	BANK OF INDIA	For Bank Use Only																
	Branch	BRANCH CODE																
		ACCOUNT NO.																
		ACCOUNT TYPE																


Please present any of these originals for reference and Return. A copy to be submitted for Branch Records.

FOR PROOF OF IDENTITY AND ADDRESS OF THE DEPOSITOR/ACCOUNT HOLDER(S)

➤ Passport Copy	➤ Photo Credit Card	➤ Voter's ID Card
➤ Employee ID Card	➤ Gas Connection Receipt	➤ Latest Electricity Bill
➤ Driving Licence (laminated card) with Photograph	➤ Latest Telephone Bill	➤ PAN Card Or Form 60/61 in lieu of PAN Card
	➤ Ration Card	
➤ Introducer's Confirmation	➤ Any Other State/Central Govt. Document evidencing Address/Identity or Local Body/NGO/MFI or Sarpanch or Mukhiya of Village or by Tehsildar.	

ADDITIONAL DOCUMENTS REQUIRED

For Residents in India	<ul style="list-style-type: none"> ➤ Proof of PAN ➤ Proof of Age in case of Senior Citizens ➤ Latest passport size photograph (2 copies) Note: (Including For Minor's Parents or Guardian / Individual Partners / Directors / Trustees / HUF Members / or Karta/Proprietor etc.,)
Foreign Resident/ Non-Resident Indians	➤ Photocopy of passport with valid visa or work permit. Form _____ (available with the branch)
For Proprietary Firm	➤ Declaration of Proprietorship
For Partnership Firm	<ul style="list-style-type: none"> ➤ Partnership Letter (L-438) ➤ Registration Certificate of firm (in case of advances account) (Specimen Form enclosed)
For Limited Company	<ul style="list-style-type: none"> ➤ Certificate of Incorporation ➤ Certificate of commencement of business (in case of public limited company) ➤ Memorandum and Articles of Association duly certified by a Director / Secretary as true and up-to-date. ➤ A copy of the latest audited Balance Sheet & Profit and Loss Account in case of Public Ltd. Co. ➤ Duly certified Resolution passed by its Board of Directors as per the following specimen: RESOLVED that a Banking Account of the Company be opened with BANK OF INDIA and that the said Bank be and is hereby authorised to honour all cheques, Bills of Exchange, Promissory Notes and other orders accepted, endorsed or made on behalf of the Company <p style="margin-left: 20px;">M/s. _____ and to act on any Instructions so given relating to the account whether the account be in credit or overdrawn.</p>
For Hindu Undivided Family	➤ Declaration of HUF and its Karta. (Joint HUF Letter-CD 115 for business firms For non-business accounts as per Specimen Format provided)
For Clubs / Associations / Societies etc	<ul style="list-style-type: none"> ➤ Duly certified copies of constitution and bye-laws. ➤ Certificate of Registration, in case of Registered Entities. ➤ Resolution passed by the Managing Body authorising opening of account including mandate for operation of the account. (Specimen Form _____ enclosed).
For Trusts / Foundations / Schools / Colleges	➤ Original Trust Deed to be verified for examination and relevant extracts regarding Number of Trustees and Operational instructions of the account. certt. of Registration Resolution of the Managing Trustees / Body.
For ALL Current/OD/CC A/c	➤ Bills Form 1005.

	BANK OF INDIA				For Bank Use Only												
					BRANCH CODE						CUSTOMER ID						
					ACCOUNT NO.												
				Branch	PLEASE TICK THE ACCOUNT TYPE BELOW SUITABLY												
SAVINGS	SAVINGS PLUS	SHORT DEPOSIT	MONTHLY INCOME CERTIFICATE	RECURRING DEPOSITS	OVER DRAFT	CERTIFICATE OF DEPOSIT											
CURRENT	CURRENT PLUS	FIXED DEPOSIT	DOUBLE BENEFIT DEPOSITS	FLOATING RATE DEP.	CASH CREDIT	OTHERS											

