

SAVINGS / TERM DEPOSIT A/C

A/C No. ----

Manager _____

Title of Account:		
	40	
Special Instructions:		
Operating Instructions:		
Full Names of Signatories:	Specimen Signature:	
1	1	
2	2	
3	3	
Address & Place:		
Telephone No.	*	



SAVINGS / TERM DEPOSIT A/C

A/C No. ----

Manager ____

Title of Account:		
	40	
Special Instructions:		
Operating Instructions:		
Full Names of Signatories:	Specimen Signature:	
1	1	
2	2	
3	3	
Address & Place:		
Telephone No.		
	× *	

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:			
(NAME OF APPLICANT) 1.FIRST (MR./MS) 2.SECOND (MR/MS)	er details below: and photograph/s with		
Overseas Address			
CITY	_STATE	COUNTRY	
TEL NO :	FAX NO:	E-mail:	
Indian Address			
CITY	_STATE	PIN/ZIP	
TEL NO:	FAX NO:	E-MAIL:	
Date of Birth (in case of mino	r)		
Please Tick () mailing address	ss		
Please Tick if we can e-mail y	ou any articles, newsle	tters, New products.	
PASSPORT DETAILS			
Applicant Passport No.	Date Valid of issue up to	Place of Nationality issue	Present Occupation
First		-	
Second			
Third			

DETAILS OF REMITTANCE						
1.Demand Draft/MT/TT no	for INR	on				
2. NRE/FCNR/Account no						
3. Remittance Instructions (CLICK HE	3. Remittance Instructions (CLICK HERE) FOR HOW TO REMIT FUNDS TO YOUR					
Please hold the deposit for 1. Reinvestment Plan 2. Half yearly Interest Plan and Credit 3. Please keep the deposit Receipt in 4. Any other instruction	months and keep the interest toyour safe custody free	e deposit under Please	e Tick			
MODE OF OPERATION						
1. Singly 2. Either or	Survivor3.	Any one or Survivor				
Depositor's Signature						
12	3					
I/We hereby declare that I am/we are above account will be opened on the also agree that if any of the statemen particulars, you are not bound to pay claim will be made by me /us for any if of the deposits/s. I/We agree to a Account/Non-Resident (External) Account/Non-Resident (External) Account/Non-Resident (External) accordance with the prevailing stipular regard. I/We authorize the bank to a period unless the instructions to the confurther understand that the interest appears on the maturity date or later for	e basis of the statements/declarations made he any interest on the deposit/stable by the provision count Scheme. I/We he residence immediately of quest, the payment of interest on the payment of interest and down by Relations laid down by Relations laid down by Relations from me/us is resplicable on renewals wall will be noted on the	ts/declarations made be berein is found to be not posit made by me/us. It for any period after the last of Foreign Current ere by undertake to it in arrival. !/We agree the last of the last of India deposit on the due date in the last of last of last of the last of last	y me/us, and I/W correct in material I/We agree that need that need that need the continuate you about a tiff the premature may be allowed in the for an identication of the core maturity. I/We ruling rates on the correct in material in the core maturity.			
I/We understand that the renewal will of India/Bank in force at the time of re	be in accordance with t	he provisions of the Re	serve Bank			
SPECIMEN SIGNATURE(S)						
FULL NAME IN RUNNING HANDWR	ITING	SPECIMEN SIGNA	ATURE			
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)f Particulars are authenticated/Photograph(s) attested.				
Name/Signature of Person Verifying with rubber stamp. (Where applicable)				
PlaceDate				
NOMINATION NOMINATION FORM DA 1 Nomination under Sec. 45ZA of the Banking Regulation Act, 1949 and Rule2(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				
Name & AddressDate				
FOR BRANCH USE ONLY Particulars of Form DA1 entered in Nomination Register Sr. No				
DtMANAGER				

Date:

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 /declaration made by me /us ,and I/We also agree that if any of the statements /declaration made herein is found to be incorrect in material particulars, bank is not bound to pay any interest on the deposit made by me/us. I/We also 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 return to India for permanent residence immediately on arrival. I/We agree that if the premature withdrawal is permitted by my/our request, the payment of interest on 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 any identical period unless the instructions to the contrary from me/us are received by the Bank before maturity. I/We further understand that the interest applicable to the renewals will be at the applicable selling rates on the dates of maturity and that the renewal will be noted on the deposit receipt on my/our presenting the same on 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.

NAME(S)	SIGNATURE(S)
1	1.
2	2
3	3
4	4