



Branch Name: \_\_\_\_\_

## ACCOUNT OPENING FORM

(Applicable for Savings Account, Current Account and Term Deposits) for Resident Individuals

(PLEASE FILL UP THE COMPLETE APPLICATION FORM IN BLOCK LETTERS) / Please tick () wherever applicable.Customer Category:  Individual  \*Minor  Others, Please specify \_\_\_\_\_Choice of Account:  Savings Account  Basic Savings Bank Deposit A/c  Current Account  Term Deposit  
 PMJDY  Others, Please specify \_\_\_\_\_

### Purpose of account opening

Savings  Business Purpose  Cross border  Investments  Income  Loan Funding  
 Others, Please specify \_\_\_\_\_

### Documents Required

Identity Proof (Any one)  
 Valid Indian Passport  Voter's Identity Card (showing current residential address)  PAN Card  Aadhaar Card  
 Valid Driving License  Valid NREGA Job Card

### Address Proof

Valid Indian Passport  Utility Bills (Electricity, Piped Gas, Water, Telephone, Post Paid Mobile not more than 2 months)  
 Valid Driving License  Voter's Identity Card  Aadhaar Card  Property / Municipal Tax Receipt  
 Bank Account or Post Office Savings Bank Statement (Not more than 2 months old)  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.  
 Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission of India  Pension Payment Order / Book / Card issued by Government

Other Mandatory Documents  PAN Card/ Form 60 /GIR No. One photograph of each applicant FATCA & CRS - Self Certification form for Individuals

Existing customer

 Yes  No

If yes, mention A/c No. \_\_\_\_\_

### Details of First Applicant /Minor

Title Mr./ Mrs./ Ms./ Dr. (Please select as appropriate)

Full Name  First  Middle  SurnameCurrent Residence Address   
City  Pin codePermanent Address   
City  Pin codeOff. Address   
City  Pin codeResidence Phone  Office Phone Mobile Mailing Address  Residence  Permanent  Office  Landmark for Mailing Address Email ID  Gender \_\_\_\_\_ Nationality \_\_\_\_\_Date of Birth  Marital Status  PAN/GIR No. (Please fill form 60 if PAN not available) Aadhaar No.  GSTIN No. Father's Name  Mother's Maiden Name Name of Guardian (In case of Minor fill details of Guardian)  Country of Residence \_\_\_\_\_Educational Qualification  Graduate  Post Graduate  Others (Please specify) \_\_\_\_\_Occupation  Salaried  Self-Employed  Retired  Housewife  Student  Unemployed Professional (Such as Doctor, Lawyer, Bankers, Teacher etc.)  Others (Please specify) \_\_\_\_\_Organisation  MNC  Pvt. Ltd.  Pub. Ltd.  Proprietor Partnership  Others (Please specify) \_\_\_\_\_

**If Salaried:**

Name of Employer/ Company \_\_\_\_\_ Job Title / Designation \_\_\_\_\_ Working since \_\_\_\_\_

<b>Employers Nature of Business</b>	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Service Provider	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Real Estate
	<input type="checkbox"/> Trader	<input type="checkbox"/> Others (Please specify) _____		

**If Self-Employed / Professional:**

<b>Nature of Business</b>	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Service Provider	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Real Estate
	<input type="checkbox"/> Trader	<input type="checkbox"/> Others (Please specify) _____		

Business Activity \_\_\_\_\_

Name of Legal Entity \_\_\_\_\_

Related Industry \_\_\_\_\_

Location/Address of the business \_\_\_\_\_

Business since \_\_\_\_\_ Company's website \_\_\_\_\_

Further details If customer is Retired, Housewife, Unemployed or Student \_\_\_\_\_

**Source of funds & financial information:**

Estimated annual Income (Local currency) from above \_\_\_\_\_ Estimated any other Income (Local currency) \_\_\_\_\_

Source of other Income \_\_\_\_\_ Total estimated Income \_\_\_\_\_

<b>Source/s of Ongoing Funds</b>	<input type="checkbox"/> Income	<input type="checkbox"/> Investment	<input type="checkbox"/> Bonus	<input type="checkbox"/> Parents	<input type="checkbox"/> Selling assets	<input type="checkbox"/> Loan
	<input type="checkbox"/> Relatives	<input type="checkbox"/> Selling property	<input type="checkbox"/> Others (Please specify) _____			

\*Only a natural guardian/ lawful guardian appointed by court can open an account on behalf of a minor. A natural guardian in first instance is the father.