Account Opening Form

The Branch Manager,
Bank of India. Date :
I/We request you to open _____ account with you for which I/We initially deposit Rs. _____
(Rupees _____ only) by Cash/Cheque on Yourselves/ _____ (Bank)
Business Activity: _____ Estb. Since: _____ (Date)

TITLE OF ACCOUNT →																									
	PROP./1 ST APPLICANT/ PARTNER/DIRECTOR								2 ND APPLICANT PARTNER/DIRECTOR								3 RD APPLICANT PARTNER/DIRECTOR								
FIRST NAME																									
MIDDLE NAME																									
SURNAME																									
PAN NO.(IF OBTAINED) Else 60/61.																									
SEX (Tick Suitably)	MALE		FEMALE		MALE		FEMALE		MALE		FEMALE														
RELATIONSHIP TO 1 ST APPLICANT	*****																								
DATE OF BIRTH(dd/mm/yyyy)																									
PERMANENT ADDRESS:																									
CORRESPONDENCE ADDRESS																									
TELEPHONE (OFFICE)																									
TELEPHONE (RESIDENCE)																									
MOBILE PHONE																									
e-MAIL ADDRESS																									

PROOF OF IDENTITY/ADDRESS

IN CASE OF A MINOR (Applicant Number) Date of his Attaining MAJORITY (dd/mm/yyyy) : - - .

Name of parent / natural guardian _____	DECLARATION IN A MINOR ACCOUNT OPERATED BY THE GUARDIAN: I hereby declare that the date of birth ____/____/____ 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/ transactions made by me in his/her account.
Address of the guardian: _____	

Signature of the Guardian →	

CHEQUE BOOK	<input type="checkbox"/> Not Required.	<input type="checkbox"/> Personalised Cheque Book Required.	<input type="checkbox"/> Multi-City Cheque Book Required.	<input type="checkbox"/> Ordinary Cheque Book only Required.		
CD A/C STATEMENT FREQUENCY	Quarterly	Monthly	Fortnightly	Weekly*	Daily**	subject to applicable charges
Services Required:	ATM Cum Debit Card	Internet banking	SMS/Mobile banking	Tele Banking	MBB Banking	
NOMINATION FACILITY	<input type="checkbox"/> Yes REQUIRED*.	<input type="checkbox"/> NOT REQUIRED	* If required please complete nomination form below .			

FOR TERM DEPOSITS- Payment on maturity/Interest Payment(Statement required)- Monthly/Quarterly	<input type="checkbox"/> Credit to Account No. _____ <input type="checkbox"/> Issue DD / Pay Order By Cash
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FOR TERM DEPOSITS- Auto Renewal

- I/We would/would not like to receive intimation of impending due date of deposit/s by post/ hand delivery.
- I authorise the Bank to automatically renew the deposit with accrued interest for the same period on the maturity date at the prevailing rate of interest unless otherwise informed by me. Renew Principal & Interest . Renew Principal only

I/We enjoy credit facility/Current Accounts with other Banks as under:

Name of Bank & Branch	A/C Type/ Facility	Account Number	Limit, If Any.

INTRODUCTION BY EXISTING BANK OF INDIA CUSTOMER : I/We confirm that I am /We are an account holder with Bank of India for over 6 months. I/We certify that I/We have known Mr./Mrs./Miss/Messrs. _____ since last _____ months / years and confirm his / her / their identity, occupation/business and address stated in this application to open the account.

Name _____	Signature of Introducer	
Customer ID <input type="text"/>	AccountNo. <input type="text"/>	

	PROP./1 ST APPLICANT/ PARTNER/DIRECTOR	2 ND APPLICANT PARTNER/DIRECTOR	3 RD APPLICANT PARTNER/DIRECTOR
Please affix Passport Size Photo Graph of the respective applicants in the respective columns			

MANDATE FOR ACCOUNT OPERATIONS	<input type="checkbox"/> Single(Self-Operated)	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Former or Survivor
	<input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Jointly by all	<input type="checkbox"/> Others

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SIGNATURE OF APPLICANT 1	SIGNATURE OF APPLICANT 2	SIGNATURE OF APPLICANT 3
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FOR BRANCH USE: Letter of thanks sent to introducer / customer on _____ Introducer contacted on _____

Account opened by Name :		Signature	Authorised by Name :		Signature
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NOMINATION (Nomination Form DA-1) Nomination under Sec. 45ZA of the Banking Regulation Act, 1949 and rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposit .

