Branch: Account No. F. No401
Y Y Y  Date: Branch ALPHA
D D M M Y Scheme Code
I/We request you to open my/our deposit account with your branch/bank as under: (Tick ( $$ ) relevant type of account)  Savings Bank A/cTerm Deposit A/c  Current A/cOther A/c  FULL NAME, in CAPITAL Letters (In the order offirst, middle and last name, leaving a space between words)  M/F
1 2 3 Date of Birth (dd/mm/yyyy) PAN (if not available, please attach Form 60/61) Customer ID(if any existing)
1 2 3 Occupation * Status ** Annual Income (in Rs.) Relationship with 1, applicant
Nationality Father's / Husband's Name 1 2 3 * Please choose from the following:
SalariedSelf Employed RetiredStock Broker Professional Agriculture Politician Antique Dealer )
Housewife Arms Dealer Pensioner F & NG  2.4 Applicant Student
Business NRI Defence Staff Others Other /General ** Please choose from the following (If Staff / Ex-Staff, mention E.C. Number):
MinorSr CitizenStaff (EC No.) Ex-Staff (EC No.  Name of the Guardian (In case of Minor): (Attach Proof for minor's DOB)  Relationship with minor (√ tick one)  M & NGLegal* De facto Others  * In case of legal guardian (guardian appointed by Court), enclose copy of the court order.  First Applicant
3 Applicant Operating Instructions (Please mark SelfEither or Survivor in appropriate box): Former or Survivor Jointly
Any one or Survivor/s Others (P1. Specify) Facilities required (Please mark in appropriate box/es):
Statement of Account through PostE mailDelivery at branch Monthly Quarterly * BOB Card Statement Frequency:
* Internet Banking – Baroda ConnectDebit cum ATM Card (* Please fill up separate application for Internet Banking – Baroda Connect).  Please issue Debit cum ATM card in the name of the first / all applicants (in case of two joint a/c holders with operations as E or S / Any one or S):  First applicant  Second Applicant  Third Applicant
First Applicant Flat No./Bldg Name Street/ Road & Area/ Locality City and District State and Country Pin Code
Tel No., Fax No. Mobile Email 2 nd Applicant 3 Applicant
First Applicant Flat No./Bldg Name Street/ Road & Area/ Locality City and District State and Country
Pin Code Tel No., Fax No. Mobile 2
Applicant 3 Applicant
Flat No./Bidg Name Street / Road & Area / Locality City and District State and Country Pin Code
Tel No., OTHER INFORMATION: Education: Monthly Income (Rs.):
(√tick one)/ Non Matric Upto 5000/- SSC/HSC
5001 – 10000  Graduate  Post Graduate  20001 - 50000  50001 – 1 lac
Above 1 tac  10001 – 20000  Expected Annual Turnover in the A/C:  Rs
If salaried, employed with: (√ tick one)/ Proprietorship Public Ltd.MNCPartnershipPublic SectorPvt. Ltd.GovernmentOthers (P1. Specify) If Professional: (√ tick one)/ DoctorArchitectCA / CSIT ConsultantEngineerLawyerOthers (p1. Specify) If Business: (√ tick one)/ Manufacturing Real EstateAntiqueService ProviderTraderAmus DealerAgricultureStock BrokerOthers (P1. Specify
DECLARATION (Please mark in appropriate boxes):  [] I / we declare that I / we do not enjoy any credit facilities with other bank/s.  [] I / we declare that I / we have following deposit accounts and /or credit facilities with your / other banks branches:
TERMS & CONDITIONS & DECLARATION (Please mark in appropriate boxes):  I/We have read, understood and agree to abide by the Bank's rules.  I/We wish to be informed about the various features/ products and promotional offers made by the Bank from time to time.  I/We wish to be informed about me/us for various features/ products and promotional offers made by the Bank from time to time.
