	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Journalist	<input type="checkbox"/> Consultant	<input type="checkbox"/> Others	
Employed	<input type="checkbox"/> Public Ltd. Co.	<input type="checkbox"/> Pvt. Ltd. Co.	<input type="checkbox"/> Govt. Sector	<input type="checkbox"/> Multinational	<input type="checkbox"/> Others
Grade	<input type="checkbox"/> Clerk	<input type="checkbox"/> Officer	<input type="checkbox"/> Junior Mgmt.	<input type="checkbox"/> Middle Mgmt.	<input type="checkbox"/> Senior Mgmt.

No. of years in service :				
Employer's Name :				
Employer's Address :				

ANNUAL INCOME FROM THE BUSINESS/SALARY			Rs.	
DETAILS OF OTHER SOURCES OF INCOMES IF ANY ?				

ANNUAL FAMILY INCOME				
<input type="checkbox"/> <60000	<input type="checkbox"/> 60000 - 120000	<input type="checkbox"/> 120000 - 240000	<input type="checkbox"/> 240000 - 360000	<input type="checkbox"/> 360000 & above

DETAILS OF FOREIGN COUNTRIES VISITED DURING THE LAST THREE YEARS				
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ASSET OWNERSHIP

Assets	<input type="checkbox"/> Computer	<input type="checkbox"/> Cellular Phone	<input type="checkbox"/> House <input type="checkbox"/> Land	<input type="checkbox"/> Commercial Property
Vehicles	<input type="checkbox"/> Car	<input type="checkbox"/> Two wheeler	<input type="checkbox"/> Both (Car & Two Wheeler)	<input type="checkbox"/> None
Car	<input type="checkbox"/> Make			<input type="checkbox"/> Year of purchase
Residence	<input type="checkbox"/> Self-owned	<input type="checkbox"/> Family Residence	<input type="checkbox"/> Company Provided	<input type="checkbox"/> Rented <input type="checkbox"/> Purchased on Loan

ESTIMATED VALUE OF ASSETS : Rs.				
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BANKING / INVESTMENT ACTIVITIES

Other banks used	<input type="checkbox"/> Nationalized	<input type="checkbox"/> Pvt. Sector	<input type="checkbox"/> Co-operative	<input type="checkbox"/> Foreign
Main Banker :				
Preferred investments	<input type="checkbox"/> Company Deposits	<input type="checkbox"/> Mutual Funds	<input type="checkbox"/> Shares	<input type="checkbox"/> Bank Deposits
	<input type="checkbox"/> Property	<input type="checkbox"/> Gold	<input type="checkbox"/> PPF	<input type="checkbox"/> Others

BANK OF INDIA PRODUCTS / SERVICES AVAILED OF

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LOANS

Loans availed in the last three years	<input type="checkbox"/> Car	<input type="checkbox"/> Business	<input type="checkbox"/> Loans against Shares	<input type="checkbox"/> Others
	<input type="checkbox"/> Housing	<input type="checkbox"/> Consumer Durables	<input type="checkbox"/> Education	
Loans requirements				

INTERNET ACCESS	If Yes	<input type="checkbox"/> At home	<input type="checkbox"/> At Office
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CREDIT CARD DETAILS	Name of issuer :	Card No. :	Validity :
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DO YOU HAVE MEDICAL INSURANCE ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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In the event of death of any of the joint depositors, prior to maturity of the deposit, the Bank will at the request of the Surviving depositor or all the surviving depositors, be at liberty though not bound and at its absolute discretion to add/delete any name or to repay the deposit before maturity, or to grant an advance against the security thereof, on such terms as the Bank may in its absolute discretion decide and such repayment before maturity shall constitute a valid discharge to the Bank.

DECLARATION IN CASE OF A MINOR ACCOUNT

I hereby declare that the date of birth ____/ ____/ ____ of the minor who is my _____ and I am his / her natural guardian / lawful guardian appointed by the court order dated _____ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal / transactions made by me in his / her account.

Signature of Guardian

DECLARATION / UNDERTAKING

I/We confirm having read and understood the Account Rules and hereby agree to be bound by the terms and conditions, outlines in these rules which govern the account(s) which I/We am/are opening with Bank of India and amendments thereto made from time to time and those relating to various services.

I/We understand that the 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 in my/our 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 transactions to detect early frauds. if any, committed by our agent/employee. I/We would/would not like to receive intimation of impending due date of deposit/s by post/ hand delivery. I/We confirm that I/We am/are resident of India. I/We hereby declare that the information furnished above is true and correct to the best of my knowledge.

I/We confirm having noted that, in the event of dishonour of a cheque valuing Rs. one crore and above drawn on this account on four occasions during the financial year for want of sufficient funds, no fresh cheque book would be issued by the Bank. The Bank may also consider closing this account at its absolute discretion in such instances.

