



Account opening form

Branch					CII CO								Just ic	1														
Savings				Account No. Current Current F				Plus	Plus Short Deposit						F	Fixed Deposit					Over Draft (Cas	Cash Credit		
			Recurring Deposit									M	Monthly Income Certificate				Quarterly Income Certificate					Other						
The Branch Manager, Bar	nk of India																			D	ate							
/we request you to open			ac	count	with y	ou for	which I	/We ii	nitiall	y dep	osit	Rs.				_ (F	Rupee	s										
only) by Cash/cheque on												(Bank)					готг		NOT								(DATE)
BUSINESS ACTIVITY:																		ESTE										(DATE)
TITLE/NAME OF THE A/C																	TAN	/PAN N	10. ((IN (CASE	∃ OF	LIM	ITED	COI	MPAN	۹Y)	
FIRST NAME	1ST APPI	LICANT/	/PROF	P/DIRE	ECTOR	R/PAF	RTNER		2ND	APPL	_ICA	ANT	DIRE	CTO	OR/P/	ART	NER		3F	RD A	\PPL	.ICA	NT/E)IRE	CTO	R/PA	RTN	≣R
MIDDLE NAME																												扣
SURNAME																												
PAN NO.																												\pm
DATE OF BIRTH	D D	M	VI	Υ	ΥΥ	Υ		D	D		M	M	Υ	'Υ	Ϋ́	Υ			DI	D	N	/I IV	VI	Y	Υ	Υ	Υ	
RELATIONSHIP WITH	1ST APPL	ICANT		-																								
SEX	MALE		FEI	MALE					MA	LE			FEMA	LE					N	ИAL	E		FI	EMAI	LE			
PERMANENT ADDRESS																												
CORRESPONDENCE ADDRESS (LANDMARK, IF ANY)																												
TELEPHONE HOME																												
TELEPHONE OFFICE																												
MOBILE NO.																												
EMAIL ADDRESS																												
SERVICES REQUIRED		ATM		INTE	RNET	BAN	KING		MC	BILE	BAI	NKII	NG		ST	AR S	SAND	ESH F	ACII	LITY	,		CH	EQU	E BO	OK		
NOMINATION FACILITY	,	RFQI	UIRED)	NO.	T RF(QUIRED	*IF	RFC	JUIRE	-D F	PI F	ASF C	OM	PI F1	ΓFΝ	IOMIN	IATION	I FO	RM								
DECLARATION/UNDER I/we confirm that I/we am/are account(s) which I am opening on its notice board or on its w my/our different account and/ not be used for any other pur debit my account for service of frauds, if any, committed by m 1ST APPLICANT/PR	resident(s) of youth the Bai rebsite includer other servingose contrar sharges as a dy/our agent/e	of India. I/nk of India.	we contain and anot limite be mad we agree from time l/we had a properties of the contains and the contains	firm ha nendme d to AT de avail ee that ne to tin ereby d	ving recents the M card/lable to it bank mne. I/we	re to be interned me/us of ay at it will tall	e made fro et banking on the Bar s absolute ke every o informatio 2ND A	om time //Mobil nk's we e discretare to on furni	e to time Bandebsite. etion of keep ished a	ne will I king ar I/we de disconti the che above i	be bind otheclare inue eque is tru	inding ther fare that any is Boo ie and TOR	on me acilities t the tra of the s k in my d correct	/us and lister ansac ervice /our set to the TNE	nd tho d in th tion in es con safe cu ne bes	se re is for the a nplete ustod	lating to m. I ag account ely or p y. I/we	various ree that will be r artially w will also rledge.	s serv t char made vithou keep	rices nges from ut any wate	offered fromtion my le y notice ch on	d by to the to register the d	the ba time tate so me/us lay to	nk who in the ources I/we day tra	en dis e Bank only a agree	splayed k's rule and the that the tion to	d by the es relate according to detection.	e bank iting to unt will nk may
MANDATE FOR ACCOL	JNT OPEF	RATION	S	Single	(Self o	opera	ted)	Eitl	her o	r surv	ivor	r	For	rmer	or S	urviv	vor	Any	/one	e or s	surviv	vor		Join	tly by	/ all		Other
SIGNATURE	OF 1ST A	PPLICA	NT				SIG	SNAT	URE	OF 2	ND.	APF	PLICA	NT					SI	GNA	ATUR	≀E O)F 3F	d AF	PPLIC	CAN	Γ	
VERIFIED BY:			APF	PROV	ED BY	′ :							PLA	CE.								DAT	ſΕ:					





