

Branch:

Date: D | M | Y Y Y Y

Account No.

Branch ALPHA

Scheme Code

A horizontal timeline consisting of 20 empty square boxes. The 11th and 19th boxes from the left are filled with dark grey.

I/We request you to open my/our deposit account with your branch/bank as under: (Tick (✓) relevant type of account)

Type of Account	Scheme Name	Type of Account	Scheme Name
Savings Bank A/c		Term Deposit A/c	
Current A/c		Other A/c	

FULL NAME, in CAPITAL Letters (In the order of first, middle and last name, leaving a space between words)

M/F 1

TABLE 12. Mean scores (in the order of first, second and last minute, following a space between trials).

Date of Birth (dd/mm/yyyy)

SSN(if not available, please attach Form II -1040)

Customer ID(if any existing) 1

A diagram showing a 2x15 grid. The first column and the 14th column are shaded dark gray. The other 13 columns are white.

1	Occupation *	Status **	Annual Income (in Dollars.)	Relationship with 1 st applicant	Nationality	Father's / Husband's Name
2						
3						

* Please choose from the following:

Please choose from the following:						
Salaried	Self Employed	Professional	Politician	Housewife	Student	Defence Staff
Retired	Stock Broker	Agriculture	Antique Dealer	Arms Dealer	Business	Others

Minor | Sr Citizen | Staff (EC No.) Ex-Staff (EC No.) | Pensioner | NRA | Other /General

Name of the Guardian (In case of Minor): (Attach Proof for minor's DOB)	Relationship with minor (✓ tick one)				
	F & NG	M & NG	Legal*	De facto	Others

* In case of legal guardian (guardian appointed by Court), enclose copy of the court order.

<p style="text-align: center;">Name and address of Employer</p>		
First Applicant	2 nd Applicant	3 rd Applicant

Operating Instructions (Please mark in appropriate box):

Self	Either or Survivor	Former or Survivor	Jointly	Any one or Survivor/s	Others (Pl. Specify)

Facilities required (Please mark in appropriate box/es):

Cheque Book		Statement of Account through					
Issued Cheque Series No. _____ to _____		Pass book	Post :	E mail	Delivery at branch		
Date of Issue:		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly					
<input type="checkbox"/> * Internet Banking – Baroda Connect		Debit cum ATM Card	<input type="checkbox"/> * BOB Card				

(* Please fill up separate application for Internet Banking – Baroda Connect and/ or BOB Card).

Please issue Debit cum ATM card in the name of the first / all applicants (in case of two joint a/c holders with operations as E or S / Any one or S):

First applicant Second Applicant Third Applicant	Name to appear on Debit cum ATM Card In CAPITAL LETTER (not to exceed 20 Characters)											
	<input type="text"/>											
	<input type="text"/>											
Residential address												
	First Applicant			2 nd Applicant			3 rd Applicant					
Flat No./Bldg Name												
Street/ Road & Area/ Locality												
City and District												
State and Country												
Zip Code												
Tel No., Fax No.												
Mobile												
Email												

Communication Address (If different from Residential Address)				
	First Applicant		2 nd Applicant	3 rd Applicant
Flat No./Bldg Name				
Street/ Road & Area/ Locality				
City and District				
State and Country				
Zip Code				
Tel No., Fax No.				
Mobile				
Permanent Address / In case of NRE (Non Resident External), local address				
Flat No./Bldg Name				
Street / Road & Area / Locality				
City and District				
State and Country				

Zip Code			
Tel No. ,			

OTHER INFORMATION: (✓ tick one)

Education :	Non Matric	SSC/HSC	Graduate	Post Graduate
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Monthly Income (Dollars.):	Upto 5000/-	5001 – 10000	10001 – 20000	20001 - 50000	50001 – 100K	Above 100K
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Expected Annual Turnover in the A/C: Dollars. _____

If salaried, employed with: (✓ tick one)

Proprietorship	Public Ltd.	MNC	Partnership	Public Sector	Pvt. Ltd.	Government	Others (Pl. Specify)
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If Professional: (✓ tick one)

Doctor	Architect	CA / CS	IT Consultant	Engineer	Lawyer	Others (pl. Specify)
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If Business: (✓ tick one)

Manufacturing	Real Estate	Antique	Service Provider	Trader	Arms Dealer	Agriculture	Stock Broker	Others (Pl. Specify)
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DECLARATION (Please mark in appropriate boxes):

I / we declare that I / we do not enjoy any credit facilities with other bank/s.

