



बैंक ऑफ़ बड़ौदा Bank of Baroda

ऑनलाइन खाता खोलने के लिए नमूना हस्ताक्षर फॉर्म
Specimen Signature Form for Online Account Opening

मैं एतद् द्वारा घोषणा करता हूँ/करती हूँ कि मैंने/हमने ऑनलाइन माध्यम से बैंक ऑफ़ बड़ौदा में बचत बैंक खाता खोला है और बचत बैंक खाते के संचालन से संबंधित बैंक के नियमों और बैंक की वेबसाइट www.bankofbaroda.com पर समय-समय पर प्रदर्शित प्रसारों को समझता/समझती हूँ और नियमों से आबद्ध हूँ। मैंने/हमने ऑनलाइन एफएटीसीए सीआरएस घोषणा की है और संबंधित नियमों और शर्तों को स्वीकार करता/करती हूँ।

I hereby declare that I/we have opened Savings Bank account with Bank of Baroda through online channel and have understood and agree to abide by the Bank's rules relating to the conduct of Savings Bank Account and charges which are displayed on the website www.bankofbaroda.com of the bank from time to time. I/we also affirm having made FATCA CRS declaration online and accept the relevant Terms & Conditions.

मैं एतद् द्वारा यह घोषित करता / करती हूँ कि ऊपर प्रस्तुत विवरण मेरी जानकारी और विश्वास के अनुसार सही है और मैं आपको इसमें होने वाले किसी भी बदलाव के बारे में तत्काल अवगत कराने का वचन देता / देती हूँ। मुझे यह मालूम है कि उपरोक्त में से किसी भी जानकारी के गलत अथवा असत्य होने या इनके धामक होने अथवा इनमें किसी प्रकार की गलतबयानी पाये जाने पर मुझे इसके लिए उत्तरदायी ठहराया जायेगा।

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

मैं इससे सहमत हूँ कि मेरे व्यक्तिगत विवरण को केंद्रीय केवाईसी रजिस्ट्री अथवा किसी अन्य सक्षम प्राधिकारी के साथ साझा किया जा सकता है। मैं एतद् द्वारा अपने पंजीकृत मोबाइल नं./ ई-मेल पते पर एसएमएस/ई-मेल के माध्यम से बैंक/केंद्रीय केवाईसी रजिस्ट्री/भारत सरकार/ आरबीआई या किसी अन्य प्राधिकारी के माध्यम से जानकारी प्राप्त करने की सहमति देता / देती हूँ। मैं इससे भी सहमत हूँ कि इस प्रकार के किसी भी एसएमएस/ई-मेल की प्राप्ति न होने पर इस संबंध में हुई हानि या नुकसान के लिए बैंक को उत्तरदायी नहीं ठहराऊंगा / ठहराऊंगी।

I agree that my personal KYC details may be shared with Central KYC registry or any other competent authority. I hereby give consent to receive information from the Bank/Central KYC Registry/ GOI/RBI or any other authority through SMS/e-mail on my registered mobile number/ e-mail address. I also agree that the non-receipt of any such SMS/e-mail shall not make the Bank liable for any loss or damage whatsoever in nature.

मैं/हम अपने फटका, सी.आर.एस तथा सीकेवाईसी से संबंधित नियमों व शर्तों को स्वीकार करते हुए इनकी ऑनलाइन घोषणा किए जाने की पुष्टि करता / करती हूँ।

I/we also affirm having made FATCA CRS and CKYC declaration online and accept the relevant Terms & Conditions.

खाते का शीर्षक Title of the Account		शाखा आल्फा/Branch Alpha :
खाता संख्या Account No		परिचालन प्रणाली Mode of Operation :

क्र.सं/ Sr No	नमूना हस्ताक्षर/Specimen Signature
1	<p>प्रथम खाता धारक का नाम Primary Account Holder Name</p> <p>ग्राहक आईडी/Customer ID</p>
2	<p>संयुक्त धारक का नाम/ Joint Holder Name</p> <p>ग्राहक आईडी/Customer ID</p>

शाखा प्राधिकारी का नाम/Name of Branch official _____

एस एस संख्या के साथ हस्ताक्षर/Signature _____ with S. S. No _____

स्थान/Place _____ तारीख/Date ____/____/____

I _____ confirm the following details with reference to my new savings bank account no _____ opened using tab banking.

