

Title of the account		Branch Alpha Branch Sol id Scheme Code	
Account Number		Mode of Operation	
Sr. No	Details	Specimen signature	Photo
1	Primary A/c Holder Name: _____ Mobile No. : _____ Pan Number: _____ Cust ID : _____ Father Name _____ Mother Name: _____ Spouse Name: _____ Email ID: _____ OVD Number 1 : _____ (Aadhaar/Voter ID card/NREGA Jobcard/DL/Passport/NPR Letter) OVD Number 2 : _____ (Aadhaar/Voter ID card/NREGA Jobcard/DL/Passport/NPR Letter)		May be Captured Digitally
2	1 st Joint A/c Holder Name: _____ Mobile No. : _____ Pan Number: _____ Cust ID : _____ Father Name _____ Mother Name: _____ Spouse Name: _____ Email ID: _____ OVD Number 1 : _____ (Aadhaar/Voter ID card/NREGA Jobcard/DL/Passport/NPR Letter) OVD Number 2 : _____ (Aadhaar/Voter ID card/NREGA Jobcard/DL/Passport/NPR Letter)		May be Captured Digitally
3	2 nd Joint A/c Holder Name: _____ Mobile No. : _____ Pan Number: _____ Cust ID : _____ Father Name _____ Mother Name: _____ Spouse Name: _____ Email ID: _____ OVD Number 1 : _____ (Aadhaar/Voter ID card/NREGA Jobcard/DL/Passport/NPR Letter) OVD Number 2 : _____ (Aadhaar/Voter ID card/NREGA Jobcard/DL/Passport/NPR Letter)		May be Captured Digitally

*Email id is mandatory if a customer opts for internet banking facility. *Valid PAN and Email id is mandatory if a customer opts for DEMAT & Trading accounts Facility.

Name of the Maker (in whose presence signed): _____ Signature: _____
 With S.S.No. _____ Place: _____ Date: ____/____/____

Primary Account Holder Permanent Address	1 st Joint Account Holder Permanent Address	2 nd Joint Holder Permanent Address
Line 1: _____ Line 2: _____ City and State: _____ Country and Pin: _____	Line 1: _____ Line 2: _____ City and State: _____ Country and Pin: _____	Line 1: _____ Line 2: _____ City and State: _____ Country and Pin: _____
Primary Account Holder Communication Address	1 st Joint Account Holder Communication Address	2 nd Joint Holder Communication Address
Line 1: _____ Line 2: _____ City and State: _____ Country and Pin: _____	Line 1: _____ Line 2: _____ City and State: _____ Country and Pin: _____	Line 1: _____ Line 2: _____ City and State: _____ Country and Pin: _____
Primary Account Holder Other Details	1 st Joint Account Holder Other Details	2 nd Joint Holder Other Details
Gender : Male/Female/Transgender Category :Others/General/OBC/SC/ST Annual Income: _____ Occupation: _____ Educational Qualification: _____	Gender : Male/Female/Transgender Category :Others/General/OBC/SC/ST Annual Income: _____ Occupation: _____ Educational Qualification: _____	Gender : Male/Female/Transgender Category :Others/General/OBC/SC/ST Annual Income: _____ Occupation: _____ Educational Qualification: _____

FATCA-CRS Certification Country of Tax Residence : _____ Country of Birth : _____ City of Birth : _____ Citizenship: _____

I/We under penalty of perjury, I/We certify that I am / We are Tax Resident of India and not resident of any other country.

I/We confirm that I am / we are not a US person nor a resident for Tax purpose in any country other than India.

I/We understand that Bank of Baroda is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS .The Bank is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect. I/We agree that as may be required by domestic regulators/tax authorities, the Bank may also be required to report, the details to CBDT or other authorities/agencies or close or suspend my account, as appropriate.

I/We certify that I/We provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

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. I also confirm that I have read and understood the FATCA-CRS Terms and Conditions and hereby accept the same.

