BANK OF INDIA
The Bank that Cares...

ADDITIONAL DEPOSIT FORM

Please use this form for additional deposits to be opened in an existing account title (i.e. if you have opened an earlier account held by A & B, you can use this form to open an additional deposit in the name of A & B.)

NEW ACCOUNT DESIRED TO BE OPENED

SAVINGS	**SAVINGS PLUS**	**SHORT DEPOSIT**	**MONTHLY INCOME CERTIFICATE**	**RECURRING DEPOSITS**	**OVERDRAFT**	**CERTIFICATE OF DEPOSIT**
CURRENT	**CURRENT PLUS**	**FIXED DEPOSIT**	**DOUBLE BENEFIT DEPOSITS**	**FLOATING RATE DEP.**	**CASH CREDIT**	**OTHERS**

Customer ID | | | | | | | | | |

ACCOUNT DETAILS

A/C NUMBER | | | | | | | | | | | | | | | | | |

	1st APPLICANT	**2nd APPLICANT**	**3rd APPLICANT**
Name			

MANDATE FOR ACCOUNT OPERATIONS

☐ Single ☐ Either or Survivor ☐ Former or Survivor
☐ Any_____ or Survivor ☐ Jointly by all ☐ Others
☐ Same as my/our existing _____Account with yourselves.

PAYMENT DETAILS
Transfer from Savings / Current Account No.
_____
Cash Rs_____

Cheque Number	**Drawn on (Bank & Branch)**	**Amount Rupees**	**TENURE (days/months/ years)**	**RATE OF INTEREST % p.a.**

FOR TERM DEPOSITS- Payment on maturity./Interest Payment(Statement required)- Monthly/Quarterly
☐ Credit to Account No._____
☐ Issue DD / Pay Order ☐ By Cash

FOR TERM DEPOSITS- Auto Renewal

- I/We would/would not like to receive intimation of impending due date of deposit/s by post/ hand delivery.
- I authorise 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.

☐ Renew Principal & Interest . ☐ Renew Principal only ☐ Issue DD/Pay Order . ☐ Credit to Account No._____

AGREEMENT ⇨ I/We have read and understood the Bank of India Account Terms and Conditions from the Bank's website. I/We accept and agree to be bound by the said terms and conditions including those excluding limiting your liability. I/We agree that the Bank may debit my/our account for service charges as applicable from time to time.

RECURRING ACCOUNT **No. Of Instalments: _____MONTHS** **Maturing on _____**

NOMINATION (Nomination 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 of deposit in the above account may be returned by the Bank of India.

- As nominee is minor on this date I/We appoint _____ 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	If nominee is minor, Date of Birth: (Strike out if nominee is not a minor)	Signature of Two Witnesses (If Thumb impressions obtained)
Nominee's Relationship with Depositor, if any:	Age (years):	

SIGNATURE(S) ⇨ Place: Date:	**1st APPLICANT**	**2nd APPLICANT**	**3rd APPLICANT**

ACKNOWLEDGEMENT OF NOMINATION

Nomination received & registered On:_____
For Bank Of India

Authorised Signatory

CUSTOMER ID

ACCOUNT NUMBER