	MOTHER NAME:
FATHER NAME:	MARRIED (YES/NO): SPOUSE NAME:
GUARDIAN NAME (IN CASE OF MINOR): RELATION: Please attach guardian Id proof	COMMUNICATION ADDRESS:
NATIONALITY:	OCCUPATION:
CITY OF BIRTH:	ANNUAL INCOME:
MOBILE NO:	EMAIL ID:
Additional information: Education: (post graduate/graduate/matriculate) (optional) Religion: _____ caste: (General/OBC/SC/ST)	

And also please apply for the following facilities (please mark tick)

Cheque book _____ debit card _____ mobile banking _____

Date:

Signature of the accountholder

Form DA-1 Nomination Form

Nomination under section 45ZA to 45ZF of the Banking Regulation A/c 1949 and 2(i) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I/We _____ name(s) and address (es) nominate the following persons to whom in the event of my/our/minor's death, the amount of the deposit, particulars whereof are given below may be returned by bank of Baroda _____ Branch.

Deposit			Nominee				
Nature of Deposit	Distinguishing No	Additional Details (if any)	Name of Nominee	Address of Nominee	Relationship with depositor (if any)	Age	If Nominee is minor his/her date of birth #

As the nominee is a minor on this date, I/We appoint Shri/Smt/Kumari _____ (Name, Address and Age) to receive the amount of deposit on behalf of the nominee in the event of my/our/minors death during the minority of the nominee.

Place: _____

Date: _____

Strike out if nominee is not a minor.

@ Signature, Name and Address of Witness	*Signatures/Thumb impression of Depositors

*Where deposit is made in the name of minor the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

@Signature(s) of depositor(s) should by one person, thumb impression(s) of depositor(s) should be witnessed by two person(s).



(Annexure I to Circular No.: HQ: BR: 112/ dated 04.03.2020)

UNDERTAKING

Place :

Date :

To,
Branch Manager
Bank of Baroda,
_____ Branch.

Dear Sir,

I hereby declare and undertake that I _____ have voluntarily submitted my Aadhaar No. _____ for eKYC authentication as a proof of Identify & Address for the purpose of account opening / periodical updation which contains my address

However, I hereby declare that my current / local address is _____

Yours faithfully,

(Name of the Customer)

For Branch Use :

Customer ID :

e-KYC authentication carried out of above mentioned Aadhaar and both the addresses (as per Aadhaar and Self Declaration) are enriched in CBS System

(Signature)

Name of Officer :

E.C. No.:

Signature No.

प्रधान कार्यालय - के दाय सी-ए एम एल विभाग, "बड़ौदा भवन" 7वां तल, आर सी दत्त रोड, अलकापुरी बड़ौदा-390007. भारत
Head Office - KYC-AML Department, "Baroda Bhavan", 7th Floor, R.C. Dutt Road, Alkapuri, Baroda - 390007. INDIA
फो / T : 0265-2316797/6715/6779/6752, ई-मेल / E : aml@bankofbaroda.com



Signature/Thumb Impression

Date Place **General Instructions:**

1. All the Fields are required to be filled as applicable.
2. Tick '☐' wherever applicable.
3. Self-Certification of documents is mandatory.
4. Please fill the form in English and in BLOCK Letters.
5. Please fill all dates in DD-MM-YYYY format.
6. Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
7. KYC number of applicant is mandatory for updation of KYC details.
8. For particular section update, please tick (☐) in the box available before the section number and strike off the sections not required to be updated.
9. In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

A. Clarification / Guidelines on filling 'Personal Details' section

1. **Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
2. Either **father's name or spouse's** name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B. Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

1. **Tax identification Number (TIN):** TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

C. Clarification / Guidelines on filling 'Proof of Identity [Pol]' section

1. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
2. Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
3. In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3 (S).

Document Code	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

D. Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

1. PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
2. State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
3. In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned under detail of KYC Documents.

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	05 Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

E. Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

1. To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.

F. Clarification / Guidelines on filling 'Contact details' section

1. Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
2. Do not add '0' in the beginning of Mobile number.

