



ACCOUNT OPENING FORM FOR INDIVIDUALS

F. No. 401A

Branch:		Date:	
Account No.	Branch	Scheme Code	

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

Type of Account	Scheme Name	Type of Account	Scheme Name
<input type="checkbox"/> Savings Bank A/c		<input type="checkbox"/> Term Deposit A/c	
<input type="checkbox"/> Current A/c		<input type="checkbox"/> Other A/c	

FULL NAME, in CAPITAL Letters (in the order of first, middle and last name, leaving a space between words) M/F

1		
2		
3		

Date of Birth (dd/mm/yyyy)	TIN Number	Customer ID (If any existing)
1		
2		
3		

Occupation	Status	Annual Income (Tshs.)	Relationship	Nationality	Father's / Husband's Name
1					
2					
3					

* Please choose from the following

Salaried	Self Employed	Professional	Politician	Housewife	Student	Defence Staff
Retired	Stock Broker	Agriculture	Antique Dealer	Arms Dealer	Business	Others

Name of the Guardian (In case of Minor): (Attach Proof for minor's DOB)	Relationship with minor (✓ Tick one)				
	F & NG	M & NG	Legal*	De facto	Others

* In case of Legal guardian (guardian appointed by Court), enclose copy of the court order.

Name and address of Employer		
First Applicant	2 nd Applicant	3 rd 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 _____	Pass book <input type="checkbox"/> Post <input type="checkbox"/> E mail <input type="checkbox"/> Delivery at branch <input type="checkbox"/>
Date of Issue: _____	Statement Frequency: Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>

* Internet Banking - Baroda Connect <input type="checkbox"/>	Debit cum ATM Card <input type="checkbox"/>
--	---

(* Please fill up separate application for Internet Banking - Baroda Connect and / or ATM Card)

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):

Passport Details

Resident permit details (for non - Tanzanian)

Employer's name and address

Residential address			
	First Applicant	2 nd Applicant	3 rd Applicant
Flate No./Bldg Name			
Street/ Road & Area/ Locality			
City and District			
State and Country			
Pin Code			
Tel No. Fax No			
Mobile			
Email			

Communication Address (If different from Residential Address)			
	First Applicant	2 nd Applicant	3 rd Applicant
Flate No./Bldg Name			
Street/ Road & Area/ Locality			
City and District			
State and Country			
Pin Code			
Tel No. Fax No			
Mobile			
Permanent Address / In case of Non Tanzania, Local Address in India			
Flate No./Bldg Name			
Street/ Road & Area/ Locality			
City and District			
State and Country			
Pin Code			
Tel No.			

OTHER INFORMATION: (✓ tick one)

Education :

Non Matric	SSC/HSC	Graduate	Post Graduate
------------	---------	----------	---------------

Expected Annual Turnover in the A/C: Tshs. _____

If salaried, employed with: (✓ tick one)

Proprietorship	Public Ltd	MNC	Partnership	Public Sector	Pvt. Ltd	Government	Others (Pl. Specify)
----------------	------------	-----	-------------	---------------	----------	------------	----------------------

If Professional: (✓ tick one)

Doctor	Architect	CA/CS	IT Consultant	Engineer	Lawyer	Others (Pl. Specify)
--------	-----------	-------	---------------	----------	--------	----------------------

If Business: (✓ tick one)

Manufacturing	Real Estate	Antique	Service Provider	Trader	Arms Dealers	Agriculture	Stock Broker	Others (pl. Specify)
---------------	-------------	---------	------------------	--------	--------------	-------------	--------------	----------------------

DECLARATION (Please mark ✓ in appropriate boxes):

I/We declare that I / we do not enjoy any credit facilities with other banks/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 banks rules relating to the conduct of the above accounts / services / products / Fee & Charges: which are displayed on the notice board / contained in the brochures of the Bank from time to time.

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

{ } Please do not call / contact me/us for various features / products and promotional offers made by the Bank from time to time.

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 above minor of any withdraw/transaction 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 charge 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 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 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 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 to this application/s. 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/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 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 / 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 / user's registered with such agencies.
- I Undertake to notify bank, any changes in my Address/ Phone Number/ Employer/ Passport / Work permit etc.

For Debit cum ATM Card to be Issued in the Operative deposit account:

- I/We have read, 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 charges made therein from time to time by the bank at its sole discretion. I/We authorize Bank of Baroda 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 accept full responsibility for my/our debit Card and agree not to make any claims against Bank of Baroda in respect there to.

Full Signature (in Running handwriting):

Sole / First Applicant

2nd Applicant

3rd Applicant



Introduction from an existing account holder (at least six months old satisfactorily conducted and KYC complaint account).

Name:		Account No:	
Address:		Date of opening of the A/C:	
Email:		Customer ID:	
Pin:		Branch Name:	
Mobile:		Type of A/c. SB / CA / CC / OD:	
Tel No.		Fax:	

I/We certify that, Mr / Mrs /Ms is known to me/us personally since last _____ months / year and confirm the occupation and address stated in this application form for opening account are correct to the best of my/our knowledge & belief.

Date:

(Signature of the Introducer)

TITLE OF THE ACCOUNT											
ACCOUNT NO											BRANCH
OPERATING INSTRUCTIONS											

Name: _____
Bank Official in whose presence signed

Signature: _____ (S.S No: _____)

Details of Identification documents submitted by the application/s.

(CARE: FOR NON-TANZANIAN APPLICANTS COPY OF PASSPORT & RESIDENCE PERMIT MUST BE SUBMITTED AS IDENTIFICATION DOCUMENT)

	<u>Photo Identify</u>			<u>Address Proof Identify</u>		
	1	2	3	1	2	3
Type of Document						
Document Number						
Issuing Authority						
Date of Issue						
Place of Issue						
Valid up to.						
Permit Number						

--For Office Use--

Sr. No.	Description	Name of Authorized Staff	Signature
1.	Applicant interviewed & purpose ascertained by		
2.	Document/s of identification/Address Proof listed above were verified with original by		
3.	Letter of thanks sent to A/c holder and Introducer on		
4.	Money Laundering Risk Classification [] Low [] Medium [] High		

KYC CERTIFICATION:

<p>I have met the account opener/s Mr. /Ms. _____ Mr./Ms. _____ Mr./Ms. _____ in person and hereby confirm that KYC Norms are fully complied with and further confirm that</p> <p>i) a) The introducer has visited the branch OR b) The introducer has not visited the branch but written confirmation obtained.</p> <p>ii) The signature of the introducer is verified and his/her Account is more than six months old and KYC Complaint.</p> <p>_____ Signature of Head of the Department</p> <p>Date: _____</p>	<p>I have verified the documents submitted and confirm that KYC Norms are fully complied with.</p> <p>_____ Signature of Branch Head / Joint Manager / Manager Specimen Signature No. _____</p> <p>Date: _____</p>
<p>Specimen Signature No. _____</p>	