I / we declare that I / we have following deposit accounts and /or credit facilities with your / other banks branches:

Bank & Branch	Place of Bank / Branch	Type of Account / Facility	Amount	Account No.

TERMS & CONDITIONS & DECLARATION (Please mark in appropriate boxes):

I/We have read, understood and agree to abide by the Bank's rules relating to the conduct of the above accounts / services/ products /Fee & charges which are displayed on the website www.equamaxfinance.com / contained in the brochures of the Bank from time to time.

I/We wish to be informed about the various features/ products and promotional offers made by the Bank from time to time.

Please do not call/ contact me/us for various features/ products and promotional offers made by the Bank from time to time. Please issue Multi-city /Normal cheque book and recover charges from my/our account as per norms of the bank (Give Option) Account will be operated and balance along with interest payable as per operational instructions given above.

I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority.

I will indemnify the Bank against the claim of the above minor of any withdrawal/transactions made by me in his/her account.

I / We understand that in the event of the death of the depositor(s), premature termination of term deposit would be allowed without any penal charges to the claimant(s) after following the due procedure.

I / We also agree to maintain the minimum / quarterly average balance which the Bank may prescribe as the minimum / quarterly average balance to be maintained to avail the facilities and agree to pay the charges if minimum / quarterly average balance is not maintained and any other charges stipulated by the Bank. I/We understand that any change in this respect will be notified by the Bank on its website www.equamaxfinance.com and also will be displayed on the notice board of the branches one month in advance.

I / we shall fill up separate pay-in-slips prescribed by the Bank for various time deposit schemes. I / we understand that the Term deposit shall be under auto-renewal scheme of the Bank unless otherwise specified by me/us.

I/We authorize EquaMax Finance Bank/its Group Companies or its/their agents to make references and enquiries as may be deemed necessary in their discretion with regard to the information furnished in this application. EquaMax Finance Bank and its Group entities/companies are empowered to exchange, share or part with all the information, data or documents relating to my/our application inter se among themselves or to other Banks / Financial Institutions / Credit Bureaus / Agencies / Statutory Bodies / such other entities / persons as may be deemed necessary or appropriate or as may be required for processing of such information / data by such person/s or for furnishing of the processed information / data / products thereof to other Banks / Financial Institutions / Credit Bureaus / Agencies / users registered with such agencies.

For Debit cum ATM Card to be issued in the operative deposit account:

I/We have read and understood the terms & conditions governing the usage of the Debit Card. I/We accept to be bound by the said terms & conditions and to any changes made therein from time to time by the Bank at its sole discretion. I/We authorize EquaMax Finance Bank to issue a Debit cum ATM Card to the person/s as name mentioned in the application of account opening form. I confirm that I am the sole account holder or have the required mandate to operate the account singly linked to the Debit Card. I/We further unconditionally and irrevocably authorize you to debit my/our account annually for Debit Card fees/charges if any stipulated by the bank.

I/We understand and undertake that the usage of the Debit Card shall be strictly in accordance with the Exchange Control Regulations and in the event of any failure to do so, I/We will be liable for action under the Foreign Exchange Management Act, 1974 and the amendments thereof stipulated by Federal Reserve Bank from time to time.

I/We accept full responsibility for my/our Debit Card and agree not to make any claims against EquaMax Finance Bank in respect thereto.

Full Signature (in running handwriting):

(Sole / First Applicant) (2nd Applicant) (3rd Applicant)

Introduction from an existing account holder (at least six months old satisfactorily conducted and KYC compliant account).

Name:		Account No.	
Address:		Date of opening of the A/C:	
		Customer ID:	
Pin:	Email:	Branch Name:	
Tel No.	Mobile	Fax	Type of A/c. SB / CA / CC / CD

I/We certify that, Mr./ Mrs./ Ms. _____ is/are known to me/us personally since last _____ months / years and confirm the occupation and address stated in this application form for opening account are correct to the best of my/our knowledge & belief.

Date:

(Signature of the Introducer)

TITLE OF THE ACCOUNT											
ACCOUNT NO											BRANCH
OPERATING INSTRUCTIONS											

Name	Specimen Signature	Photograph
		1. Recent Photo
Customer I D		
		2. Recent Photo
Customer I D		
		3. Recent Photo
Customer I D		

Name: _____
Bank Official in whose presence signed

Signature: _____ (S.S No: _____)

Bank Official in whose presence signed

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Form DA-1 Nomination Form

Nomination under section 45ZA to 45ZF of the Banking Regulation A/c 1949 and 2(i) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I / We _____ name(s) and address (es) nominate the following persons to whom in the event of my / our / minor's death, the amount of the deposit, particulars whereof are given below may be returned by EquaMax Finance Bank _____ Branch.