G. Clarification / Guidelines on filling 'Related Person details' section

1. Provide KYC number of related person if available.

H. Clarification / Guidelines on filling 'Related Person details – Proof of Identity [Pol] of Related Person' section

1. Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

I. Select Address Type Code: 1. Residential/ Business 2. Residential 3. Business. 4. Registered Office 5. Unspecified

Annexure 1

FATCA-CRS Annexure for Individual Accounts (including Sole Proprietor- To be obtained with Account Opening Form for Individuals)

Account No.														
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Details under FATCA and CRS (see instructions)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

1. Tax residence declaration – tick any one, as applicable to you: (if b. is applicable then pl provide all other information .

a. ☐ I am a tax resident of India and not resident of any other country

Or

b. ☐ I am a tax resident of the country/ies mentioned in the table below

Country [#]	Tax Identification Number [%]	Identification Type (TIN or Other [%] , please specify)

[#] To also include USA, where the individual is a citizen/ green card holder of USA

[%] In case Tax Identification Number is not available, kindly provide functional equivalent^{\$}

2. Name of the accountholder _____
3. Customer ID _____
4. Father’s name_____(mandatory)
5. Spouse’s name_____(optional)
6. Gender: _____ (Male, Female, Others)
7. PAN_____
8. Aadhaar number _____(optional)
9. Identification Type and Identification Number (Documents¹ submitted as proof of identity of the individual): *Name of the document submitted* _____*Identification number* _____
10. Occupation Type_____(Service, Business, Others-please specify)
11. Date of birth _____ (in DD/MM/YYYY format)
12. Nationality_____
13. City of birth _____

¹ Permissible documents are:

- Passport
- Election ID Card
- PAN Card
- ID Card
- Driving License
- UIDAI Card
- NREGA Job Card
- Others

14. Country of birth _____
15. Residence address for tax purposes (include City, State, Country & Pin code)

16. Address Type: _____ (a)Residential or Business (b) Residential (c)Business (d) Registered Office

Certification

I have understood the information requirements of this Form (read along with the *FATCA-CRS Instructions*) and hereby confirm that the information provided by me on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA-CRS Terms and Conditions and hereby _____ accept _____ the _____ same.

Name:
Signature:

Date: __/ __/ __ Place: _____

FATCA-CRS Instructions

Details under FATCA-CRS/Foreign Tax Laws: Towards compliance with tax information sharing laws, such as FATCA and CRS, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any **change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.** Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

^{\$}It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form. Please note that you may receive more than one request for information if you have multiple relationships with ABC or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Annexure 2

FATCA CRS Declaration for Entities

Details of ultimate beneficial owner including additional FATCA & CRS information (please include other references for completeness sake)-To be obtained with Account Opening Form for Non-Individuals)

Account No.														
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1. Please tick the applicable tax resident declaration:(Any one) (if b. is applicable, pl provide all other information .
- a. ☐ Entity is a tax resident of India and not resident of any other country
- OR
- b. ☐ Entity is a tax resident of the country/ies mentioned in the table below

Please indicate the country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below:

Country	Tax Identification Number [%]	Identification Type (TIN or Other [%] , please specify)

[%] In case Tax Identification Number is not available, kindly provide functional equivalent^{\$} or Company Identification Number or Global Entity Identification Number

In case the Entity’s Country of Incorporation/Tax residence is U.S. but Entity is not a Specified U.S. Person, you are required to submit Form W-9 and mention Entity’s exemption code here: _____

2. Name of the entity: _____
3. Customer ID: _____
4. Residential address for tax purpose(including city, state, country and pin code) _____
5. Address Type: _____ (Business or Registered office)
6. Country of incorporation: _____
7. City of incorporation: _____
8. Entity Constitution Type: _____
(A - Sole Proprietorship, B - Partnership Firm, C – HUF, D - Private Limited Company, E- Public Limited Company, F- Society, G- AOP/BOI, H – Trust, I – Liquidator, J – Limited Liability Partnership, K- Artificial Juridical Person, Z – Others specify _____)
9. Date of Incorporation: _____ (in DD/MM/YYYY format)(Mandatory if valid PAN is not reported)
- 10.PAN_____

FATCA declaration (Please consult your professional tax advisor for further guidance on FATCA classification)

Part A(to be filled by Financial Institutions or Direct Reporting NFEs)			
1	We are a Financial institution ² or Direct reporting NFE ³ (please tick as appropriate)	GIIN:_____ <i>Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor’s GIIN above and indicate your sponsor’s name below:</i> Name of sponsoring entity: _____	GIIN not available (please tick as applicable): Applied for <i>Following options available only for Financial Institutions:</i> Not required to apply for (Please specify sub-category ⁴ _____) <i>Please provide with Form W8-BEN-E, duly filled in</i> Not obtained – Non-participating FFI

