

For ATM Card to be issued in the operative Deposit account:

- I / We have read and understood the terms & conditions governing the usage of the ATM 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 Bank of Baroda to issue an ATM Card to the persons 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 ATM Card. I / We further unconditionally and irrevocably authorize you to debit my / our account annually for ATM Card fees/charges if any stipulated by the bank.
- I/We understand and undertake that the usage of the ATM Card shall be strictly in accordance with the Central Bank norms and in the event of thy failure to do so, I/We will be liable for action.
- I/We accept full responsibility for my/our ATM Card and agree not to make any claims against Bank of Baroda in Respect thereto.

Signature.....

FATCA annexure - Form for Individuals (including sole-proprietors)

Details under FATCA / foreign tax laws (see instructions)

1. Country of birth_____

2. Are you a tax resident of any other country other than India ?

If no, please tick here I am a tax resident of India an not resident fo any other country

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Country #	Tax Reference Number

to include USA, where the individual is a citizen / green card of USA

<Declaration (regarding information being true and correct) & Signature etc. to be included>

Instructions

Details under FATCA/Foreign Tax Laws : Towards compliance with tax information sharing laws, such as FATCA, 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 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 your account or of close or suspend your acct(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.

Please note that you may receive more than one request for information if you have multiple relationships with different members of the BoB Group. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

1) SMS alerts on my mobile Required / Not Required

Yours faithfully,

(Signature)

For Office Use:

Record modified in SSMH/HCUMM menu: Clerk/Supervisor's Signature _____

Record verified in SSMH/HCUMM menu: Supervisor's Signature _____



ACCOUNT OPENING FORM FOR INDIVIDUALS

Bank of Baroda Branch: _____ Date: _____

Account No. _____ Branch ALPHA _____ Scheme Code _____

9 0 _____

I / We request you to open my/our deposit a account with your branch/bank as under. (Tick (✓) relevant type of account.

Type of Accounts				Currency	
<input type="checkbox"/> Saving Bank A/c	<input type="checkbox"/> Term Deposit A/c	<input type="checkbox"/> OMR	<input type="checkbox"/> USD	<input type="checkbox"/> AED	
<input type="checkbox"/> Special Current A/c	<input type="checkbox"/> Current A/c (Personal)	<input type="checkbox"/> EURO	<input type="checkbox"/> GBP		
No.	Name	Date of Birth (YYY-MM-DD)	Marital Status <small>Married / Single / Divorced / Widow</small>	M / F	Father's / Husband's Name
1					
2					
3					

No.	Monthly Income (OMR)	Nationality	ID Card No.	ID Expiry Date	Passport No.	Issue Date	Valid up to	Place of Issue	Occupation*
1									
2									
3									

*Please choose from the following:

Salaried	Self Employed	Professional	Housewife	Student	Retired	Business	Others
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Name and address of Employer			
1st Applicant	2nd Applicant	3rd Applicant	4th Applicant

Operating Instructions (Please mark ✓ in appropriate box):

Self	Either or Survivor	Former or Survivor	Jointly	Any one or Survivor/s	Others (Pl. Specify)-

Facilities required (Please mark ✓ in appropriate box/es):

Cheque book <input type="checkbox"/>	Statement of Account through
Issued Cheque Series No. _____ to _____	Post <input type="checkbox"/> E-mail <input type="checkbox"/> Deliver at branch <input type="checkbox"/>
Date of Issue: _____	Statement frequency: Monthly <input type="checkbox"/> Daily <input type="checkbox"/>

Email address for statement is ⇨

*Internet Banking <input type="checkbox"/>	ATM Card <input type="checkbox"/>	Tele Banking <input type="checkbox"/>	* Please fill up separate application for internet Banking
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Please issue card in the name of the first / all applicants (In case of two joint a/c holders with operations as ANY one or S):

First Applicant Name to appear on Debit cum ATM Card in CAPITAL LETTER (not to exceed 20 Characters)

You are requested to enroll my account number for availing telebanking service. I here by undertake that it is an additional service granted to me and I would not claim as a matter right. I would immediately bring to the branch's notice any mistake in my above said account for clarification.

