

**BANK OF INDIA**

Relationship Beyond Banking.....

.....BRANCH

For Bank use only

BRANCH CODE

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

Customer ID

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

Account No.

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

Account Type

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

Account Opening Form**NRE / NRO / FCNR / RFC Deposits Accounts**The Manager,
Bank of India

Date : _____

_____ Branch

I / We request you to open an account with you for which I/We fund the account as under :

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

 Debit my / our Account No. _____ with Bank of India _____ Branch. Maturity Proceeds of my/our Account No. with Bank of India _____ Branch. Enclosed Cheque / Draft / Traveller's Cheque No. _____ Currency _____ Amount _____
drawn on _____ (Bank name) Remittance from remitting Bank _____ Bank address _____
and remittance reference no. _____ in currency _____ and amount _____ Cash Deposit : Amount _____ Currency _____

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

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

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

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**

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

PERMANENT ADDRESS (if different from above)				
1st APPLICANT				
	Country	Tel (O)	Tel (R)	Fax
	Mobile	E-mail		
2nd APPLICANT				
	Country	Tel (O)	Tel (R)	Fax
	Mobile	E-mail		
3rd APPLICANT				
	Country	Tel (O)	Tel (R)	Fax
	Mobile	E-mail		

PROOF OF ADDRESS SUBMITTED (Individuals) : Please Tick			
<input type="checkbox"/> Photocopy of passport with valid visa or work permit	<input type="checkbox"/> PAN Card or Form 60/61 in lieu of PAN Card		
<input type="checkbox"/> Driving Licence (laminated card) with Photograph	<input type="checkbox"/> Employee ID Card	<input type="checkbox"/> Photo Credit Card	

CHOICE OF ACCOUNT	
Type of Account (FCNR/NRE/NRO/RFC/RFC (D))	
<input type="checkbox"/> Savings	<input type="checkbox"/> Double Benefit Deposit
<input type="checkbox"/> Current	<input type="checkbox"/> Recurring Deposit
<input type="checkbox"/> Fixed Deposit	<input type="checkbox"/> Others
<input type="checkbox"/> Monthly Income / Quarterly Income	

MANDATE FOR ACCOUNT OPERATION-ACCOUNT TO BE OPERATED BY & BALANCE PAYABLE TO :		
<input type="checkbox"/> Me	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Former or Survivor
<input type="checkbox"/> Anyone or any one of Survivors	<input type="checkbox"/> Jointly to 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Applicable in case of SB/CD Account only		

FOR TERM DEPOSITS / RECURRING DEPOSITS :	
On maturity	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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. <input type="checkbox"/> issue DD/Pay Order <input type="checkbox"/> Renew Principal only for the same period at the prevailing rate of interest and credit interest to my account No. _____	
For interest payment	
<input type="checkbox"/> Credit to Account No. _____ <input type="checkbox"/> Issue DD/Pay Order <input type="checkbox"/> By cash	

STATEMENT FREQUENCY			
Current Account	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly*	<input type="checkbox"/> 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 identity, occupation and address stated in this application to open the account.	
Signature of Introducer	<input type="text"/>



Signature in the presence of Bank Officials : (Applicants should also sign across photographs)

Signature of Applicant 1

Signature of Applicant 2

Signature of Applicant 3

For Bank use

Cus ID No.																				
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FOR BRANCH USE		
Letter of thanks sent to introducer / customer on	Account opened and verified by Name :	Approved by Name :
Introducer contacted on	Signature with code No.	Signature with code No.

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 By Applicant(s) (Please tick as applicable and Delete whatever is Inapplicable)

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 : _____

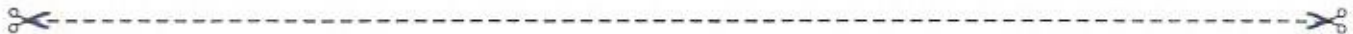
I/We hereby declare that the information furnished above is true and correct to the best of my knowledge.

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 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 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 matured receipt on the maturity date. You may at your option but at my/our risk and responsibility in all 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 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 and 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 : _____ _____
<u>Declaration by a person having agri. income only and no other income chargeable to IT</u> 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_____. Place : _____ Date _____
Signature of Agriculturist	Signature of the Declarant

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

बैंक जमा राशियों के संबंध में बैंककारी विनियमन अधिनियम 1949 के अनुच्छेद 45Zए और बैंकिंग कंपनी (नामांकन) नियम 1985 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 my/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	श्रेणिविध 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 Ago	यदि नामिती अवयस्क है, जन्म तिथि If nominee is minor, Date of Birth	

← चूंकी 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 किया जाना चाहिए।
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.

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

@ अंगूठे के निशान/नों को दो साक्षीदारों द्वारा सत्यापित करना चाहिए। / Thumb impression(s) shall be attested by two witnesses.

प्राप्ति स्वीकृति / ACKNOWLEDGEMENT

श्री से खाता के नामांकन

जमाकर्ता/ओं का नाम

के संबंध में नामांकन फार्म सं. डीए.1 नामांकन दर्ज करने के लिए प्राप्त किया।

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

from Name of Deposit Holders)

in respect of (Name of the Account)

जमा खाता सं. / Deposit Account No.

दिनांक / Date :

कृते बैंक ऑफ इंडिया
For BANK OF INDIA

प्राधिकृत हस्ताक्षरी / AUTHORISED SIGNATORY

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 my/our Current / Saving Bank Account with you whether the same is in credit or otherwise; and to endorse cheques, drafts, bill of exchange, hundies, dividend 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 myself / ourselves.

