



BANK OF INDIA
The Bank That Cares

For Bank use only

BRANCH CODE

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Customer ID

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Account No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account type

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Opening Form

The Manager
Bank of India

Date : _____

_____ Branch

I / We request you to open an account with you for which I/We initially deposit Rs. _____ In words
(Rupees _____)

Title of / A/c. Mr. / Mrs. / Ms. / Messers _____

Nature / Activity of Business _____

Name of Joint Holders / Partners / Proprietor / Director

	FIRST NAME	MIDDLE NAME	SUR NAME
1 st APPLICANT			
2 nd APPLICANT			
3 rd APPLICANT			

	DATE OF BIRTH (DD/MM/YYYY)	PAN/GIR No.	SEX (M/F)	RELATIONSHIP WITH FIRST APPLICANT
1 st APPLICANT	<input type="text"/>			
2 nd APPLICANT	<input type="text"/>			
3 rd APPLICANT	<input type="text"/>			

Please attach Form 60 in case of non-availability of PAN/GIR No.

Date of Establishment (In case of Firm / Companies) : DD/MM/YYYY

In case of A Minor

Minor's date of birth (dd/mm/yyyy) _____ (submit copy of birth certificate) Attains Majority On _____

Name of parent / nature guardian _____

Address of the guardian _____

Relationship with minor Father Mother By Court Order (If yes please attach a copy)
 Others (Please specify)

MAILING ADDRESS

1 st APPLICANT				
	Country	Tel (O)	Tel (R)	Fax
2 nd APPLICANT	Mobile	E-mail		
3 rd APPLICANT	Country	Tel (O)	Tel (R)	Fax
	Mobile	E-mail		

PERMANENT ADDRESS				
1 st APPLICANT				
	Country	Tel (O)	Tel (R)	Fax
	Mobile	E-mail		
2 nd APPLICANT				
	Country	Tel (O)	Tel (R)	Fax
	Mobile	E-mail		
3 rd APPLICANT				
	Country	Tel (O)	Tel (R)	Fax
	Mobile	E-mail		

PROOF OF ADDRESS SUBMITTED (individuals) : (Please tick)			
<input type="checkbox"/> Passport Copy	<input type="checkbox"/> Voter's ID Card	<input type="checkbox"/> Govt. ID Card	<input type="checkbox"/> Driving License
<input type="checkbox"/> PAN Card	<input type="checkbox"/> Latest Telephone Bill	<input type="checkbox"/> Latest Electricity Bill	<input type="checkbox"/> Gas connection Receipt

CHOICE OF ACCOUNT	
Type of Account (FCNR/NRE/NRO/RFC)	Type of Account
<input type="checkbox"/> Savings	<input type="checkbox"/> BOI Star 92
<input type="checkbox"/> Current	<input type="checkbox"/> Floating Rate Deposit
<input type="checkbox"/> Fixed Deposit	<input type="checkbox"/> Certificate of Deposit
<input type="checkbox"/> Short Deposit	<input type="checkbox"/> BOI Savings Plus
<input type="checkbox"/> Monthly Income / Quarterly Income	<input type="checkbox"/> BOI Current Plus
<input type="checkbox"/> Double Deposit	<input type="checkbox"/> Overdraft
<input type="checkbox"/> Recurring Deposit	<input type="checkbox"/> Cash Credit
<input type="checkbox"/> Others	

PAYMENT DETAILS FOR OPENING OF ACCOUNT	
<input type="checkbox"/> Cash	<input type="checkbox"/> Debit Current / Savings A/c. No.
Cheque No. _____ drawn on _____ Bank _____ Branch _____	

MANDATE FOR ACCOUNT-ACCOUNT TO BE OPERATED BY & BALANCE PAYABLE TO :		
<input type="checkbox"/> Me	<input type="checkbox"/> Either of Survivor	<input type="checkbox"/> Former or Survivor
<input type="checkbox"/> Anyone or any one of Survivor	<input type="checkbox"/> Jointly by all or Survivor	<input type="checkbox"/> Others

SWEEP IN INSTRUCTIONS
In case of insufficient balance in my savings / current Account No. _____ please clear my cheque / allow withdrawal by transferring funds to my Savings / Current account by breaking units of my/our fixed deposits.

