



Branch Name:	
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ACCOUNT OPENING FORM

(Applicable for Savings Account, Current Account and Term Deposits) for Resident Individuals

(PLEASE FILL UP THE COMPLETE APPLICATION FORM IN BLOCK LETTERS) / Please tick (${\color{orange} oxdot}$) wherever applicable.

Customer Category: Individual *Minor Others, Please specify	
Choice of Account: ☐ Savings Account ☐ Basic Savings Bank Deposit A/c ☐ Others, Please specify	☐ Current Account ☐ Term Deposit
Purpose of account opening	
Savings Business Purpose Cross border Investme	ents Income Loan Funding
Documents Required Valid Indian Passport Voter's Identity Card (showing current residential address) Identity card issued by Mini stry of Defence to its employees Photo Mark sheet/Certificate of issued by any examination board/university stating I Address Proof (Bills that are not more than 3 months old) Valid Indian Passport Valid Registered/ Notarized Lease Deed Passbook containing Identity Proof (Any one) Valid Driving Licens PAN Card Valid Driving Licens PAN Card PAN Card Voter's Identity Card Voter's Identity Card Valid Registered/ Notarized Lease Deed Passbook containing	(showing current residential address) Senior Citizen Card issued by Government Name, Photograph & date of birth/address Ration Card/ Household Card Bank Statement or Letter (Account/ Investment/ Credit Card) (not more than 3 months old)
(entries for last 3 month) (entries for last 3 month) (entries for last 3 month)	Notice/ Intimation for Tax or other levy issued by Government Department
Bill issued by a co-operative housing society Pension Payment Order/Book Card issued by Government A letter received from Tax Department (not more than 12 months old)	PAN Allotment Letter
Other Mandatory Documents PAN Card / PAN Intimation Letter / GIR No. / For	orm 60 One photograph of each applicant
Existing customer Yes No If yes, mention A/c No.	
Details of First Applicant /Minor Title Mr./ Mrs./ Ms./ Dr. (Please select as appropriate)	
Full Name First Middle	Surname
Current Residence Address	
C t y	
Permanent Address	
Off. Address	
Oli, riddiess	Plincod
Residence Phone Office Phone M	Nobile
Mailing Address Residence Permanent Office Landmark for Mai	iling Address
Email ID Gender	Nationality
Date of Birth D D M M Y Y Y Marital StatusPAN/GIR No. (Please fill for	orm 60 if PAN not available)
Father's Name Name of Guardian (in case of M	Ainor fill details of Guardian)
Country of Residence	
Educational Qualification Graduate Post Graduate	Others (Please specify)
Occupation Salaried Self-Employed Retired House	
	oprietor
Partnership Others (Please specify)	<u>'</u>





if Salaried:													
Name of Employer/ Company		_ Job Title / L	Designation _		Workin	g since _				_			
Employers Nature of Business	Manufactui	ring	Service P	rovider	A	\gricultu	ire			Rea	l Esta	te	
	Trader		Others (P	lease speci	fy)								
If Self-Employed / Professio	nal:												
Nature of Business	Manufactui	ring	Service P			Agricultu				Rea	l Esta	te	
	Trader		Others (P	lease speci	fy)								
Business Activity			_										
Name of Legal Entity													
Related Industry													
Location/Address of the business													
Business since	Company's	website											
Further details if customer is Retired	d, Housewife, Une	mployed or	Student										
Source of funds & financial	information:												
			Fating 11 1	om, -±l- · ·		col -:	· · · · ·						
Estimated annual income (Local currer Source of other income						cai curre	ency)						
Source/s of Income	Investment	Bonus	Parents	□ Se	lling assets		oan						
Ongoing Funds	Selling property												
*Only a natural guardian/ lawful gua is the father.	rdian appointed by	y court can o _l	pen an accou	ınt on beha	alf of a min	or. A na	tural	guai	rdiar	n in	first i	nsta	nce
Details of Second Applicant/ C	Guardian*												
Personal Information													
Existing customer Yes No If yes, mention	A/c No.												
Title Mr./ Mrs./ Miss/ Dr. (Please selec	t as appropriate)												
Full Name First		M	i d d	е		S	u r	n	a	m	е		
Residence Address													
City								Р	i		C O	d	
Permanent Address													
City													
Off. Address													
City													
Residence Phone	Office Pho	ne		Mol	bile								
Mailing Address Residence	Permanent	Office	Landmar	k for Mailin	ıg Address		Щ						
Email ID			Ger	nder		Nationa	lity						
Date of Birth DDMMYYYY	Marital Status _		PAN/GIR No	(Please fill form 6	60 if PAN not avai	lable)							
Father's Name		N:	ame of Guar	dian (in case of	f Minor fill detail	ls of Guardia	ın)						
Country of Residence													
Educational Qualification	Graduate	Po	st Graduate		Others (Ple	ase spe	cify) _						
Occupation Salaried	Self-Employed	Re	tired	Housewif	e	Stud	ent			Une	emplo	yed	
Professional (S	Such as Doctor, Lawy	er, Bankers, Te	acher etc.)	Othe	ers (Please	specify)							
Organisation MNC	Pvt. Ltd.	Pu	ıb. Ltd.	Prop	rietor								
Partnership	Others (Please	e specify)											





