



AOF

Account opening form

Branch		Branch Code						Cust Id								
		Account No.														
Savings	Saving Plus	Current	Current Plus		Short Deposit		Fixed Deposit		Over Draft		Cash Credit					
Double Benefit Deposit		Recurring Deposit		Floating Rate Deposit		Monthly Income Certificate		Quarterly Income Certificate		Other						

The Branch Manager, Bank of India Date

D	D	M	M	Y	Y	Y	Y
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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/NAME OF THE A/C											TAN/PAN NO. (IN CASE OF LIMITED COMPANY)																			
	1ST APPLICANT/PROP/DIRECTOR/PARTNER										2ND APPLICANT/ DIRECTOR/PARTNER										3RD APPLICANT/DIRECTOR/PARTNER									
FIRST NAME																														
MIDDLE NAME																														
SURNAME																														
PAN NO.																														
DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y						
RELATIONSHIP WITH 1ST APPLICANT	-																													
SEX	MALE		FEMALE		MALE		FEMALE		MALE		FEMALE		MALE		FEMALE		MALE		FEMALE		MALE		FEMALE							
PERMANENT ADDRESS																														
CORRESPONDENCE ADDRESS (LANDMARK, IF ANY)																														
TELEPHONE HOME																														
TELEPHONE OFFICE																														
MOBILE NO.																														
EMAIL ADDRESS																														
SERVICES REQUIRED	<input type="checkbox"/> ATM		<input type="checkbox"/> INTERNET BANKING		<input type="checkbox"/> MOBILE BANKING		<input type="checkbox"/> STAR SANDESH FACILITY		<input type="checkbox"/> CHEQUE BOOK																					
NOMINATION FACILITY	<input type="checkbox"/> REQUIRED		<input type="checkbox"/> NOT REQUIRED		*IF REQUIRED PLEASE COMPLETE NOMINATION FORM																									
DECLARATION/UNDERTAKING BY APPLICANT (S): I/we confirm that I/we am/are resident(s) of India. I/we confirm having received, read and understood the accounts rules and hereby agree to be bound by the terms & conditions outlined in these which govern the account(s) which I am opening with the Bank of India and amendments there to be made from time to time will be binding on me/us and those relating to various services offered by the bank when displayed by the bank on its notice board or on its website including but not limited to ATM card/internet banking/Mobile Banking and other facilities listed in this form. I agree that changes fromtime to time in the Bank's rules relating to my/our different account and/or other services would be made available to me/us on the Bank's website. I/we declare that the transaction in the account will be made from my legitimate sources only and the account will not be used for any other purpose contrary to law. I/we agree that 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 transaction to detect early frauds, if any, committed by my/our agent/employee. I/we hereby declare that the information furnished above is true and correct to the best of my knowledge.																														
1ST APPLICANT/PROP/DIRECTOR/PARTNER										2ND APPLICANT/DIRECTOR/PARTNER										3RD APPLICANT/DIRECTOR/PARTNER										
Please affix passport size photo										Please affix passport size photo										Please affix passport size photo										
MANDATE FOR ACCOUNT OPERATION <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"/> Other																														
SIGNATURE OF 1ST APPLICANT										SIGNATURE OF 2ND APPLICANT										SIGNATURE OF 3RD APPLICANT										
VERIFIED BY: _____ APPROVED BY: _____ PLACE: _____ DATE: _____																														



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INTRODUCTION BY EXISTING BANK OF INDIA CUSTOMER: (In case of CD A/c / No-frill A/c / Less KYC Compliant)	
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. _____ since last _____ months/years and confirm his/her/their identity, occupation/business and address stated in this application to open the account.	
<div></div> <div>NAME: _____</div>	<div></div> <div>SIGNATURE OF INTRODUCER</div>
CUST ID <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	A/C NO. <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
FOR BRANCH USE: LETTER OF THANKS SENT TO INTRODUCER/CUSTOMER ON _____ INTRODUCER CONTACTED ON _____	

IN CASE OF A MINOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF ATTAINING MAJORITY: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
NAME OF PARENT/ NATURAL GUARDIAN <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	DECLARATION BY THE GUARDIAN: I hereby declare that the date of birth <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> of the minor who is my _____ and I am his/her natural guardian. I indemnify the bank against the claim of the above minor for any withdrawal/transactions made by me in his/her account.
ADDRESS OF GUARDIAN <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>

[illegible]

FORM NO. 60/61 (DECLARATION TO BE FILED BY A PERSON NOT HAVING EITHER A PAN AND WHO INTENDS TO MAKE CASH DEPOSIT IN RESPECT OF TRANSACTION SPECIFIED)			
1. FULL NAME AND ADDRESS OF THE DECLARANT (TO BE SUPPORTED BY PASSPORT/RATION CARD/DRIVING LICENSE ETC.) <div style="height: 40px;"></div>			
2. DETAILS OF THE DOCUMENT PRODUCED IN SUPPORT OF ADDRESS <div style="height: 40px;"></div>			
3. TRANSACTION PARTICULARS: OPENING OF _____ A/C		4. AMOUNT TRANSACTION: _____	
5. ARE YOU ASSESSED TO TAX? <input type="checkbox"/> YES <input type="checkbox"/> NO BEING AGRICULTURIST/INCOME BEING NOT CHARGEABLE TO IT		6. IF YES, DETAILS OF INCOME TAX WARD/CIRCLE/RANGE: 7. REASON FOR NOT HAVING PAN NUMBER: _____	
Declaration by a person having agriculture 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) SIGNATURE OF AGRICULTURIST:		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 DD MM 20 YY PLACE: _____ SIGNATURE: _____	