CHEQUE BOOK REQUIRED ? <input type="checkbox"/> YES <input type="checkbox"/> NO

FOR TERM DEPOSITS / RECURRING DEPOSITS :
On maturity
<input type="checkbox"/> I/We authorize 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/us.
<input type="checkbox"/> I/We authorize the Bank to automatically renew the Recurring deposit with accrued interest for the same period in D.B.D. on the maturity date at the prevailing rate of interest unless otherwise informed by me/us. <input type="checkbox"/> Issue DD/Pay Order <input type="checkbox"/> Renew Principal only for the same period at the prevailing rate of interest and credit interest to my account No. _____.
For Interest payment
<input type="checkbox"/> Credit to Account No. _____ <input type="checkbox"/> Issue DD/Pay Order <input type="checkbox"/> By Cash

STATEMENT FREQUENCY
Current Account <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly * <input type="checkbox"/> Daily *
*Charges Applicable

* Please complete the nomination form attached herewith.

INTRODUCTION BY EXISTING BANK OF INDIA CUSTOMER
Name _____ Account No. / Customer ID _____ I confirm that I am an account holder with Bank of India for last _____ months / years, I certify that I have known Mr./Mrs./Miss. _____ Since last _____ months / years, and confirm his / her their identify, occupation and address stated in this application to open the account.
Signature of Introducer <input style="width: 150px; height: 20px;" type="text"/>

Please tell us about yourself to serve you better					
PERSONAL INFORMATION					
<input type="checkbox"/> Do you have any relatives in Bank of India.		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<input type="checkbox"/> Do you have any relations with Directors of Bank of India.		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Marital Status	<input type="checkbox"/> Married			<input type="checkbox"/> Single	
	Spouse Details :				
	Name :		Occupation :		E-mail ID :
Dependants	<input type="checkbox"/> Spouse		<input type="checkbox"/> Parents		<input type="checkbox"/> No. of Children
Education	<input type="checkbox"/> Undergraduate		<input type="checkbox"/> Graduate		<input type="checkbox"/> Post Graduate
	<input type="checkbox"/> Doctorate		<input type="checkbox"/> Professional		
EMPLOYMENT DETAILS					
Occupation	<input type="checkbox"/> Salaried		<input type="checkbox"/> Prof. Self. Empl.		<input type="checkbox"/> Business
	<input type="checkbox"/> Others		<input type="checkbox"/> Retired		<input type="checkbox"/> Student
Profession	<input type="checkbox"/> Doctor		<input type="checkbox"/> C.A./ICWS/ACS		<input type="checkbox"/> Engineer
	<input type="checkbox"/> Lawyer		<input type="checkbox"/> Journalist		<input type="checkbox"/> Architect
Employed	<input type="checkbox"/> Public Ltd. Co.		<input type="checkbox"/> Pvt. Ltd. Co.		<input type="checkbox"/> Govt. Sector
Grade	<input type="checkbox"/> Clerk		<input type="checkbox"/> Officer		<input type="checkbox"/> Junior Mgmt.
	<input type="checkbox"/> Middle Mgmt.		<input type="checkbox"/> Senior Mgmt.		
No. of years in service :					
Employer's Name :					
Employer's Address :					
ANNUAL INCOME FROM THE BUSINESS / SALARY					
					Rs.
DETAILS OF OTHER SOURCES OF INCOME IF ANY ?					
ANNUAL FAMILY INCOME					
<input type="checkbox"/> <60000		<input type="checkbox"/> 60000 – 120000		<input type="checkbox"/> 120000 – 240000	
		<input type="checkbox"/> 240000 – 360000		<input type="checkbox"/> 360000 & above	
DETAILS OF FOREIGN COUNTRIES VISITED DURING THE LAST THREE YEARS					
ASSET OWNERSHIP					
Assets	<input type="checkbox"/> Computer		<input type="checkbox"/> Cellular Phone		<input type="checkbox"/> House
					<input type="checkbox"/> Land
Vehicles	<input type="checkbox"/> Car		<input type="checkbox"/> Two Wheeler		<input type="checkbox"/> Both (Car & Two
					Wheeler)
Car	<input type="checkbox"/> Make				<input type="checkbox"/> Year of Purchase
Residence	<input type="checkbox"/> Self-owned		<input type="checkbox"/> Family Residence		<input type="checkbox"/> Company Provided
					<input type="checkbox"/> Rented
					<input type="checkbox"/> Purchase on Loan
ESTIMATED VALUE OF ASSETS : Rs.					
BANKING / INVESTMENT ACTIVITIES					
Other banks used	<input type="checkbox"/> Nationalized		<input type="checkbox"/> Pvt. Sector		<input type="checkbox"/> Co-operative
					<input type="checkbox"/> Foreign
Main Banker :-					
Preferred Investments	<input type="checkbox"/> Company Deposits		<input type="checkbox"/> Mutual Funds		<input type="checkbox"/> Shares
	<input type="checkbox"/> Property		<input type="checkbox"/> Gold		<input type="checkbox"/> PPF
					<input type="checkbox"/> Bank Deposits
					<input type="checkbox"/> Others
BANK OF INDIA PRODUCTS / SERVICES AVAILED OF					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOANS					
Loans availed in the last three years	<input type="checkbox"/> Car		<input type="checkbox"/> Business		<input type="checkbox"/> Loans against Shares
	<input type="checkbox"/> Housing		<input type="checkbox"/> Consumer Durables		<input type="checkbox"/> Education
					<input type="checkbox"/> Others
Loans requirements					
INTERNET ACCESS	If Yes		<input type="checkbox"/> At home		<input type="checkbox"/> At Office
CREDIT CARD DETAILS	Name of Issuer :		Card No. :		Validity :
DO YOU HAVE MEDICAL INSURANCE			<input type="checkbox"/> Yes		<input type="checkbox"/> No

