



BANK OF BARODA
(A GOVERNMENT OF INDIA UNDERTAKING)
HEAD OFFICE: MANDVI, BARODA, INDIA.
FOREIGN CURRENCY/RUPEE
FIXED DEPOSIT
ACCOUNT OPENING FORM
(FOR NON-RESIDENT INDIANS)

ACCOUNT No _____

Date: _____

NAMES & ADDRESSES

Please open an account as per details below:

Attested copies of Passport/s and photograph/s with signature at the back, attached.

(NAME OF APPLICANT)

1.FIRST _____

(MR./MS)

2.SECOND _____

(MR/MS)

3.THIRD _____

(MR/MRS)

Overseas Address.

CITY _____

STATE _____ COUNTRY _____

PIN/ZIP _____

TEL NO :

FAX NO:

E-mail :

Indian Address

CITY _____

STATE _____ COUNTRY _____

PIN/ZIP _____

TEL NO :

FAX NO:

E-MAIL :

Date of Birth (in case of minor) _____

Please Tick () mailing address. _____

Please Tick if we can e-mail you any articles, newsletters, New products.

**PASSPORT
DETAILS**

Applicant	Passport No.	Date of issue	Valid up to	Place of issue	Nationality	Present Occupation
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First

Second

Third

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DETAILS OF REMITTANCE

1. Demand Draft/MT/TT no. _____ for USD/GBP _____ on _____

2. Cash USD/GBP _____

3. Travellers cheque USD/GBP _____

4. NRE/FCNR/Account no. _____

5. Remittance Instructions (CLICK HERE) FOR HOW TO REMIT FUNDS TO YOUR ACCOUNT. SWIFT CODES OF OUR VARIOUS BRANCHES ARE GIVEN BELOW:

INSTRUCTIONS REGARDING INTEREST PAYMENT etc.

Please hold the deposit for _____ months and keep the deposit under _____ Please Tick

1. Reinvestment Plan _____
2. Half yearly Interest Plan and Credit interest to _____
3. Please keep the deposit Receipt in your safe custody free of charge. _____
4. Any other instruction _____

MODE OF OPERATION

1. Singly _____
2. Either or Survivor _____
3. Any one or Survivor _____

Depositor's Signature

1. _____
2. _____
3. _____

DECLARATION:

I/We hereby declare that I am/we are non-resident Indian(s) of Indian Origin. I/We understand that the above account will be opened on the basis of the statements/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 the deposit/s for any period after the date/s of maturity of the deposits/s. I/We agree to abide by the provisions of Foreign Currency (Non-Resident) account/Non-Resident (External) Account Scheme. I/We hereby undertake to intimate you about my/our return to India for permanent residence immediately on arrival. 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 /your Bank in this regard.

I/We authorize the bank to automatically renew the deposit on the due date for an identical period unless the instructions to the contrary from me/us is received by the bank before maturity. I/We further understand that the interest applicable on renewals will be at the applicable ruling rates on the dates of maturity and that the renewal will be noted on the deposit receipt on my/our presenting the same on the maturity date or later for renewal/payment.

I/We understand that the renewal will be in accordance with the provisions of the Reserve Bank of India/Bank in force at the time of renewal.

SPECIMEN SIGNATURE(S)

FULL NAME IN RUNNING HANDWRITING

SPECIMEN SIGNATURE

1. _____
2. _____
3. _____

- _____
- _____
- _____

VERIFICATION OF SIGNATURES

1. Authentication of signatures to be made by Bank/ Indian Embassy/ High Commission/ Consulate/Notary Public/person known to the Bank, or if you hold an account with our Bank there.

My/Our _____ A/c
No. _____

Above Signature(s) Verified/Passport(s) Particulars are authenticated/Photograph(s) attested.

Name/Signature of Person Verifying with rubber stamp. (Where applicable)

Place _____ Date _____

NOMINATION

NOMINATION FORM DA 1

Nomination under Sec. 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nominations) Rules, 1985 in respect of Bank deposits.

I/We _____

Name &
Address(es) _____

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

NATURE OF DEPOSIT DISTINGUISHING NUMBER ADDITIONAL DETAILS, IF ANY

Fixed Deposit in Foreign Currency Account No. Non Resident Account.

NOMINEE

Name Relationship with Age if nominee is a minor
 Depositors, if any years his/her date of birth

Address _____

As the nominee is a minor on this date, I/We appoint Mr/Mrs. _____

(Name, Address & Age)

to receive the amount of the deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee

* _____ *

Signature of Witness

+ Signature(s) of depositor(s)

Name & Address_____

_____Date_____

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FOR BRANCH USE ONLY

Particulars of Form DA1 entered in Nomination Register Sr. No._____

Dt._____

MANAGER