If Salaried:				
Name of Employer/ Company	Job Ti	tle / Designation	Working since	
Employers Nature of Business	Manufacturing	Service Provider	Agriculture	Real Estate
	Trader	Others (Please spec	cify)	
If Self-Employed / Profession	ıal:			
Nature of Business	Manufacturing	Service Provider	Agriculture	Real Estate
	Trader	Others (Please spec	cify)	
Business Activity				
Name of Legal Entity				
Related Industry				
Location/Address of the business				
Business since	Company's website			
Further details if customer is	Retired, Housewife	e, Unemployed or St	udent	
Source of funds & financial i	nformation:			
Estimated annual income (Local curren Source of other income	• •	•	, , , , , , , , , , , , , , , , , , , ,	
Ongoing Funds	Selling property C		f of a minor. A natural gu	
			_	
Term Deposit Details: Amount		Simple	Compound	
Period: Years Month _ Maturity instructions*	Days	Interest Rate:	70 p.a.	
Auto Rollover (same period)	Credit interest to	my/our Barclays A/c No	and ren	ew Principal Amount
Credit maturity proceeds to my/	our Barclays A/c No		Others, please specify	
Deduct TDS Yes No (15 H	H/15G form enclosed)			
a) Part withdrawal of TD not applicab instructions is not given then the fixed depositor with no pre-mature penalty' applicable saving bank rate. In case of period of the contract, the bank will det	deposit will be auto rolled '. in absence specific instruc automatic renewal, if the c	l over. "Pre-mature withdrawa ctions on completion of the Te deposit is prematurely closed	al of deposits is allowed in rm of automatic renewal,	event of the death of the interest will be paid at the
Mode of A/c operations: (Please	se tick as applicable)	Single Jointly B	y All Either Or :	Survivor
		Any other, please specif		



Initial payment details:						
Amount						
Cash to be deposited at the Bran	ch only					
Transfer from Barclays A/c No		Chequ	e No	_ Dated		
Other Bank Cheque No	Bank		Branch	_ Dated		
International wire transfer	Bank		Branch	Dated		
Local wire transfer	Bank		Branch	Dated		
Source of initial funds						
Income Bonus	Investments Parents	Selling Assets	Loan Relatives	Selling Property		
Others: please specify						
Channel Registration: In case of Other conditions which are present. I/ We wish to apply for the following s		ies are given only if the o	perating mandate is ei	ther or survivor.		
Domestic Debit Card (Only Dom	estic transactions are allowed o	on this card)				
1st Applicant		2nd Applicant				
International Debit Card (Both D	omestic & International transac	tions are allowed on this	card)			
1st Applicant 2nd Applicant						
SMS Alerts		2 - d A l' + A A	- lett - Ki -			
1st Applicant Mobile No		Zna Applicant Mi	obile No			
1st Applicant Signature		2nd Applicant Sig	nature			
Passbook/ Statement option	- Please tick one of the following	ng: (If you wish for a Phys	ical Statement)			
	sit our branch to collect free mo ur mailing address.	nthly statements. You wi	l also get free quarterl	y statements delivered at		
Quarterly Statements- Fre	ee quarterly statements delivere	d to the mailing address.				
Passbook- Ple	ease visit our branch to collect/u	update the same.				
MINOR DECLARATION I hereby declare that the date of birth is _ lawful guardian appointed by the court of description in the above account until the transaction made by me in his / her acco	order dated (co ne said minor attains majority. Ti	py enclosed). I shall repre	esent the said minor in a	n his/ her natural guardian/ all future transactions of any e minor for any withdrawal/		
Signature of Guardian						