In the event of death of any of the joint depositors, prior to maturity of the deposit, the Bank will at the request of the surviving depositor or all the surviving depositors, be at liberty though not bound at its absolute discretion to add/delete any name or to repay the deposit before maturity, or to grant an advance against the security thereof, on such terms as the Bank may in its absolute discretion decide and such repayment before maturity shall constitute a valid discharge to the Bank.

DECLARATION IN CASE OF A MINOR ACCOUNT

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 transaction 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 / transaction made by me in his/her account.

Signature of Guardian

DECLARATION / UNDERTAKING

I/We confirm having read and understood the Account Rules and hereby agree to be bound by the terms and conditions, outlines 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.

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 / our 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 our agent/employee. I/We would/would not like to receive intimation of impending due date of deposit/s by post/hand delivery. I/We confirmed that I / We am/are resident of India. I/We hereby declare that the information furnished above is true and correct to the best of my knowledge.

I/We confirm having noted that, in the event of dishonour of a cheque valuing Rs. One crore and above drawn on this account on four occasions during the financial year for want of sufficient funds, no fresh cheque book would be issue by the Bank. The Bank may also consider closing this account at its absolute discretion in such instance.

I/We declare that I/We do not enjoy credit facilities with other bank/s with your other branches

I/we enjoy credit facility / have Current Accounts with other bank/s with your _____ Branch
(Please attach details of such facilities separately)

Name of Bank & Branch	Account No.	Facility	Amount

DECLARATION :-

I/We hereby declare that I am/we are non-resident(s) of Indian Origin. I/We understand that the account (s) are being opened on the basis of the statement declarations made by me/us and I/We also agree that if any of the statements/declarations made herein is found to be not correct in material particulars, you are not bound to pay any interest on the deposit made by me/us. I/We agree that no claim will be made by me/us for any interest on deposit/s for any period after the date/s of maturity of the deposit/s. I/We agree to abide by the provisions of the Foreign Currency (Non-Resident Account/Non-Resident (External) Account/Non-Resident (Ordinary) Account /Non-Resident (Non-Repatriable) Rupee Deposit and Resident Foreign Currency account schemes : I/We hereby undertake to intimate you about my/our return to India for permanent residence immediately on arrival. I/We further understand that on my/our return to India and my/our intimating you the same. my/our FCNR Deposit will be converted into Rupees and thereafter account will be designated as resident account and if the deposit is kept for further term, interest will be payable on the Rupees deposit at the rate originally fixed. I/We agree that if the premature withdrawal is permitted at my/our request, the payment of interest on the deposit may be allowed in accordance with the prevailing stipulations laid down by Reserve Bank of India, Bank of India in this regard. I/We further understand that the interest payable on renewals will be at the applicable ruling rates on the date of maturity, and that the deposit receipt will be renewed on my/our presenting the matures receipt on the maturity date. You may at your option but at my/our risk and responsibility in all respect, appoint an agent, who shall be my/our agent to collect and the transmission of any cheque, bills, hundies or other instruments or share certificates or other documents or goods or the instruments received in exchange or payments thereof, and the advices and correspondence relating thereto, whether by post or otherwise and whether by land, sea or air or by telegram or cables shall be entirely at my/our risk and responsibility and any loss, damage or delay howsoever occasioned shall be on my/our account and be wholly borne by me/us.

Applicable to NRO A/C.

I/We undertake take that I/We shall not make available to any person resident in India foreign currency against reimbursement in rupees or in any other manner in India, I/We further undertake that in case of debits to the accounts for the purpose of investing in India and Credits representing sale proceeds of investments, I/We shall ensure that such investments/disinvestments would be covered by either general or special permission of Reserve Bank.