Authorised Signatory

Account opening form

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.											
NAME:	SIGNATURE OF INTRODUCER										
CUST ID A/C NO.											
A/C NO.											
FOR BRANCH USE: LETTER OF THANKS SENT TO INTRODUCER/CUSTOMER OF	NINTRODUCER CONTACTED ON										
IN CASE OF A MINOR: YES NO	DATE OF ATTAINING MAJORITY: D D M M Y Y Y Y										
NAME OF PARENT/ NATURAL GUARDIAN DE	DECLARATION BY THE GUARDIAN:										
is cla	hereby declare that the date of birth DDDMMMYYYYY of the minor who my and I am his/her natural guardian. I indemnify the bank against the laim of the above minor for any withdrawal/transactions made by me in his/her account.										
ADDRESS OF GUARDIAN											
	SIGNATURE OF GUARDIAN										
	SIGNATURE OF GUARDIAN										
TERM DEPOSIT											
AMOUNT (in Rs.) PERIOD	INTEREST FREQUENCY (Tick any one)										
MATURITY INCTRUCTIONS (Tal. and and											
MATURITY INSTRUCTIONS (Tick any one) AUTO RENEW PRINCIPAL & INTEREST REPAY PRINCIPAL & INTEREST REPAY PRINCIPAL & INTEREST POST COURIER NOT REQUIRED											
AUTO RENEW PRINCIPAL & INTEREST REPAY PRINCIPAL & RENEW INTEREST POST COURIER NOT REQUIRED AUTO RENEW PRINCIPAL & PAY INTEREST REPAY PRINCIPAL & RENEW INTEREST											
In the absence of specific instructions, Term deposit will be automatically renewed on the same Terms and conditions, at rates prevailing at the time of renewal.											
PAYMENT INSTRUCTIONS (Tick any one) ISSUE DD/PAY ORDER TO MAILING CREDIT TO ACCOUNT NO.	GADDRESS										
CREDIT TO ACCOUNT NO.											
FORM NO. 60/61 (DECLARATION TO BE FILED BY A PERSON NO T HAVING EITHE TRANSACTION SPECIFIED) 1. FULL NAME AND ADDRESS OF THE DECLARANT (TO BE SU PPORTED BY PASSED DETAILS OF THE DOCUMENT PRODUCED IN SUPPORT OF ADDRESS	SSPORT/RATION CARD/DRIVING LICENSE ETC.)										
	6. IF YES, DETAILS OF INCOME TAX WARD/CIRCLE/RANGE:										
5. ARE YOU ASSESSED TO TAX? YES NO BEING AGRICULTURIST/INCOME BEING NOT CHARGEABLE TO IT	F YES, DETAILS OF INCOME TAX WARD/CIRCLE/RANGE: REASON FOR NOT HAVING PAN NUMBER:										
Declaration by a person having agriculture Income only and no other income	Verification: I do hereby declare										
chargeable to IT I hereby declare that my source of income is from agriculture and I am not required to	that what is stated above is true to the best of my knowledge and belief. Verified, today, the day of _D _D _M _M _2 _0 _Y _Y										
pay IT on any other income (if any)											
SIGNATURE OF AGRICULTURIST: PLACE: SIGNATURE:											
NOMINATION (FILL FORM DA-1) NOMINATION UNDER SEC. 45ZA OF THE BANKI (NOMINATION) RULES, 1985 IN RESPECT OF BANK DEPOSIT.	NG REGULATION ACT, 1949 AND RULE 2(1) OF THE BANKING COMPANIES										
I/we nominate the following person to whom in the event of my/our/minor's death the	NAME & ADDRESS OF NOMINEE:										
amount 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./Mrsto receive the amount of deposit											
in the account on behalf of the nominee in the event of my/our/minor's death during	RELATIONSHIP:										
the minority of the nominee.	SIGNATURE OF DEPOSITOR:										
	GISTATIONE ST BET GOTTON										
IF NOMINEE IS MINOR, DATE OF BIRTH: D D M M Y Y Y Y											
NAME(S) AND SIGNATURE(S) OF TWO WITNESSES (IF THUMB IMPRESSION OBTAINED)											
ACKNOWLEDGEMENT OF NOMINATION											
NOMINATION RECEIVED & REGISTERED ON: D D M M Y Y Y Y	CUSTOMER ID										