**Details of Second Applicant/ Guardian\*****Personal Information**Existing customer  Yes  No If yes, mention A/c No. \_\_\_\_\_

Title Mr./ Mrs./ Miss/ Dr. (Please select as appropriate)

Full Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Surname \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ Pin code \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ Pin code \_\_\_\_\_

Off. Address \_\_\_\_\_

City \_\_\_\_\_ Pin code \_\_\_\_\_

Residence Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Mailing Address  Residence  Permanent  Office Landmark for Mailing Address \_\_\_\_\_

Email ID \_\_\_\_\_ Gender \_\_\_\_\_ Nationality \_\_\_\_\_

Date of Birth  D  D  M  M  Y  Y Marital Status \_\_\_\_\_ PAN/GIR No. (Please fill form 60 if PAN not available) \_\_\_\_\_

Aadhaar No. \_\_\_\_\_ GSTIN No. \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Name of Guardian (In case of Minor fill details of Guardian) \_\_\_\_\_ Country of Residence \_\_\_\_\_

Educational Qualification  Graduate  Post Graduate  Others (Please specify) \_\_\_\_\_Occupation  Salaried  Self-Employed  Retired  Housewife  Student  Unemployed Professional (Such as Doctor, Lawyer, Bankers, Teacher etc.)  Others (Please specify) \_\_\_\_\_Organisation  MNC  Pvt. Ltd.  Pub. Ltd.  Proprietor Partnership  Others (Please specify) \_\_\_\_\_

**If Salaried:**

Name of Employer/ Company \_\_\_\_\_ Job Title / Designation \_\_\_\_\_ Working since \_\_\_\_\_

**Employers Nature of Business**     Manufacturing     Service Provider     Agriculture     Real Estate  
 Trader     Others (Please specify) \_\_\_\_\_

**If Self-Employed / Professional:**

**Nature of Business**     Manufacturing     Service Provider     Agriculture     Real Estate  
 Trader     Others (Please specify) \_\_\_\_\_

Business Activity \_\_\_\_\_

Name of Legal Entity \_\_\_\_\_

Related Industry \_\_\_\_\_

Location/Address of the business \_\_\_\_\_

Business since \_\_\_\_\_ Company's website \_\_\_\_\_

Further details if customer is Retired, Housewife, Unemployed or Student \_\_\_\_\_

**Source of funds & financial information:**

Estimated annual income (Local currency) from above \_\_\_\_\_ Estimated any other income (Local currency) \_\_\_\_\_

Source of other income \_\_\_\_\_ Total estimated Income \_\_\_\_\_

**Source/s of Ongoing Funds**     Income     Investment     Bonus     Parents     Selling assets     Loan  
 Relatives     Selling property     Others (Please specify) \_\_\_\_\_

\*Only a natural guardian/ lawful guardian appointed by court can open an account on behalf of a minor. A natural guardian in first instance is the father.

Relationship with the First Applicant \_\_\_\_\_

**Term Deposit Details :** Amount \_\_\_\_\_ Simple     Compound

Period: \_\_\_\_\_ Years \_\_\_\_\_ Month \_\_\_\_\_ Days

Interest Rate: \_\_\_\_\_ % p.a.

## Maturity Instructions\*

 Auto Rollover (same period)     Credit interest to my/our Barclays A/c No. \_\_\_\_\_ and renew Principal Amount Credit maturity proceeds to my/ our Barclays A/c No. \_\_\_\_\_  Others, please specify \_\_\_\_\_Deduct TDS     Yes     No (15 H/15G form enclosed)

a) Part withdrawal of TD not applicable for preferential deposits. b) Premature withdrawal penalty as applicable. (currently 1%) \*if the maturity instructions is not given then the fixed deposit will be auto rolled over. "Pre-mature withdrawal of deposits is allowed in event of the death of the depositor with no pre-mature penalty". In absence specific instructions on completion of the Term of automatic renewal, interest will be paid at the applicable saving bank rate. In case of automatic renewal, If the deposit is prematurely closed or renewed for a period shorter than its remaining period of the contract, the bankwill determine its own penal interest.