Signature of 1st Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant

Additional Information

CUSTOMER DETAILS		REMARKS
Customer Community Code		Hindu / Muslim / Sikh / Christians
Customer Status		Illiterate / Blind
Customer Group Code		Reliance Groups, Tata Group, etc ...
Permanent State Code		
Employer Tel. No. / Fax No.		
Credit Card Holder Y/N		Valid values –Y or N
If Y to above then	Expiry Date	
	Card Number	
Caste		OBC, BC, FC, OC etc.
Mother Tongue		
Business Assets Value		
Property Assets Value		
Investment Value		
Net Worth		
Deposits with other Banks (value)		
Liabilities Value		
Total Fund Based Advances Amount		
Total Non-Fund based Amount		
Does the customer's relative have an account with Bank of India		
If Y to above :	The Name of Relative	
	Relationship	
	Branch Code	
	Type of Account / Number	
NRI (PIO) Nationality		
NRI (PIO) Passport Number		
NRI (PIO) Passport Issue Date		
Passport Details – Issuing authority		
Passport Expiring Date		
Date when customer becomes NRI		
NRI Contact Relation Name		
Local Relation Address		
Local Relation City / PIN No.		
Local Relation State / Country		
Local Relation Phone No.		
NRI Country		
Account Details		
Employee Id (PF number if employee of the Bank)		
Sanction Level Code		Such as BM, CM, AGM etc.
Sanction Reference Number		Sanction Memo Ref. No.
Lien expiry date		For any type of Lien
Lien Reason		-do-
Lien Amount		-do-

“Form No. 60”

[See third provision to of rule 114B]
Form of Declaration to be field by a person who does not have either a
Permanent account number of General Index Register Number and who makes
payment in cash in respect of transaction specified clauses (a) to (h) of rule 114B/

1. Full Name and address of the declarant _____

2. Particulars of transaction
3. Amount of transaction
4. Are you assessed to tax / Yes / No.
5. If Yes,
(i) Details of Ward / Circle / Range where the last return of income was field ?
(ii) Reasons for not having permanent account number / General Index Register Number ?
6. Details of the document being produced in support of address in column (i)

Verification

I, _____ do hereby declare that what is state
above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____ 20 _____

Date : _____

Place : _____

Signature of the declarant

Instruction :

Documents which can be produced in support of the address are :

- (a) Ration Card
- (b) Passport
- (c) Driving Licence
- (d) Identity Card issued by institution
- (e) Copy of the electricity bill or telephone bill showing residential address.
- (f) Any document or communication issue by any authority of Central Government.
State Government of local bodies showing residential address.
- (g) Any other documentary evidence in support of his address given in the declaration.

APPENDIX V

(PARAGRAPH 50.2)

Mandate Letter.

To,
Bank of India,
_____ Branch.

Date : _____

Dear Sirs,

Re : Current / Saving Bank Account No. _____

In the name (s), of _____

I / We have given my / our authority to Mr. / Mrs. / Miss _____
to draw and sign cheques on my / our Current / Saving Bank Account with you whether the same is in credit or
otherwise; and to endorse cheques, drafts, bills of exchange, hundies, dividend warrants and interest coupons
payable to me / us and to accept bills of exchange or hundies drawn upon me / us and I / we hereby acknowledge
and hold myself / ourselves liable thereon. In the same way as if signed by my self / ourselves.

You may treat this authority is continuing until I / we give you notice to the contrary in writing.

Yours faithfully,

Mr. / Mrs. / Miss _____

will sign as _____

WITNESS _____

(signature and address)

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 _____

(Name & Address)

nominate the following person to whom in the event of my/our/minor's death the amount of the deposit in the account, particulars whereof given below, may be returned by Bank of India, _____ Branch.

Nature of Deposits	Distinguishing No.	Additional details, if any	Name of Address of Nominee
Relationship with Depositor, if any	Age	If nominee is minor, Date of Birth	

As the nominee is a minor on this date I/We appoint _____ to receive the amount of the deposit in the account on behalf of the nominee in the event of my/our/minor's death the minority of the nominee.

Place : _____ Date : _____	Signature(s) thumb impression of Depositor(s)
	Signature of witness(es)

Where deposit is made in the of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

Strike out if nominee is not a minor
 Thumb impression(s) shall be attested by two witnesses.

ACKNOWLEDGEMENT

Received on _____ nomination form no. DA-1 for making nomination
 from _____ in respect of _____

(Name of Deposit Holder/s)
(Name of the Account)

Deposit Account No. _____ Date : _____	For BANK OF INDIA Authorised Signatory
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