ACCOUNT NO





Customer Profile Form

OCCUPATION	MONTHLY INCOME								
SALARIED SELF-EMPLOYED/PROFESSIONAL BUSINESS	UP TO ₹20,000 ₹20,001 TO ₹50,000								
STUDENT AGRICULTURE UNEMPLOYED	₹50,001 TO ₹1 LAC								
GRAM SABHA EDUCATIONAL INSTITUTION TRUST	₹5,00,001 AND ABOVE								
GOVERNMENT DEPARTMENT									
IF SELF-EMPLOYED:	COMMUNITY: HINDU MUSLIM CHRISTIAN								
DOCTOR LAWYER C.A. ENGINEER OTHERS	SIKH BUDDHISM OTHERS								
EDUCATION: Non-Graduate Graduate Post Graduate	Others								
DO YOU HAVE AN ACCOUNT IN ANY OTHER BRANCH(ES) OF OUR BANK? IF SO, NAME OF THE BRANCH 1	ACCOUNT NO.								
DO YOU HAVE AN ACCOUNT IN ANY OTHER BANK? IF SO, PLEASE FURNISH THE DETAILS: NAME OF THE BANK TYPE OF ACCOUNT ACCOUNT NO. 2									
EMPLOYMENT DETAILS									
EMPLOYER NAME: DESIGNATION:									
	WORKING SINCE:								
ASSETS VALUE IN LAC:									
RESIDENCE OWNERSHIP: ANCESTRAL OWNED RENTED	EMPLOYERS								
LIFE INSURANCE: <1 LAC 1 LAC TO < 2 LAC 2 LAC TO < 5 LAC > 5 LAC									
CREDIT CARD: YES NO IF YES, WHICH CARD: BOI OTHERS									
MUTUAL FUNDS YES NO IF YES, WHICH MUTUAL FUND: BOI OTHERS									
OWNERSHIP OF VEHICLE: FOUR WHEELER TWO/THREE WHEELER NONE									
OTHER INVESTMENTS: <1 LAC TO < 2 LAC TO < 5 LAC > 5 LAC									
EXISTING CREDIT FACILITIES, IF ANY AUTO LOAN Y N HOUSING LOAN Y N PERSO	ONAL LOAN Y N								
	AGAINST GOLD Y N								
AGRICULTURE LOAN Y N BUSINESS LOAN Y N OTHE									



Documents to be submitted for opening account

Any one document from each of the undernoted two columns for a photo-identity and proof of address of individual/karta/proprietor/partners/directors/trustees/anyone who has authority to operate the account:

Please attach self attested photocopy of identity proof and address proof and originals thereof will have to be produced for verification

PROOF OF IDENTITY	PROOF OF ADDRESS						
PAN CARD	RATION CARD						
VOTER ID CARD	ELECTRICITY BILL						
PASSPORT	TELEPHONE BILL						
AADHAAR CARD	GAS CONNECTION RECEIPT						
DRIVING LICENSE	BANK ACCOUNT STATEMENT						
ID FROM EMPLOYER (subject to bank's satisfaction)	LETTER FROM EMPLOYER (subject to bank's satisfaction)						
GOVT/DEFENCE CARD	LETTER FROM RECOGNIZED PUBLIC AUTHORITY						
LETTER FROM A GAZETTED OFFICER VERIFYING THE IDENTITY AND ATTESTING PHOTO AND ADDRESS							
JOB CARD ISSUED BY NREGA DULY SIGNED BY AN OFFICER OF THE STATE GOVT							
ADDITIONAL DOCUMENTS REQUIRED							
For all types of accounts Latest passport size photograph (including minor's parents or guardians) of individuals/proprietor/partners/directors/trustees/HUF members/karta etc.							

ADDITIONAL DOCUMENTS REQUIRED								
For all types of accounts	Latest passport size photograph (including minor's parents or guardians) of individuals/proprietor/partners/directors/trustees/ HUF members/karta etc.							
For residents in India	Proof of age in case of senior citizens							
For Proprietary concern	Declaration of proprietorship (available with branch) Any Two of the following documents Registration certificate in case of a registered concern Certificate/license issued by the Municipal Authorities under Shops and Establishment Act Sales and Income-tax returns CST/VAT certificate							
	Certificate/registration document issued by Sales Tax/Service Tax/Professional Tax authorities License issued by any registering authority like certificate of practice issued by the Institute of Chartered Accountants of India, Institute of Cost Accountants of India, Institute of Company Secretaries of India, Indian Medical Council, Food and Drug Control Authorities etc. Any Registration/Licensing document issued by the Central Government or State Government Authority/Department Importer Exporter Code issued to the proprietary concern by the office of the DGFT The above mentioned documents are in the name of the proprietary concern							
For HUF	Declaration of HUF and its Karta Joint HUF letter (CD-115) signed by the Karta and major co-parceners PAN allotment letter Identification and address proof of Karta and major co-parceners							
For Partnership firm	Partnership Letter (L-438) Registration certificate with a copy certified by the partners Identification and address proof of partners							
For Limited Company	Copy of PAN Certified copies of the following by the Chairman/Secretary/Director Certificate of incorporation Certificate of commencement of business Memorandum and Articles of Association Board resolution for opening and operating the account List of present directors List of the authorized signatories with their signatures Identification and address proof of directors/who have authority to open and operate the account							
For Club/Association/ Societies/School/ College etc.	Copy of PAN Certified copies of the following by the Chairman/Secretary Certificate of registration Memorandum of Association Rules, regulations, bye laws Committee resolution for opening and operating the account List of authorized signatories with their signatures Identification and address proof of Chairman/Secretary/President/who have authority to open and operate the account							
For Trusts	Copy of PAN Certified copies of the following by the Chairman/Managing Trustee Certificate of registration Trust deed Resolution for opening and operating the account signed by all the Trustees Any document listing the names of the trustees/settlers/beneficiaries List of the names of trustees with their signatures							