Please issue Multi-city / Normal cheque book and recover charges from my/our account as per norms of the bank (Give Option)  Account will be operated and balance along with interest payable as per operational instructions given above.  I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority.  I will indemnify the Bank against the claim of the above minor of any withdrawal/transactions made by me in his/her account.  I / We understand that in the event of the death of the depositor(s), premature termination of term deposit would be allowed without any penal charges to the claimant(s) after following the due procedure.  I / We also agree to maintain the minimum / quarterly average balance which the Bank may prescribe as the minimum / quarterly average balance
to be maintained to avail the facilities and agree to pay the charges if minimum / quarterly average balance is not maintained and any other charges stipulated by the Bank. I/We understand that any change in this respect will be notified by the Bank on its and also will be displayed on the notice board of the branches one month in advance.  I / we shall fill up separate pay-in-slips prescribed by the Bank for various time deposit schemes. I / we understand that the Term deposit shall be under auto-renewal scheme of the Bank unless otherwise specified by me/us.  I/We authorize I BANK/its Group Companies or its/their agents to make references and enquiries as may be deemed necessary in their
discretion with regard to the information furnished in this application. I BANK and its Group entities/companies are empowered to exchange, share or part with all the information, data or documents relating to my/our application inter se among themselves or to other Banks / Financial Institutions / Credit Bureaus / Agencies / Statutory Bodies / such other entities / persons as may be deemed necessary or appropriate or as may be required for processing of such information / data by such person/s or for furnishing of the processed information / data / products thereof to other Banks / Financial Institutions / Credit Bureaus / Agencies / users registered with such agencies.  For Debit cum ATM Card to be issued in the operative deposit account:  I/We have read and understood the terms & conditions governing the usage of the Debit Card. I/We accept to be bound by the said terms &
conditions and to any changes made therein from time to time by the Bank at its sole discretion. I/We authorize I BANK to issue a Debit cum ATM Card to the person/s as name mentioned in the application of account opening form. I confirm that I am the sole account holder or have the required mandate to operate the account singly linked to the Debit Card. I/We further unconditionally and irrevocably authorize you to debit my/our account annually for Debit Card fees/charges if any stipulated by the bank.  I/We understand and undertake that the usage of the Debit Card shall be strictly in accordance with the Exchange Control Regulations and in the event of any failure to do so, I/We will be liable for action under the Foreign Exchange Management Act, 1999 and the amendments thereof stipulated by Reserve Bank of India from time to time.
I/We accept full responsibility for my/our Debit Card and agree not to make any claims against I BANK in respect thereto.  Full Signature (in running handwriting):  (Sole / First Applicant)
(2 Applicant)  (3rd Applicant)
(2 Applicant)  (3rd Applicant)  Introduction from an existing account holder (at least six months old satisfactorily conducted and KYC compliant account).  Name: Address:  Account No. Date of opening of the A/C:
[2 Applicant]  [3rd Applicant]  Introduction from an existing account holder (at least six months old satisfactorily conducted and KYC compliant account).  Name:  Address:  Account No.  Date of opening of the A/C:  Customer ID:  Pin:Email:Branch Name:  Tel No.MobileFaxType of A/c. SB / CA / CC / OD  I'We certify that, Mir / Mirs / Mirs / mir / months / years and confirm the occupation and address stated in this application form for opening account are correct to the best of my / our knowledge & belief
(2 Applicant)  [Introduction from an existing account holder (at least six months old satisfactorily conducted and KYC compliant account).  Name: Address:    Account No.   Date of opening of the A/C:   Customer ID:
Introduction from an existing account holder (at least six months old satisfactorily conducted and KYC compliant account).  Name: Address:  Account No. Date of opening of the A/C: Customer ID:  Pin:Email:Branch Name: Tel No AlobideParType of A/C: SB / CA / CC / OD I/We certify that, Mr. / Mrs. / Mrs.  we us personally since last
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CA Applicant)  Ord Applicant)  Introduction from an enisting account holider (at least six months old satisfactorily conducted and KYC compliant account).  Name:  Address:  Account No Date of opening of the A.C: Cautomer ID:  Pin Email: Branch Name.  Alt No Abolite Partype of Art SB / CA / C/ OD  Is are known to may supercartly since fast
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C Applicant)  (3rd Applicant)  Introduction does an existing account holder (at least six months old satisfactority conducted and KYC compliant account)  Mana  Address:  Account No  Date of opening of the A.C:  Customer ID  I'W centify that Mor Man Man  In No AldeliaFarshyse of Arc 58 'CA / CC / OD  I'W centify that Mor Man Man  In months i years and confirm the occupation and address streed in this application from for opening account are  context to in best of they work knowledge & belief.  III Desc.  (Bignature of the Introducer)  TITLE OF THE ACCOUNT  ACCOUNT NO  OBERATHNO INSTRUCTIONS  BRANCH  Name  Photograph  1.  Recent Photo  Customer ID  2.  Recent Photo  Customer ID  3.  Recent Photo  Customer ID  Name  Back Official in whose presence signed  Signature  Back Official in whose presence signed  Signature  Back Official in whose presence signed  Signature  Signature  Signature  Signature  Signature  Back Official in whose presence signed  Signature  Signatur
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