(Signature of the 1 st Applicant/s/Thumb Impression of the Applicant/s)	(Signature of the 2 nd Applicant/s/Thumb Impression of the Applicant/s)	(Signature of the 3 rd Applicant/s/Thumb Impression of the Applicant/s)
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TERMS AND CONDITIONS FOR OPENING OF SB ACCOUNT

1. I/We affirm and declare that I/We have read over and understood the rules and regulations of the "Bank" and those relating to conduct of accounts/fees and charges/various services/products offered by the Bank including but not limiting to debit card/internet banking/SMS banking/Tele-Banking/Mobile Banking/Virtual Banking and any other facilities. I/We have read, understood and agreed to abide by the MITC as per BCSBI which are displayed on the Bank website, www.bankofbaroda.co.in/ or branch/contained in brochure/welcome kit. I/We agree to abide by the same as amended/modified from time to time by the Bank/Regulator/Government published through circulars, notifications, notice board/websites/newspaper publications, etc. I/We waive the rights, if any, to have personal notice in respect of such amendments/modifications. I/We agree that the transactions and requests executed in my account(s) through internet, mobile, tele- banking or virtual banking under my User ID and password/PIN/OTP will be legally binding on me & I am responsible for the maintenance of secrecy and confidentiality of the authentication credentials and any other information/details/OTP/PIN, etc., in such matters. I/We agree that Bank has got all the rights to debit my account for any service charge, expenses or other dues which the Bank is entitled/ liable to recover from me. I/We also authorize the Bank and agree to close/discontinue my account without any notice to me.
2. In respect of accounts opened on the basis of Aadhaar details, I/We hereby declare that I/We have submitted the Aadhaar Card issued by UIDAI voluntarily for identification and /or address proof towards the compliance of KYC norms under the PMLA, 2002 and I/We hereby consent that the Bank may verify the same with the UIDAI and authorize the UIDAI expressly to release the identity and address through biometric/ OTP based authentication (e-KYC) to the Bank. I/We wish to seed this account with NPCI mapper to enable me to receive Direct Benefit Transfer (DBT) including LPG subsidy from Govt of India (GOI) in this account. I/We understand that if more than one benefit transfer is due to me, I/We will receive all the benefit transfer in this account.
3. I/We confirm and declare that I/We am not prevented/prohibited/restricted by any applicable legal/regulatory/contractual or other provisions from opening and/or maintaining the accounts or to transact with the Bank in any other way.
4. I/We am/are aware that Bank of Baroda does not seek any information relating to log in ID /Password/M Pin etc. in any form including through emails/ phone call /sms etc. from its customers/I/We further agree that I/We shall never part with any sensitive information including but not limited to log in ID / Password/M pin etc. of my/our account especially / through Internet / email /phone medium. I/We agree and confirm that Bank of Baroda shall not be liable for any losses arising from my/our sharing/disclosing of log in ID /password/ M-pin etc. to any one and I/ We shall not make any claims on the Bank for any unauthorized use of login ID /password for such services.
5. I/We give my consent to download my/our KYC Records from the Central KYC Registry (CKYCR), only for the purpose of verification of my identity and address from the database of CKYCR Registry.
I understand that my KYC Record includes my/our KYC Records /Personal information such as my/our name, address, date of birth/ date of incorporation, PAN number etc. I/We agree that my/our personal KYC details may be shared with Central KYC Registry or any other competent authority. I/We hereby consent to receive information from the Bank of Baroda/ Central KYC Registry or any other competent 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.
6. I/We undertake the responsibility to declare and disclose immediately and in no case beyond 30 days from the date of change, any changes that may take place in the information provided herein/or otherwise, as well as in the documentary evidence provided by me or if any certification becomes incorrect or undergoes a change. I/We further undertake to provide fresh and valid self-certification along with documentary evidence as and when so required, nevertheless all declaration and undertaking given herein will also be applicable to all such modified/amended document/information provided by me unless revised self-certification as above is provided to the Bank.
7. I/We also agree that my failure to disclose any material fact/information known to me now or in future or my failure to remedy any deficiency in documents/information/other details within the stipulated period, may invalidate me from transacting in the account and the Bank would be within its right to put restrictions in the operations of my account or to close it or to report to any regulator and/or any authority designated by the Government of India (GOI)/RBI for the said purpose or take any other action as may be deemed appropriate by the Bank under the guidelines issued by CBDT/ RBI/GOI from time to time.
8. I/We also agree to furnish and intimate to the Bank any other particulars that are called upon me to provide on account of any change in law either in India or abroad in the above matter or otherwise. I/We shall indemnify the Bank from any loss/damage that may be caused to the Bank on account of any defect/mistake in the details provided herein or on account of providing incorrect or incomplete information by me.
9. Account will be operated and balance with interest will be payable as per operational instructions given above.