² Refer1 of Part D

³ Refer 3(vii) of Part D

⁴Refer 1A. of Part D

Part B(please fill any one as appropriate)		
1	Is the Entity a <i>publicly traded company</i> ⁵ (that is, a company whose shares are regularly traded on an established securities market)	<div><input type="checkbox"/> Yes or <input type="checkbox"/> No _____ (If yes, please specify any one stock exchange upon which the stock is regularly traded)</div> <div>Name of the stock exchange _____</div>
2	Is the Entity a <i>related entity of a publicly traded company</i> ⁶ - a company whose shares are regularly traded on an established securities market	<div><input type="checkbox"/> Yes or <input type="checkbox"/> No Name of the listed company, the stock of which is regularly traded _____</div> <div>(If yes, please specify any one stock exchange upon which the stock is regularly traded)</div> <div>Name of the stock exchange _____</div> <div>Nature of relation: Subsidiary of the listed company Controlled by a listed company</div>
3	Is the Entity an <i>active NFE</i> ⁷	<div><input type="checkbox"/> Yes <input type="checkbox"/> or <input type="checkbox"/> No Nature of business _____</div> <div>Please specify the sub-category of Active NFE: _____ (Mention code – refer 2c of Part D)</div>
4	Is the Entity a <i>passive NFE</i> ⁸	<div><input type="checkbox"/> Yes or <input type="checkbox"/> No</div> <div>Nature of business _____</div>

Part C			
Please list below the details of each controlling person(s), confirming ALL countries of tax residency/ permanent residency/ citizenship and ALL Tax Identification Numbers for EACH controlling persons (Please attach additional sheets if necessary):			
Owner-documented FFI’s ⁹ should provide FFI Owner Reporting Statement and Auditor’s Letter with required details as mentioned in Form W8 BEN E			
	Controlling Person 1	Controlling Person 2	Controlling Person 3
# Name			
# Country of tax residency*			
Address & contact details (include City State, Country & Pin code)			
Telephone/mobile number with ISD code			
# Tax identification number (or functional equivalent) for each country identified in relation to each person ¹⁰			
# Identification Type (TIN or Other, please specify)			
% of beneficial interest			
# Controlling person type code ¹⁰			

⁵Refer 2a of Part D

⁶Refer 2b of Part D

⁷ Refer 2c of Part D

⁸Refer 3(ii) of Part D

⁹ Refer 3(vi) of Part D

¹⁰ Refer 3(iv) (A) of Part D

Additional details to be filled below by controlling persons having tax residency/permanent residency/citizenship in any country other than India including green card holders:			
	Controlling Person 1	Controlling Person 2	Controlling Person 3
Customer ID (if allotted)			
Gender (Male, Female, Other)			
City of Birth			
Country of birth			
Occupation Type (Service, Business, Others)			
Nationality			
Father's Name (if PAN not available)			
Birth Date			
PAN			
Address type for address mentioned above (Residence or business, Residential, Business, Registered office)			
Identification Type (Documents submitted as proof of identity of the individual) [@]			
Identification Number (Mandatory if PAN or Aadhaar number is not reported)			
Spouse's name (optional)			
Aadhaar Number (optional)			

*To include US, where controlling person is a US citizen or green card holder
%In case Tax Identification Number is not available, kindly provide functional equivalent^{\$}
These details are mandatory for passive NFEs as per the FATCA declaration
@ Permissible values are:

- Passport
- Election ID card
- PAN Card
- ID Card
- Driving License
- UIDAI Letter
- NREGA Job card
- Others

FATCA CRS Terms and Conditions

Towards compliance with tax information sharing laws, such as FATCA and CRS, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any **change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.** Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If any controlling person of the entity is a US citizen or resident or greencard holder, please include United States in the foreign country information field along with the US Tax Identification Number.

^{\$}It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010. Please note that you may receive more than one request for information if you have multiple relationships with ABC. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Certification

I /we have understood the information requirements of this Form (read along with the *FATCA-CRS Instructions & Definitions under Part D*) and hereby confirm that the information provided by us on this Form is True, Correct, and Complete. I/we also confirm that I /we have read and understood the FATCA-CRS Terms and Conditions above and hereby accept the same.

Name: _____

Designation: _____

Signature:

Date: __/ __/ ____

Place: _____