Communication Address (If different from Residential Address)			
	First Application	2 nd Application	3 rd Application
Flat No. / Bldg Name			
Street / Road & Area / Locality			
City and District			
State and Country			
Pin Code			
Tel. No., Fax No.			
Mobile			
E-mail			
Permanent Address / In case on NRE, local address in India			
Flat No. / Bldg Name			
Street / Road & Area / Locality			
City and District			
State and Country			
Pin Code			
Tel. No.			
E-mail			

OTHER INFORMATION: (✓ tick one)

If salaried, employed with: (✓ tick one)

LLC	SAOG	SAOC	Others
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If Professional: (✓ tick one)

Doctor	Architect	CA /CS	IT Consultant	Engineer	Lawyer	Others (Pl. Specify)
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If Business: (✓ tick one)

Manufacturing	Real Estate	Antique	Service Provider	Trader	Arms Dealer	Agriculture	Stock Broker	Others (Pl. Specify)
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Excepted Annual Turnover in the A/C: Rs. _____

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:

Bank & Branch	Place of Bank / Branch	Type of Account / Facility	Amount	Account No.

TERMS & CONDITIONS & DECLARATION (Please mark ✓ in appropriate boxes)

I/We have read, understood and agree to abide by the Bank's rules relating to the conduct of the above accounts / Services / Products / Fee & Charges which are displayed on the website www.bankofbarodaoman.com, contained in the brochures/circulars of the Bank from time to time. I / We also understand that this schedule is subject to change for time to time and shall be binding to me / us. From time to time, I shall gather the information on the changes.

[] I/We wish to be informed about the various features / products and promotional offers made by the Bank from time to time.

It is understood that no over draft will be allowed without the previous consent of the Bank and in the event of the account going to debit, I/We promise to pay the amount of such debit balance on demand with interest and charges to date and I / we authorize you to debit my account with all interest thereon at applicable rate as may be notified to me by the Bank.

- Please issue cheque book and recover charges from my / our account as per norms of the bank (Not applicable for Saving a/c)
- Account will be operated and balance along with interest (if any) 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 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. In case of non maintenance of the minimum balance or the account remains without operation over a reasonable period of time or non compliance Bank is authorized to close my/our account without informing us.

I/We shall fill up separate pay-in-slips prescribed by the Bank for various time deposit schemes. I / we understand that the Terms deposit shall be under auto-renewal scheme of the Bank.

I/We authorize Bank of Baroda / 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. Bank of Baroda and its Group entities/companies are empowered to exchange, share or part with all the information, data or documents relating to my/or application inter se among themselves or the other Bank 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 / date / product thereof to other Banks / Financial Institutions / Credit Bureaus / Agencies / users registered with such agencies.


I/We agree to submit time to time the copy of renewed Trade License / Passport / I card / Tenancy contract / Visa / other contracts and Licenses etc Card agree to pay charges for delay submission.

I/We, hereby agree and give consent of the disclosure by the bank of all or any such

- a) Information and data to me / us
- b) I / We will provide all the relevant information / data required as per ||Foreign Account Tax Compliance Act, (FATCA)
- c) I / We do not have any objection for disclosing of any of information required under FATCA

Signature.....

TITLE OF THE ACCOUNT		
ACCOUNT NO.		BRANCH
OPERATING INSTRUCTIONS		

	Photograph	Photograph	Photograph
	1 Recent Photo	2 Recent Photo	3 Recent Photo
Sign 			
Name			
Cust ID			

Name: _____
Bank Official in whose presence signed

Signature: _____ S.S. No.: _____)

For Office Use

Sr. No.	Description	Name of authorized Staff	Signature
1	Application interviewed & purpose ascertained by		
2	Document/s of identification/Address Proof listed above were verified with original by		
3	Checked from Central Bank blacklist		

KYC CERTIFICATION:

I have verified the documents submitted and confirm that KYC Norms are fully complied with.

Signature of Bank Official

Specimen Signature No. _____

Date:

Documents for Saving / Fixed Deposit / Special / Personal Current account

- Photocopy of Passport & Resident Visa (with original to verify)
- Two recent Passport size photograph of the director/s/person.
- Salary certificate / Copy of labour contract / Tenancy contract (for **Special / Personal Current account**)

“as per Article (4) of the Law of Bank Deposits Insurance Scheme 9/95, Bank of Baroda is a member of the Bank Deposits Insurance Scheme and shall be subject to the provisions of this Law”