10. I/We know that my account will become inoperative if it will not be operated by me/us for a period of two years. For debit instructions I/We will be required to provide fresh KYC documents and request Bank to activate the account. I/We undertake to submit data/information together with fresh KYC documents for updation of KYC details at periodical intervals as may be required by the Bank.
11. I/We undertake to submit data/information together with fresh KYC documents for updation of KYC details at periodical intervals as may be required by the Bank.
12. I/We understand that the account will be activated and debits will be allowed only after completion of Customer Due Diligence relating to KYC by the Bank.
13. In case the account is opened without PAN, I/We undertake to submit PAN on or before such date as may be notified by the Government of India, failing which the account shall cease to be operational till the time PAN is submitted, as per Prevention of Money -Laundering (Maintenance of Records) Rules 2005.
14. In case, deemed OVDs are submitted for Current Address at the time of Account opening, I/We undertake to submit Aadhaar or any of the OVD having Current Address within 3 months from the date of account opening, failing which I understand that my account may cease to be operational as per GOI guidelines at the material time.
15. I/We hereby certify that the Savings Bank Account would be used by me to route transactions of only non-business/noncommercial nature. In the event of occurrence of such transactions or any such transactions that may be construed as commercial/business/dubious or undesirable, the Bank reserves the right to unilaterally freeze operations in such accounts and /or close the account.
16. I/We have been advised of Quarterly Average Balance (QAB) requirement for the account to be opened and given to understand that these requirements are subject to revision/changes and such revision/changes will be uploaded in the Bank's site which will be acceptable to me as a notice to that effect.
17. I/We have been advised that if I do not provide my mobile number, I will not be eligible for any facility of electronic transactions.
18. I/We confirm that the product features of BSBD account have been explained to me (applicable to BSBD account applicant or accounts opened for credit of Social Welfare Benefits). I/We understand that this account will be opened under BSBD category. I/We also understand that in case, I/We do not wish to continue in this BSBD account and switch over to Regular Saving bank account, I/We will have to maintain the Quarterly Average Balance (QAB) applicable for Regular Savings Bank Account. I/We therefore undertake to maintain QAB in the account if I/We switch over to Regular Savings Bank Account from BSBD. I/We do not maintain any other SB Account in Bank of Baroda. I/We will close my other Savings Accounts in Bank of Baroda within 30 days if any.
19. I/We understand that the requirements of Quarterly Average Balance (QAB) and penalty for non-maintenance will be applicable in this account. I/ We therefore undertake to maintain Quarterly Average Balance (QAB.)
20. I/We hereby declare that the details like Mobile Number, Telephone Number, email ID, address etc. 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/We am aware that I/We may be held liable for it.
21. Additional factor of authentication is not mandatory for transactions on International E-commerce merchants. Card will be supplied with international transactions disabled status which can be enabled with available channel as and when required. Card can be used for contact less transaction up to limit prescribed by the Banks from time to time without PAN.
22. I/We confirm and undertake that I/We will not deal in virtual currencies and will not use my account for any services relating to virtual currencies or facilitate any person or entity in dealing with or settling virtual currencies.
23. I/We understand that in the event of failed standing instructions for loan repayment/dishonor of cheque/NACH/ECS due to lack of funds/insufficient funds on 04 occasions during financial year for Rs.1 crore and above and 06 occasions for below Rs.1 crore, no fresh cheque book would be issued, closure of account may also be considered.
24. I/We authorize Bank of Baroda / group Companies or its / their agents to make references and inquires as may be deemed necessary in their discretion with regard to the information furnished in this application. Bank of Baroda and its group entities /companies are empowered to exchange, share or part with or information, data or documents relating to my/our application inter se among themselves or to other Banks / financial institutions agencies/ credit bureaus / statutory bodies / such other entities /persons as may be deemed necessary or appropriate or as may be required for processing of such information /data or for furnishing of processed information / data / products thereof to other Banks / financial institutions /credit bureaus /agencies/users registered with such agencies
25. I/We understand that my account will only be activated after I/We meet Bank officials in person for KYC verification of documents that will be uploaded by me. If KYC verification does not happen within 15 days of account opening, I have no objection in the bank closing the account without any prior notice.
26. In case of small accounts, I/We undertake that my account will become inoperative after 12 months in case non submission of complete KYC Documents or evidence for having applied for any one of the Officially Valid Document (OVD) and if I/We shall not be able to provide the complete KYC Documents in next 12 months, my account will be freed/ closed by the Bank.
27. I/We hereby confirm that Debit Card Fees and Charges as applicable has been explained to me and I/We unconditionally and irrevocably authorize Bank to Debit Card fees / Charges as applicable.
28. I/ we have read and understood all the terms and conditions pertaining to all above as mentioned in Account Opening Form and agree to abide by Bank's rules. I/We also confirm that the product features of account have been explained to me. I/We also acknowledge receipt of rules and regulations of Savings Bank Account.