I/We nominate the following person to whom in the event of my / our / minor's death the amount of deposit in the above account may be returned by the Bank of India _____ Branch. As nominee is minor on this date, I/We appoint Mr./Ms./ Dr. _____ to receive the amount of deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.	<u>Name & Address of Nominee</u>
	Nominee's Relationship with Depositor, if any: _____
	Nominee's Age _____

If nominee is minor, Date of Birth: (Strike out if nominee is not a minor)		Signature of Two Witnesses, If Thumb impressions obtained
	Signature of Depositor(s)	

ACKNOWLEDGEMENT OF NOMINATION Nomination received & registered On: _____ For Bank Of India Authorised Signatory _____	CUSTOMER ID <input type="text"/> ACCOUNT NUMBER <input type="text"/>
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DECLARATION / UNDERTAKING By Applicant(s) - (Please tick as applicable and Delete whatever is inapplicable)

- I/We confirm that I/ We am/are resident(s) of India.
- I/We confirm having read/been explained and understood the Rules pertaining to various Accounts/Services as also the Citizens' Charter and I/We do hereby agree to be bound by the terms and conditions, outlined in these rules which govern the account(s) which I/We am/are opening with Bank of India and amendments thereto made from time to time and those relating to various services including but not limited to ATM Card / Credit Card / Debit Card / Tele-banking, MBB Banking, Internet banking SMS/Mobile Banking/ _____ etc., I agree that changes from time to time in the Bank's rules relating to my/our different accounts and/or other services would be made available to me/us on the Bank's website. And that I would be bound by such changes in terms and conditions pertaining to the different accounts/services.
- I/We understand that the bank may at its absolute discretion discontinue any of the services completely or partially without any notice to me/us.
- I/ We agree that the bank may debit my account for service charges as applicable from time to time
- I/WE WILL TAKE EVERY CARE TO KEEP THE CHEQUE BOOK IN MY/OUR SAFE CUSTODY. I/WE WILL ALSO KEEP WATCH ON THE DAY TO DAY TRANSACTIONS TO DETECT EARLY FRAUDS, IF ANY, COMMITTED BY MY/OUR AGENT/EMPLOYEE.**
- I/We confirm that the purpose and reason for opening of this account or establishing the relationship are: _____
- The anticipated nature of the activity proposed is: _____
- The anticipated level (turnover) of activity that is being undertaken is: _____
- The expected origin of the funds to be used within the proposed relationship is: _____
- Any Other: _____

- I/We hereby declare that the information furnished above is true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT 1	SIGNATURE OF APPLICANT 2	SIGNATURE OF APPLICANT 3

FORM NO. 60/61 (PLEASE SEE THIRD PROVISIO TO Rule 114B)

(Declaration to be filed by a person NOT having either a PAN and who intends to make Cash Deposit in respect of transaction specified in clauses (a) to (h) of Rule 114 B)

1. Full name & Address of the declarant: (To be supported by Passport/Ration Card/Employee ID/Driving Licence etc)	
2. Details of the Document produced in support of address in column 1:	
3. Transaction Particulars:	Opening of _____ A/C
4. Amount of Transaction	
5. Are You Assessed to tax?: Yes/No* Being Agriculturist/Income being not chargeable to IT.	6. If Yes, Details of Income Tax Ward/Circle/Range : _____ Reason for not having PAN Number: _____
Declaration by a person having agri. income only and no other income chargeable to IT I hereby declare that my source of income is from agriculture and I am not required to pay IT on any other income(if any)	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 _____ 200__.
Signature of Agriculturist	Place: _____ Date: _____ Signature of the Declarant