NOMINATION FORM - FORM DA 1

(Nomination under sections 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of Banking Companies (Nomination) Rules, 1985 in respect of bank deposits)

	I/We (name in block letters and	address of the applicants)
Account Number	Name	Address
Nominate the following pers returned by Barclays Bank Pl		s death the amount of the deposit in the above account may be
	DETAILS OF THI	NOMINEE
Name Mr./ Mrs./ Miss	Address	Relationship with Depositor (if any) Age Date of birth
In the event the nominee is Residing at	a minor on this date, I/we appoint Mr./ M	s./ Mrs
		to receive the amount of
the deposit on behalf of the no	ominee, in the event of my/ our/ minor (deposi	t holder's) death during minority of the nominee
Date D D M M	Y Y Y Place	
Signature		Signature
×		8
*Note: Only an individual car	be nominated.	
Where deposit is made in th	ne name of a minor, the nomination should b	be signed by a person lawfully entitled to act on behalf of the minor
Declaration (in case nomina	ition facility is not required)	
		ance of the nomination facility offered by the bank under the
prevailing law. However,	I/we have decided to open the account with	out the normination facility.
Signature		
8		
Signature		
× ·		



Agreement and Authorisation

By signing this application, you, as individual(s) in your own capacity, or as a karta of a huf, or as a partner/ authorised signatory of a partnership firm, a company, a trust, a society, or an entity, as the case may be, named in this application form-

1) Understand that you are applying to us, a branch of Barclays Bank PLC for banking services, which includes but are not limited to opening of saving/current/term deposit account and operation thereof through various channels including but not limited to ATM, debit card, internet banking, (collectively referred to as "banking services") and such other banking services as made available by us from time to time;

2) Confirm that you have read, understood and agree to the terms and conditions and schedule of charges applicable to the banking services applied for or availed of by you. In case you, hereinafter, apply for or avail of banking services, you confirm that you will read, understand and accept the terms and conditions and schedule of charges applicable thereto before applying for or availing of such banking services; 3) Understand and agree that we may amend or alter the terms and conditions and schedule of charges referred above and hereinafter, from time to time and you undertake to access our website at www.barclays.in and keep yourself updated before every operation of the account; 4) Confirm that you are duly authorised to sign this application and give the authorisation/confirmation/acceptance as stated herein; 5) Confirm that any details you have supplied are true and complete. You also agree to provide any information/documents that we may require from time to time; 6) Agree and accept that we may need to share or transfer data or information about you to any third party service provider, Barclays group companies or affiliates, whether located overseas or in India, who provide services to us in connection with the operation of our business. Any such sharing or transfer of information will be done strictly on a confidential basis and we will endeavour to maintain strict confidentiality of such information. However, we or such third party service providers, whether located in India or overseas, may disclose information if required or permitted by law, rules or regulations or at the request of any public or regulatory authority or if such disclosure is required for the purposes of preventing fraud. 7) Agree and authorise us to exchange, share or part with all the information, data or documents relating to your application and account to banks/financial institutions/credit bureaus/agencies/statutory bodies/such other persons as we may deem necessary or appropriate as may be required for use or processing of the said information/data by such person/s or furnishing of the processed information/ data/products thereof to other banks /financial institutions /credit providers/users registered with such persons and shall not hold us liable for use of this information. 8) In case of account(s) held jointly, authorise us to issue the statement of account(s) to the first account holder; 9) In case of account(s) held jointly, agree that we rely onand update your records using the information furnished by any one of you about the other; 10) Agree to be jointly as well as severally liable for all monies owed to us and the operation of the account(s); 11) Agree that we may accept or reject your application at our sole discretion and if accepted, the account(s) will only be opened in India; 12) Agree and understand that we will retain the application forms, and the documents provided therewith, including photographs, and will not return the same to you irrespective whether your application is accepted or rejected; 13) Authorise us to debit your account(s) for all charges, fees payable by you to us without any further confirmation from you; 14) Agree that any modification to the mode of operation in your account will be effected by us and be effective only if authorised in writing or such other means acceptable to us, by all the joint holders to the account(s); and 15) Notwithstanding whatever is stated above, understand and agree that we may at our sole discretion and after giving you a notice of atleast 15 days; discontinue close the account(s) and/or discontinue all or some of the banking services completely or partially in respect thereof. 16) Reversal of salary credits: You hereby irrevocably and unconditionally authorise the Bank to, on request of your employer/ company, recover by marking hold funds/ debiting/ reversal of credit, any amount credited by and/or on the instructions of the employer/company into your account, with notice to me. You confirm that the Bank will not be held responsible and liable for any such hold funds/ debit/reversal of credit carried out by the bank 17) Closure of salary accounts: I acknowledge that my account has been opened with the bank by virtue of my employment with the employer/company and is designated as the "Salary Account". You understand that pursuant to the arrangement between the employer/company and the bank, as the sole discretion of the Bank you may be entitled for certain facilities on the salary account only during the currency of your employment with the employer/company and the bank. You shall notify the Bank cessation of services with the employer/company. You hereby agree that the Bank may as its sole and absolute discretion discontinue any of Banking Services completely or partially on the salary account & close the salary account if noticed that no amounts are credited by and/or on the instructions of the employer/company to the salary account for atleast 2 consecutive months or in the event of you ceasing to be in the services of the employer/company for any reason whatsoever. The words "the employer/company" refers to the entity with whom you are employed and on whose request the salary account is opened with the bank. 18) If the salary is not credited in the account for two consecutive months then the accounts may be reclassified at the sole discretion of the Bank and you will need to maintain an AQB as decided by the Bank from time to time. 19) Period of inoperation of the account would render your account being classified as dormant/ inoperative account. 20) We will intimate you, on commencement of the account and after a particular period, you will be re-intimated, if your account has been rendered inoperative due to in activity. 21) In the event of the death of the depositor, premature termination of term deposits would be allowed. Such premature withdrawal would not attract any penal charge. 22) Code of Commitment – We will tell you when you open your account, what period of inoperation of the account would render your account being classified as dormant/inoperative account.