Deposit			Nominee				
Nature of Deposit	Distinguishing No	Additional Details (if any)	Name of Nominee	Address of Nominee	Relationship with deposit or (if any)	Age	If Nominee is minor his/her date of birth #

As the nominee is a minor on this date, I / We appoint Mr / Mrs / Miss _____ (Name, Address, and Age) to receive the amount of deposit on behalf of the nominee in the event of my / our / minors death during the minority of the nominee.

Place: _____

Date: _____

Strike out if nominee is not a minor.

@ Signature, Name and Address of Witness	*Signatures / Thumb Impression of Depositors

* Where deposit is made in the name of a minor the nomination should be signed by a person lawfully entitled to act on behalf of the minor.
@ Signature(s) of depositor(s) should be witnessed by one person, thumb impression(s) of depositor(s) should be witnessed by two person(s)

Details of Identification documents submitted by the applicant/s

(CARE: FOR NRA APPLICANTS COPY OF PASSPORT MUST BE SUBMITTED AS IDENTIFICATION DOCUMENT)

	<u>Photo Identity</u>			<u>Address Proof Identity</u>		
	1	2	3	1	2	3
Type of Document						
Document Number						
Issuing Authority						
Date of Issue						
Place of issue						

Valid up to.						
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<p>Form IL-1040 (to be filled by those who do not have SSN)</p> <p>Form 1040</p> <p>Are you a Tax Assessee Yes No if Yes</p> <p>a) Details of Ward / Circle / Range where the last return of income was filed: _____ b) Reason for not having SSN No: _____</p> <p>Form 1040 Schedule F</p> <p>To be filled by a person who has only agricultural income and no other income chargeable to income tax.</p> <p>I hereby declare that my source of income is from agriculture and I am not required to pay income tax on any other income if any.</p> <p>Verification</p> <p>I _____ do hereby declare that what is stated is true to the best of my knowledge and belief.</p> <p>Verified at _____ this the _____ day of _____ 20_____</p> <p>Date _____ Place: _____</p> <p>Signature of the Declarant.</p>	<p>KYC IDENTIFICATION DOCUMENT TO BE SUBMITTED BY APPLICANT (Any one document from each of the following two lists subject to Bank's satisfaction)</p> <p>LIST – I (Latest/ recent photo identification documents)</p> <ol style="list-style-type: none"> 1. Passport (Must for NRA) 2. Driving License with photograph 3. Voter's Identity Card 4. SSN Card, Government ID Card 5. Identity Card/ Confirmation from employer 6. Letter from recognized public authority or public servant verifying the identity (photo) of customer. 7. Confirmation letter from employer / other Bank verifying therein photograph of the customer along with other things. 8. Any other document with photograph evidencing identity of the applicant/s acceptable to the Bank. <p>(For married woman, proof of identity with her maiden name, if supported with a verified true copy of marriage certificate is acceptable as valid identity proof).</p> <p>LIST – II (Latest / recent documents showing address proof)</p> <ol style="list-style-type: none"> 1. Passport 2. Driving License with address, Voters' Identity Card 3. Telephone Bill, Electricity Bill, Ration Card 4. Bank account statement (with address) 5. Income / Wealth Tax assessment order (with address) 6. Letter from employer / Any document of communication issued by any authority of Central / State Government or local body showing residential address. 7. Any documentary evidence in support of residential address acceptable to the Bank. 8. In case of married women address proof of the groom is acceptable
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For Office Use

Sr. No	Description	Name of Authorised Staff	Signature
1	Applicant interviewed & purpose ascertained by		
2	Document/s of identification/Address Proof listed above were verified with original by		
3	Letter of thanks sent to A/c. holders and Introducer on _____		
4	Money Laundering Risk Classification [] Low [] Medium [] High		

KYC CERTIFICATION:

<p>I have met the account opener/s Mr./Ms. _____ Mr./Ms. _____ in person and hereby confirm that KYC Norms are fully complied with and further confirm that - i) a) The introducer has visited the branch OR b) The introducer has not visited the branch but written confirmation obtained. ii) The signature of the introducer is verified and his/her Account is more than six months old and KYC Compliant.</p> <p>Signature of Head of the Department _____ Specimen Signature No. _____</p> <p>Date: _____</p>	<p>I have verified the documents submitted and confirm that KYC Norms are fully complied with.</p> <p>Signature of Branch Head / Joint Manager / Manager Specimen Signature No. _____</p> <p>Date: _____</p>
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