

	BANK OF INDIA			For Bank Use Only														
				BRANCH CODE				CUSTOMER ID										
	ACCOUNT NO.			PLEASE TICK THE ACCOUNT TYPE BELOW SUITABLY														
SAVINGS	SAVINGS PLUS	SHORT DEPOSIT	MONTHLY INCOME CERTIFICATE	RECURRING DEPOSITS	OVER DRAFT	CERTIFICATE OF DEPOSIT	Branch											
CURRENT	CURRENT PLUS	FIXED DEPOSIT	DOUBLE BENEFIT DEPOSITS	FLOATING RATE DEP.	CASH CREDIT	OTHERS												

Account Opening Form

The Branch Manager,
Bank of India.

Date :

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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 OF ACCOUNT →																								
	PROP./1 ST APPLICANT/ PARTNER/DIRECTOR								2 ND APPLICANT PARTNER/DIRECTOR								3 RD APPLICANT PARTNER/DIRECTOR							
FIRST NAME																								
MIDDLE NAME																								
SURNAME																								
PAN NO.(IF OBTAINED) Else 60/61.																								
SEX (Tick Suitably)	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE		
RELATIONSHIP TO 1 ST APPLICANT	*****																							
DATE OF BIRTH(dd/mm/yyyy)																								
PERMANENT ADDRESS:																								
CORRESPONDENCE ADDRESS																								
TELEPHONE (OFFICE)																								
TELEPHONE (RESIDENCE)																								
MOBILE PHONE																								
e-MAIL ADDRESS																								

PROOF OF IDENTITY/ADDRESS

IN CASE OF A MINOR (Applicant Number) Date of his Attaining MAJORITY (dd/mm/yyyy) : - - .

Name of parent / natural guardian _____	DECLARATION IN A MINOR ACCOUNT OPERATED BY THE GUARDIAN: 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.
Address of the guardian: _____	
Signature of the Guardian →	

CHEQUE BOOK	<input type="checkbox"/> Not Required.	<input type="checkbox"/> Personalised Cheque Book Required.	<input type="checkbox"/> Multi-City Cheque Book Required.	<input type="checkbox"/> Ordinary Cheque Book only Required.		
CD A/C STATEMENT FREQUENCY	Quarterly	Monthly	Fortnightly	Weekly*	Daily**	subject to applicable charges
Services Required:	ATM Cum Debit Card	Internet banking	SMS/Mobile banking	Tele Banking	MBB Banking	
NOMINATION FACILITY	<input type="checkbox"/> Yes REQUIRED*.	<input type="checkbox"/> NOT REQUIRED	* If required please complete nomination form below .			

FOR TERM DEPOSITS- Payment on maturity/Interest Payment(Statement required)- Monthly/Quarterly	<input type="checkbox"/> Credit to Account No. _____ <input type="checkbox"/> Issue DD / Pay Order By Cash
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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

I/We enjoy credit facility/Current Accounts with other Banks as under:

Name of Bank & Branch	A/C Type/ Facility	Account Number	Limit, If Any.

INTRODUCTION BY EXISTING BANK OF INDIA CUSTOMER : 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./Miss/Messrs. _____ 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

Customer ID AccountNo.

	PROP./1 ST APPLICANT/ PARTNER/DIRECTOR	2 ND APPLICANT PARTNER/DIRECTOR	3 RD APPLICANT PARTNER/DIRECTOR
Please affix Passport Size Photo Graph of the respective applicants in the respective columns			

MANDATE FOR ACCOUNT OPERATIONS	<input type="checkbox"/> Single(Self-Operated)	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Former or Survivor
	<input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Jointly by all	<input type="checkbox"/> Others

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SIGNATURE OF APPLICANT 1	SIGNATURE OF APPLICANT 2	SIGNATURE OF APPLICANT 3
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FOR BRANCH USE: Letter of thanks sent to introducer / customer on _____ Introducer contacted on _____

Account opened by Name :		Authorised by Name :	
	Signature		Signature

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 _____ Branch. As nominee is minor on this date, I/We appoint Mr./Ms./ Dr. _____ 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.	<u>Name & Address of Nominee</u> _____ _____ _____ <u>Nominee's Relationship with Depositor, if any:</u> _____ <u>Nominee's Age</u> _____
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If nominee is minor, Date of Birth: (Strike out if nominee is not a minor)		Signature of Two Witnesses, If Thumb impressions obtained
	Signature of Depositor(s)	

ACKNOWLEDGEMENT OF NOMINATION Nomination received & registered On: _____ For Bank Of India Authorised Signatory _____	CUSTOMER ID ACCOUNT NUMBER
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DECLARATION / UNDERTAKING By Applicant(s) - (Please tick as applicable and Delete whatever is inapplicable)

- I/We confirm that I/ We am/are resident(s) of India.
- I/We confirm having read/been explained and understood the Rules pertaining to various Accounts/Services as also the Citizens' Charter and I/We do hereby agree to be bound by the terms and conditions, outlined 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 including but not limited to ATM Card / Credit Card / Debit Card / Tele-banking, MBB Banking, Internet banking SMS/Mobile Banking/ _____ etc., I agree that changes from time to time in the Bank's rules relating to my/our different accounts and/or other services would be made available to me/us on the Bank's website. And that I would be bound by such changes in terms and conditions pertaining to the different accounts/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 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 TRANSACTIONS TO DETECT EARLY FRAUDS, IF ANY, COMMITTED BY MY/OUR AGENT/EMPLOYEE.**
- I/We confirm that the purpose and reason for opening of this account or establishing the relationship are: _____
- The anticipated nature of the activity proposed is: _____
- The anticipated level (turnover) of activity that is being undertaken is: _____
- The expected origin of the funds to be used within the proposed relationship is: _____
- Any Other: _____

- I/We hereby declare that the information furnished above is true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT 1	SIGNATURE OF APPLICANT 2	SIGNATURE OF APPLICANT 3

FORM NO. 60/61 (PLEASE SEE THIRD PROVISIO TO Rule 114B)

(Declaration to be filed by a person NOT having either a PAN and who intends to make Cash Deposit in respect of transaction specified in clauses (a) to (h) of Rule 114 B)

1. Full name & Address of the declarant: (To be supported by Passport/Ration Card/Employee ID/Driving Licence etc)	
2. Details of the Document produced in support of address in column 1:	
3. Transaction Particulars:	Opening of _____ A/C
4. Amount of Transaction	
5. Are You Assessed to tax?: Yes/No* Being Agriculturist/Income being not chargeable to IT.	6. If Yes, Details of Income Tax Ward/Circle/Range : _____ Reason for not having PAN Number: _____
Declaration by a person having agri. 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)	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 _____ 200____.
Signature of Agriculturist	Place: _____ Date: _____ Signature of the Declarant