**Mode of A/c operations:** (Please tick as applicable) Single     Jointly By All     Either Or Survivor Any other, please specify \_\_\_\_\_

#### **Initial payment details :**

### Amount

- Cash to be deposited at the Branch only

Transfer from Barclays A/c No. \_\_\_\_\_ Cheque No. \_\_\_\_\_ Dated \_\_\_\_\_

Other Bank Cheque No. \_\_\_\_\_ Bank \_\_\_\_\_ Branch \_\_\_\_\_ Dated \_\_\_\_\_

International wire transfer Bank \_\_\_\_\_ Branch \_\_\_\_\_ Dated \_\_\_\_\_

Local wire transfer Bank \_\_\_\_\_ Branch \_\_\_\_\_ Dated \_\_\_\_\_

### **Source of initial funds**

- Income**      **Bonus**      **Investments**      **Parents**      **Selling Assets**      **Loan Relatives**      **Selling Property**

**Others: please specify**

## Channel Registration

Other conditions which are present. I/ We wish to apply for the following:

**Domestic Debit Card (Only Domestic transactions are allowed on this card)**

1st Applicant

**2nd Applicant**

**International Debit Card (Both Domestic & International transactions are allowed on this card)**

1st Applicant

2nd Applicant

SMS Alerts

**1st Applicant Mobile No.** \_\_\_\_\_

**2nd Applicant Mobile No.** \_\_\_\_\_

DNC (Do Not Call)

Yes

No

**Please Note : Subscription to DNC will not impact transactional alerts. DNC registration is applicable only to promotional messages and calls.**

**1st Applicant Signature**



**2nd Applicant Signature**



**Passbook/ Statement option** - Please tick one of the following

- |                          |                              |   |
|--------------------------|------------------------------|---|
| <input type="checkbox"/> | <b>Monthly Statements-</b>   | Free monthly statements delivered to the mailing address.                         |
| <input type="checkbox"/> | <b>Monthly e-statements-</b> | Free e-statements to registered e-mail address given as per Account Opening Form. |
| <input type="checkbox"/> | <b>Quarterly Statements-</b> | Free quarterly statements delivered to the mailing address.                       |
| <input type="checkbox"/> | <b>Passbook-</b>             | Please visit our branch to collect/update the same.                               |

## **MINOR DECLARATION**

I hereby declare that the date of birth is \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 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/ transaction made by me in his/ her account.

**Signature of Guardian**





### NOMINATION FORM - FORM DA 1

(Nomination under sections 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of Banking Companies (Nomination) Rules, 1985 in respect of bank deposits)

I/We (name in block letters and address of the applicants)		
Account Number	Name	Address

Nominate the following person to whom in the event of my/ our/ minor's death the amount of the deposit in the above account may be returned by Barclays Bank PLC.

DETAILS OF THE NOMINEE				
Name Mr. / Mrs. / Miss	Address	Relationship with Depositor (if any)	Age	Date of birth

In the event the nominee is a minor on this date, I/we appoint Mr./ Ms./ Mrs. \_\_\_\_\_  
Residing at \_\_\_\_\_ to receive the amount of the deposit on behalf of the nominee, in the event of my/ our/ minor (deposit holder's) death during minority of the nominee

Date  Place \_\_\_\_\_

\*\* Signature /  
Thumb impression

\*\* Signature /  
Thumb impression

" I agree to disclose the name of the nominee on Bank Account Statement and Fixed Deposit Advice" Yes  No

Witnesses Mandatory in case of Thumb impression			
	Name	Address	Signature
1			
2			

Note : Only an Individual can be nominated.

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

Declaration (in case nomination facility is not required)

I/We hereby confirm that I/we have read and understood the importance of the nomination facility offered by the bank under the prevailing law. However, I/we have decided to open the account without the nomination facility.