You may treat this authority is continuing thereon. In the same way as if signed by my self / ourselves.

Yours Faithfully,

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

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

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 then :	The name of Relative	
	Relationship	
	Branch Code	
	Type of Account / Number	
NRI / PIO Nationality		
NRI / PIO Passport Number		
NRI / PIO Passport Issue Date		
Passport Details - Issuing Authority		
Passport Expiring Date		
Date when customer becomes NRI		
NRI / PIO Contact Relation Name		
Local Relation Address		
Local Relation City /PIN No.		
Local Relation State / Country		
Local Relation Phone No.		
NRI / PIO 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-

Please tell us about yourself to serve you better (Information to be given voluntarily)

PERSONAL INFORMATION (To be filled in by each APPLICANT)	APPLICANT 1		APPLICANT 2		APPLICANT 3	
STAFF Relatives in Bank of India	YES	NO	YES	NO	YES	NO
DIRECTOR(S) RELATIVES IN BANK OF INDIA	YES	NO	YES	NO	YES	NO
EDUCATIONAL QUALIFICATIONS Select from these	Undergraduate	Graduate	Post Graduate	Doctorate	Professional	
MARITAL STATUS	MARRIED	SINGLE	MARRIED	SINGLE	MARRIED	SINGLE
Dependents	<input type="checkbox"/> Spouse <input type="checkbox"/> Children(Numbering _____)	<input type="checkbox"/> Parents	<input type="checkbox"/> Spouse <input type="checkbox"/> Children(Numbering _____)	<input type="checkbox"/> Parents	<input type="checkbox"/> Spouse <input type="checkbox"/> Children(Numbering _____)	<input type="checkbox"/> Parents
IF SPOUSE EMPLOYED	YES	NO	YES	NO	YES	NO
EMPLOYMENT DETAILS (OF OWN/SELF)						
Occupation Select from these	Salaried	Self Employed	Professional	Business	Retired	Student Others
If Employed, Employed In & As Select from these	<input type="checkbox"/> Pvt. Ltd. Co.		<input type="checkbox"/> Govt. Sector	<input type="checkbox"/> Multinational	<input type="checkbox"/> Others	
	<input type="checkbox"/> Managerial		<input type="checkbox"/> Executive	<input type="checkbox"/> Director	<input type="checkbox"/> Others	
Profession Select from these	<input type="checkbox"/> Doctor <input type="checkbox"/> Lawyer	<input type="checkbox"/> C.A. / ICWA / ACS <input type="checkbox"/> Army/Naval/AirForce	<input type="checkbox"/> Journalist <input type="checkbox"/> Consultant	<input type="checkbox"/> Architect <input type="checkbox"/> Contractor	<input type="checkbox"/> Software/IT	<input type="checkbox"/> Engineer <input type="checkbox"/> Others
No. of years in service/business						
Monthly Income						
Other Income, If Any, (including Spouse's income)						
Monthly Household Income Select from these	<input type="checkbox"/> <5000	<input type="checkbox"/> 5000-10000	<input type="checkbox"/> 10000-20000	<input type="checkbox"/> 20000-30000	<input type="checkbox"/> 30000 & above	
Employer's Name						
Employer's Address						
DETAILS OF FOREIGN COUNTRIES VISITED DURING THE LAST THREE YEARS						
ASSETS OWNED & APPROXIMATE VALUE						
	Type of Asset	Approx. value	Type of Asset	Approx. value	Type of Asset	Approx. value
RESIDENCE						
VEHICLES (CAR/TWO WHEELER/BOTH)						
COMPUTER						
CELLULAR PHONE						
COMMERCIAL PROPERTY						
LAND						
OTHERS						
TOTAL						
DEALINGS WITH OTHER BANKS						
	BANK(S)' NAME	BANK(S)' NAME	BANK(S)' NAME			
CARD (DEBIT/CREDIT)						
HOUSING LOAN						
VEHICLE LOAN						
EDUCATIONAL LOAN						
PERSONAL LOAN						
CONSUMER DURABLES/PC LOAN						
LOAN AGAINST SHARES						
OTHER LOANS (IF ANY)						
DEPOSITS (PL. MENTION TYPE)						
SALARY ACCOUNT WITH (Bank)						
DEMAT						
E-PAY						
INTERNET BANKING						
CMS/RTGS						
OTHERS (PL. SPECIFY)						



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 OPEN

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		A/C NUMBER				
Name		1st APPLICANT		2nd APPLICANT		3rd APPLICANT
MANDATE FOR ACCOUNT OPERATIONS		<input type="checkbox"/> Single <input type="checkbox"/> Any _____ or Survivor <input type="checkbox"/> Same as my/our existing _____ Account with yourselves. <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Jointly by all <input type="checkbox"/> Former or Survivor <input type="checkbox"/> Others				
PAYMENT DETAILS Transfer from Savings / Current Account No.		Cheque Number	Drawn on (Bank & Branch)	Amount Rupees	TENURE (days/months/ years)	RATE OF INTEREST % p.a.
Cash Rs.						
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		<input type="checkbox"/> By Cash
FOR TERM DEPOSITS-Auto Renewal • I/We would/would not like 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. <input type="checkbox"/> Renew Principal & Interest. <input type="checkbox"/> Renew Principal only <input type="checkbox"/> Issue DD/Pay Order <input type="checkbox"/> 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	CUSTOMER ID
Nomination received & registered on : _____	_____
Authorised Signatory	ACCOUNT NUMBER