Photograph/ Signature Details (Applicant/ Guardian to sign in Boxes)

Photo of Sole/ First Applicant/ Minor	Signature of Sole/ First Applicant Date:
Photo of Second	Signature of Second Applicant/ Guardian
Applicant/Guardian	Date:



FORM No. 60 (First Applicant)

(See third provision of rule 114B)

Form of declaration to be filled by a person who does not have either a Permanent Account Number or General Index Register Number and who makes payment in cash in respect of transaction specified in clauses (a) to (h) of rule 114B.

1. Full Name and address of the declarant
2. Particulars of transaction
6. Details of the document being produced in support of address in column (1)
VERIFICATION
I, do hereby declare that what is stated above is true to the best of my
knowledge and belief. Verified today, theday of 20 Date Place
Signature of the Primary Applicant
FORM No. 60 (Second Applicant/Guardian) (See third provision of rule 114B) Form of declaration to be filled by a person who does not have either a Permanent Account Number or General Index Register Number and who makes payment in cash in respect of transaction specified in clauses (a) to (h) of rule 114B.
1. Full Name and address of the declarant
2. Particulars of transaction
VERIFICATION
I, do hereby declare that what is stated above is true to the best of my
knowledge and belief. Verified today, theday of 20 Date Place
Signature of the Secondary Applicant



BARCLAYS	Acknowle
We have received the nomination from Mr./Ms	om Mr./Ms
for their account Number	
Date D D M M Y Y Y	\prec

(In case of new account please mention New Account)

edgement for Registration of Nomination

Application No.

Bank Officer's Signature

Note: In the event we are unable to Register nomination details for some technical or want of information we shall inform you of the same. For queries Email us at customerservices@barclays.com



For Office use only						`
Mandatory Requirem	ents					
Account Number						
Customer ID (CIF)					Date of profile creation _	
What is your assessment	on average ba	lance that the	customer is e	pected to ma	intain (reasonable range)? _	
PEP status Yes	No					
Is this customer, an Ultim If above is NO, then in wh Expected monthy tra	nat capacity is	he/she acting	on behalf of th			
Transaction types	Total Tran	saction	Total tran		Description/Geographic	Description/Geographic
	Am Credits	ount Debits	Co Credits	unt Debits	for credit transaction	for debit transaction
Cash						
Cheques						
International Transfers						
Local transfers						
Expected Totals						
Countries where customer has any transaction link						
KYC Compliance Nan Verified by:	ne				ID	
Sign	nature				Date	
Approved by: Name					ID ID	
Sigr	nature				Date	