\*\* Signature /  
Thumb impression

\*\* Signature /  
Thumb impression



### Acknowledgement for Registration of Nomination

We have received the nomination from Mr./Ms.  for their account Number  (In case of new account please mention New Account)

Date

Place \_\_\_\_\_

Bank Officer's Signature

Note: In the event we are unable to Register nomination details for some technical or want of information we shall inform you of the same. For queries please Email us at [customerservices@barclays.com](mailto:customerservices@barclays.com) or [nri@barclays.com](mailto:nri@barclays.com)

## Agreement and Authorisation

By signing this application, you, as individual(s) in your own capacity, or as a karta of a huf, or as a partner/ authorised signatory of a partnership firm, a company, a trust, a society, or an entity, as the case may be, named in this application form-

1) Understand that you are applying to us, a branch of Barclays Bank PLC for banking services, which includes but are not limited to opening of saving/ current/ term deposit account and operation thereof through various channels including but not limited to ATM, debit card, Internet, banking, Hello Money (mobile banking), phone banking, door step banking (collectively referred to as "banking services") and such other banking services as made available by us from time to time; 2) Confirm that you have read, understood and agree to the terms and conditions and schedule of charges applicable to the banking services applied for or availed of by you. In case you, hereinafter, apply for or avail of banking services, you confirm that you will read, understand and accept the terms and conditions and schedule of charges applicable thereto before applying for or availing of such banking services; 3) Understand and agree that we may amend or alter the terms and conditions and schedule of charges referred above and hereinafter, from time to time and you undertake to access our website at [www.barclays.in](http://www.barclays.in) and keep yourself updated before every operation of the account; 4) Confirm that you are duly authorised to sign this application and give the authorisation/ confirmation/ acceptance as stated herein; 5) Confirm that any details you have supplied are true and complete. You also agree to provide any information/documents that we may require from time to time; 6) Agree and accept that we may need to share or transfer data or information about you to any third party service provider, Barclays group companies or affiliates, whether located overseas or in India, who provide services to us in connection with the operation of our business. Any such sharing or transfer of information will be done strictly on a confidential basis and we will endeavour to maintain strict confidentiality of such information. However, we or such third party service providers, whether located in India or overseas, may disclose information if required or permitted by law, rules or regulations or at the request of any public or regulatory authority or if such disclosure is required for the purposes of preventing fraud. 7) Agree and authorise us to exchange, share or part with all the information, data or documents relating to your application and account to banks/ financial institutions/credit bureaus/agencies/ statutory bodies/ such other persons as we may deem necessary or appropriate as may be required for use or processing of the said information/data by such person/s or furnishing of the processed information/ data/ products thereof to other banks/ financial institutions/ credit providers/users registered with such persons and shall not hold us liable for use of this information. 8) In case of account(s) held jointly, authorise us to issue the statement of account(s) to the first account holder; 9) In case of account(s) held jointly, agree that we rely on and update your records using the information furnished by any one of you about the other; 10) Agree to be jointly as well as severally liable for all monies owed to us and the operation of the account(s); 11) Agree that we may accept or reject your application at our sole discretion and if accepted, the account(s) will only be opened in India; 12) Agree and understand that we will retain the application forms, and the documents provided therewith, including photographs, and will not return the same to you irrespective whether your application is accepted or rejected; 13) Authorise us to debit your account(s) for all charges, fees payable by you to us without any further confirmation from you; 14) Agree that any modification to the mode of operation in your account will be effected by us and be effective only if authorised in writing or such other means acceptable to us, by all the joint holders to the account(s); and 15) Notwithstanding whatever is stated above, understand and agree that we may at our sole discretion and after giving you a notice of atleast 15 days; discontinue close the account(s) and/or discontinue all or some of the banking services completely or partially in respect thereof. 16) Reversal of salary credits: You hereby irrevocably and unconditionally authorise the Bank to, on request of your employer/ company, recover by marking hold funds/ debiting/ reversal of credit, any amount credited by and/ or on the instructions of the employer/company into your account, with notice to me. You confirm that the Bank will not be held responsible and liable for any such hold funds/ debit/reversal of credit carried out by the bank 17) Closure of salary accounts: I acknowledge that my account has been opened with the bank by virtue of my employment with the employer/company and is designated as the "Salary Account". You understand that pursuant to the arrangement between the employer/company and the bank, as the sole discretion of the Bank you may be entitled for certain facilities on the salary account only during the currency of your employment with the employer/company and the bank. You shall notify the Bank cessation of services with the employer/company. You hereby agree that the Bank may as its sole and absolute discretion discontinue any of Banking Services completely or partially on the salary account & close the salary account if noticed that no amounts are credited by and/or on the instructions of the employer/company to the salary account for atleast 2 consecutive months or in the event of you ceasing to be in the services of the employer/company for any reason whatsoever. The words "the employer/company" refers to the entity with whom you are employed and on whose request the salary account is opened with the bank. 18) If the salary is not credited in the account for two consecutive months then the accounts may be reclassified at the sole discretion of the Bank and you will need to maintain an AQB as decided by the Bank from time to time. 19) Period of inoperation of the account would render your account being classified as dormant/ inoperative account. 20) We will intimate you, on commencement of the account and after a particular period, you will be re-intimated, if your account has been rendered inoperative due to inactivity. 21) In the event of the death of the depositor, premature termination of term deposits would be allowed. Such premature withdrawal would not attract any penal charge. 22) Code of Commitment – We will tell you when you open your account, what period of inoperation of the account would render your account being classified as dormant/inoperative account.