I/We declare that I/We do not enjoy credit facilities with other bank/s with your other branches.

I/We enjoy credit facility / have Current Accounts with other bank/s with your _____ Branch
(Please attach details of such facilities separately)

Name of Bank & Branch	Account No.	Facility	Amount

DECLARATION :

I/We hereby declare that I am/we are non-resident(s) of Indian Origin. I/We understand that the account(s) are being opened on the basis of the statements declarations made by me/us and I/We also agree that if any of the statements/declarations made herein is found to be not correct in material particulars, you are not bound to pay any interest on the deposit made by me/ us. I/We agree that no claim will be made by me/us for any interest on deposit/s for any period after the date/s of maturity of the deposit/s. I/We agree to abide by the provisions of the Foreign Currency (Non-Resident Account/Non-Resident (External) Account/Non-Resident (Ordinary) Account/Non-Resident (Non-Repatriable) Rupee Deposit and Resident Foreign Currency account schemes. I/We hereby undertake to intimate you about my/our return to India for permanent residence immediately on arrival. I/We further understand that on my/our return to India and my/our intimating you the same. my/our FCNR Deposit will be converted into Rupees and thereafter account will be designated as resident account and if the deposit is kept for further term, interest will be payable on the Rupee deposit at the rate originally fixed. I/We agree that if the premature withdrawal is permitted at my/our request, the payment of interest on the deposit may be allowed in accordance with the prevailing stipulations laid down by Reserve Bank of India, Bank of India In this regard. I/We further understand that the interest payable on renewals will be at the applicable ruling rates on the date of maturity, and that the deposit receipt will be renewed on my/our presenting the matures receipt! on the maturity date. You may at your option but at my/our risk and responsibility in al respect, appoint an agent. who shall be my/our agent to collect and the transmission of any cheque, bills, hundies or other instruments or share certificates or other documents or goods or the instruments received In exchange or payments thereof, and the advices and correspondence relating thereto, whether by post or otherwise and whether by land, sea or air or by telegram or cables shall be entirely at my/our risk and responsibility and any loss, damage or delay howsoever occasioned shall be on my/our account and be wholly borne by me/us.

I/We undertake that I/We shall not make available to any person resident in India foreign currency against reimbursement in rupees or in any other manner in India.I/We further undertake that in case of debits to the accounts for the purpose of investing in India and credits representing sale proceeds of investments, I/We shall ensure that such investments/disinvestments would be covered by either general or special permission of Reserve Bank.

Signature of 1st Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant

नामांकन (नामांकन फार्म डीए-१) NOMINATION (Nomination Form DA-1)

बैंक जमा राशियों के संबंध में बैंककारी विनियमन अधिनियम 1949 के अनुच्छेद 45 Zए और बैंकिंग कंपनी (नामांकन) नियम १९८५ के नियम 2(1) अंतर्गत नामांकन

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.

मैं/हम _____

(नाम और पता)

को नामांकन करते हैं। जिसे मेरी/हमारी/अवयस्क की मृत्यु की दशा में खाते में जमा धनराशि, जिसका विवरण नीचे दिया गया है की बैंक ऑफ इंडिया _____ शाखा द्वारा वापस किया जाता है।

I/We _____

(Name & Address)

nominate the following person to whom in the event of me/our/minor's death the amount of the deposit in the account, particulars whereof are given below, may be returned by Bank of India, _____ Branch

जमा राशियों का प्रकार Nature of Deposits	श्रेणीबद्ध नंबर Distinguishing No.	अतिरिक्त ब्यौरा, यदि कोई है Additional details, if any	नामिती का नाम और पता Name & Address of Nominee
जमाकर्ता के साथ रिश्ता, यदि कोई है Relationship with Depositor, if any	आयु Age	यदि नामिती अवयस्क है, जन्म तिथि If nominee is minor, Date of Birth	

- ◀ चूंकि आज की तारीख में नामिती अवयस्क है अतः मैं/हम श्री. _____ को, नामिती की ओर से मेरी/हमारी अवयस्क की अवयस्कता के दौरान मृत्यु की दशा में, खाते में जमा राशि को प्राप्त करने के लिए नियुक्त करता हूँ.
- ◀ As the nominee is a minor on this date I/We appoint _____ to receive the amount of the deposit in the account on behalf of the nominee in the event of my/our/minor's death the minority of the nominee.