Nominee Details		Addition Services Request	
Nominee Name : _____ Nominee D.O.B : _____ Guardian name if Minor: _____ Relationship With Nominee: _____ Nominee Address: _____ _____ City : _____ State: _____ <input type="checkbox"/> I don't want to add Nominee	<input type="checkbox"/> Debit Card (Variant _____) Name on debit card : _____ <input type="checkbox"/> bob World <input type="checkbox"/> Cheque Book <input type="checkbox"/> E-Statement <input type="checkbox"/> Life Insurance <input type="checkbox"/> SMS Alert <input type="checkbox"/> WhatsApp Banking <input type="checkbox"/> bob World Internet 1. (User ID 1) 2. (User ID 2) 3.. (User ID 3) <input type="checkbox"/> Demat & Trading Account (If selected , I agree to give my consent to share account details to BOB Capital Markets Limited and authorise BOB Capital Markets Limited to contact for Demat account opening) <input type="checkbox"/> Others _____		
Form 60 (Separate form to obtained for joint holders) Are You a Tax Assessee <input type="checkbox"/> Yes <input type="checkbox"/> No a).Details of Ward/Circle/Range where the last return of income was filled : _____ b).Reason for not having PAN _____ _____	Form 61 (Separate form to obtained for joint holders) To be filled by a person who has only agricultural income and no other income chargeable to income tax I/We hereby declare that my source of income is from agriculture and I am not required to pay income tax on any other income if any. I/We _____ hereby declare that what is stated is true to the best of my knowledge and belief		
(Signature of the 1 st Applicant/s/Thumb Impression of the Applicant/s)	(Signature of the 2 nd Applicant/s/Thumb Impression of the Applicant/s)	(Signature of the 3 rd Applicant/s/Thumb Impression of the Applicant/s)	
I have met the account holders in person and hereby confirm that Banks KYC Norms and Operational guidelines are fully complied with.		I have verified the documents submitted and confirm that Banks KYC Norms and Operational guidelines are fully complied with.	
Signature of Maker _____ Date: _____	Signature of Checker _____ Date: _____		