I/We hereby provide consent in accordance with Aadhaar Act, 2016 and regulations issued thereunder, for use and/or disclosure/sharing of Aadhaar details with Unique Identification Authority of India (UIDAI) or authorized agencies in accordance with the extant laws and regulations (including in accordance with Prevention of Money Laundering (Maintenance of Records) Second Amendment Rules 2017). I/We have been given to understand that my/our information submitted to Barclays herewith shall not be used for any purpose other than mentioned above, or as per requirements of law.

### Photograph/ Signature Details (Applicant/ Guardian to sign in Boxes)

Photo of Sole/ First Applicant/ Minor

  

Signature of Sole/ First Applicant

Date: \_\_\_\_\_

Photo of Second Applicant/Guardian

  

Signature of Second Applicant/ Guardian

Date: \_\_\_\_\_

**FORM No. 60** (First Applicant)

(See third provision of rule 114B)

Form of declaration to be filled 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 in clauses (a) to (h) of rule 114B.

1. Full Name and address of the declarant \_\_\_\_\_
2. Particulars of transaction \_\_\_\_\_
3. Amount of the 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 filed \_\_\_\_\_  
(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 (1) \_\_\_\_\_

**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 \_\_\_\_\_ 20\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

Signature of the Primary Applicant

**FORM No. 60** (Second Applicant/Guardian)

(See third provision of rule 114B)

Form of declaration to be filled 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 in clauses (a) to (h) of rule 114B.

1. Full Name and address of the declarant \_\_\_\_\_
2. Particulars of transaction \_\_\_\_\_
3. Amount of the 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 filed \_\_\_\_\_  
(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 (1) \_\_\_\_\_

**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 \_\_\_\_\_ 20\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

Signature of the Secondary Applicant



**For Office use only****Mandatory Requirements**Account Number Customer ID (CIF)  Date of profile creation What is your assessment on average balance that the customer is expected to maintain (reasonable range)? PEP status  Yes  NoIs this customer, an Ultimate Beneficial Owner of this account? Yes  No If above is NO, then in what capacity is he/she acting on behalf of the customer **Expected monthly transaction behaviour (local currency)**

Transaction types	Total Transaction Amount		Total transaction Count		Description/Geographic for credit transaction	Description/Geographic for debit transaction
	Credits	Debits	Credits	Debits		
Cash						
Cheques						
International Transfers						
Local transfers						
Expected Totals						

**Countries where customer has any transaction link**KYC Compliance Name  ID   
Verified by:Signature  Date Approved by: Name  ID   
Approved by:Signature  Date