स्थान / Place :

दिनांक / Date :

हस्ताक्षर/जमाकर्ता/कर्ताओं के अंगूठे का निशान
Signature(s) thumb impression of Depositor(S)

साक्षीदार/दारों का हस्ताक्षर @
Signature of witness(es) @

- ◀ यदि जमा राशि को अवयस्क के नाम से रखा गया है, तो नामांकन का समनुदेशन, अवयस्क की ओर से कानूनन हकदार द्वारा जाना चाहिए।
Where deposit is made in the name of a minor the nomination should be signed by a person lawful entitled to act on behalf of the minor

- ◆ यदि नामिती अवयस्क नहीं है तो इसे काट दें। / Strike out if nominee is not a minor.

- @ अंगूठे के निशान/नो को दो साक्षीदारों द्वारा सत्यापित करना चाहिये। / Thumb impression (s) shall be attested by two witness.

प्राप्ति स्वीकृति / ACKNOWLEDGEMENT

श्री. _____ से खाता _____ के नामांकन

जमाकर्ता/ओं का नाम

के संबंध में नामांकन फार्म सं. डीए-१ नामांकन दर्ज करने के लिए प्राप्त किया।

Received on _____, nomination form no. DA-1 for making nomination

from _____ in respect of _____

(Name of Deposit Holder's)

(Name of the Account)

जमा खाता सं. / Deposit Account No. _____

दिनांक / Date : _____

कृते बैंक ऑफ इंडिया
For BANK OF INDIA

प्राधिकृत हस्ताक्षरी / AUTHORISED SIGNATORY

Additional Information

CUSTOMER DETAILS		REMARKS
Customer Community Code		Hindu / Muslim / Sikh / Christians
Customer Status		Illiterate / Blind
Customer Group Code		Reliance Group, Tata Group, etc
Permanent State Code		
Employer Tel. No. / Fax No.		
Credit Card Holder Y/N		Valid values - Y or N
If Y to above then :	Expiry Date	
	Card Number	
Caste		OBC, BC, FC, OC etc.
Mother Tongue		
Business Assets Value		
Property Assets Value		
Investment Value		
Net Worth		
Deposits with other Banks (value)		
Liabilities Value		
Total Fund Based Advances Amount		
Total Non-Fund based Amount		
Does the customer's relative have an account with Bank of India		
If Y to above :	The name of Relative	
	Relationship	
	Branch Code	
	Type of Account / Number	
NRE (PIO) Nationality		
NRE (PIO) Passport Number		
NRE (PIO) Passport issue Date		
Passport Details - Issuing authority		
Passport Expiring Date		
Date when customer becomes NRE		
NRE Contact Relation Name		
Local Relation Address		
Local Relation City / PIN No.		
Local Relation State / Country		
Local Relation Phone No.		
NRE Country		
Account Details		
Employee Id (PF number if employee of the Bank)		
Sanction Level Code		Such as BM, CM, AGM etc.
Sanction Reference Number		Sanction Memo Ref. No.
Lien expiry Date		For any type of Lien
Lien Reason		-do-
Lien Amount		-do-

APPENDIX V
(PARAGRAPH 50.2)
Specimen of Mandate Letter

To,
Bank of India,
..... Branch.

Date

Dear Sirs,

Re : Current / Saving Bank Account No.....
in the name (s), of

I/We have given my/our authority to Mr./Mrs./Miss..... to draw and sign cheques on mu/our Current/Saving Bank Account with you whether the same is in credit or otherwise; and to endorse cheques, drafts, bills of exchange, hundies, divided warrants and interest coupons payable to me/us and to accept bills of exchange or hundies drawn upon me/us and I/we hereby acknowledge and hold myself / ourselves liable thereon. In the same way as if signed by my self/ourselves.

You may treat this authority is continuing until I/we give you notice to the contrary in writing.

Yours Faithfully,

Mr./Mrs./Miss.....
will sign as
WITNESS
.....
(Signature and address)

.....
.....
.....

"Form No.60"

(See third provision to of rule 114 B)

Form of Declaration to be field by a person who does not have either a Permanent account number or General Index Register Number and who makes payment in cash in respect of transaction specified clauses (a) to (h) of rule 114B.

1. Full name and address of the declarant _____

2. Particulars of transaction
3. Amount of transaction
4. Are you assessed to tax / Yes / No
5. If Yes,
 - (i) Details of Ward / Circle / Range where the last return of income was field ?
 - (ii) Reasons for not having permanent account number/General Index Register Number ?
6. Details of the document being produced in support of address in column (i)

Verification

I, _____ do hereby declare that what is state above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____ 20 _____

Date : _____

Place : _____

Signature of the declarant

Instruction :

Documents which can be produced in support of the address are :

- (a) Ration Card
- (b) Passport
- (c) Driving Licence
- (d) Identity card issued by institution
- (e) Copy of the electricity bill or telephone bill showing residential address.
- (f) Any document or communication issue by any authority of Central Government, State Government of local bodies showing residential address.
- (g) Any other documentary evidence in support of his address given in the declaration.