

Account Opening Form of New Term Deposit Account by Existing Customers
(Non-individual/ Individual)

Date: _____

I/We request you to open a term deposit in my/our name by debiting account _____
 by amount _____ with you as per following parameters: (Currency- ☐USD ☐GBP ☐EURO ☐JPY)

Name			
Scheme			
Period of deposit (months/days)		ROI (% pa)	
Interest Pay-out			
In case of QIC/MIC, interest to be credited to account			
Joint Account holder (if any)			
In case of Minor:			
Guardian's Name		Nature of Guardianship	
Relationship with Minor		Source for funds	

Nominee Details:

Name of the Nominee	
DOB of Nominee	
Relationship with account holder	

Details of Guardian in case of Nominee being Minor

Name of the Guardian	
Relationship with Nominee	

Operating Instructions:

Self	Either or Survivor	Former or Survivor	Jointly	Any one or Survivor/s	Others (Please specify)

I/We understand that the interest earned on Term deposit and the Maturity value is subject to TDS as per extant guidelines of Income Tax if applicable.

I/We have read and understood the Bank's Terms and Conditions for Term Deposit Accounts on www.bankofindia.co.in/ibu-gift-city and agree to comply with and be bound by them as they are in force now and from time to time in force for such accounts. I/We undertake to advise the Bank in writing of any change in my/our address / constitution / partners / Directors / Managing Committee / Articles of Association.

Signature of Account Holder(s)	(Joint Applicant-1)	(Joint Applicant-2)

FOR BANK USE

CIF ID		Joint A/c CIF Id	
CKYC no.		Joint A/c CKYC no.	
Term Deposit Account No.			
Maker		Checker	
Date			