[illegible]

ACKNOWLEDGEMENT OF NOMINATION															
NOMINATION RECEIVED & REGISTERED ON:										CUSTOMER ID					
Authorised Signatory										ACCOUNT NO					

OCCUPATION	MONTHLY INCOME
<div><input type="checkbox"/> SALARIED</div> <div><input type="checkbox"/> SELF-EMPLOYED/PROFESSIONAL</div> <div><input type="checkbox"/> BUSINESS</div>	<div><input type="checkbox"/> UP TO ₹20,000</div> <div><input type="checkbox"/> ₹20,001 TO ₹50,000</div>
<div><input type="checkbox"/> STUDENT</div> <div><input type="checkbox"/> AGRICULTURE</div> <div><input type="checkbox"/> UNEMPLOYED</div>	<div><input type="checkbox"/> ₹50,001 TO ₹1 LAC</div> <div><input type="checkbox"/> ₹1,00,001 TO ₹5 LAC</div>
<div><input type="checkbox"/> GRAM SABHA</div> <div><input type="checkbox"/> EDUCATIONAL INSTITUTION</div> <div><input type="checkbox"/> TRUST</div>	<div><input type="checkbox"/> ₹5,00,001 AND ABOVE</div>
<div><input type="checkbox"/> GOVERNMENT DEPARTMENT</div>	
IF SELF-EMPLOYED:	COMMUNITY:
<div><input type="checkbox"/> DOCTOR</div> <div><input type="checkbox"/> LAWYER</div> <div><input type="checkbox"/> C.A.</div> <div><input type="checkbox"/> ENGINEER</div> <div><input type="checkbox"/> OTHERS</div>	<div><input type="checkbox"/> HINDU</div> <div><input type="checkbox"/> MUSLIM</div> <div><input type="checkbox"/> CHRISTIAN</div> <div><input type="checkbox"/> SIKH</div> <div><input type="checkbox"/> BUDDHISM</div> <div><input type="checkbox"/> OTHERS</div>

EDUCATION:	<input type="checkbox"/> Non-Graduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Others	
DO YOU HAVE AN ACCOUNT IN ANY OTHER BRANCH(ES) OF OUR BANK? IF SO, PLEASE FURNISH DETAILS:					
NAME OF THE BRANCH		TYPE OF ACCOUNT		ACCOUNT NO.	
1.					
2.					
3.					
DO YOU HAVE AN ACCOUNT IN ANY OTHER BANK? IF SO, PLEASE FURNISH THE DETAILS:					
NAME OF THE BANK		TYPE OF ACCOUNT		ACCOUNT NO.	
1.					
2.					

EMPLOYMENT DETAILS	
EMPLOYER NAME:	DESIGNATION:
	WORKING SINCE:

ASSETS VALUE IN LAC:					
RESIDENCE OWNERSHIP: ANCESTRAL OWNED RENTED EMPLOYERS					
LIFE INSURANCE: <input type="checkbox"/> < 1 LAC <input type="checkbox"/> 1 LAC TO < 2 LAC <input type="checkbox"/> 2 LAC TO < 5 LAC <input type="checkbox"/> > 5 LAC					
CREDIT CARD: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH CARD: <input type="checkbox"/> BOI <input type="checkbox"/> OTHERS					
MUTUAL FUNDS <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH MUTUAL FUND: <input type="checkbox"/> BOI <input type="checkbox"/> OTHERS					
OWNERSHIP OF VEHICLE: <input type="checkbox"/> FOUR WHEELER <input type="checkbox"/> TWO/THREE WHEELER <input type="checkbox"/> NONE					
OTHER INVESTMENTS: <input type="checkbox"/> < 1 LAC <input type="checkbox"/> 1 LAC TO < 2 LAC <input type="checkbox"/> 2 LAC TO < 5 LAC <input type="checkbox"/> > 5 LAC					
EXISTING CREDIT FACILITIES, IF ANY					
AUTO LOAN		<input type="checkbox"/> Y	<input type="checkbox"/> N	HOUSING LOAN <input type="checkbox"/> Y <input type="checkbox"/> N PERSONAL LOAN <input type="checkbox"/> Y <input type="checkbox"/> N	
LOAN AGAINST SHARES		<input type="checkbox"/> Y	<input type="checkbox"/> N	EDUCATION LOAN <input type="checkbox"/> Y <input type="checkbox"/> N LOAN AGAINST GOLD <input type="checkbox"/> Y <input type="checkbox"/> N	
AGRICULTURE LOAN		<input type="checkbox"/> Y	<input type="checkbox"/> N	BUSINESS LOAN <input type="checkbox"/> Y <input type="checkbox"/> N OTHERS	

