

**Bank of Baroda (U) Ltd.**

Branch: _____

ACCOUNT OPENING FORM FOR OTHER THAN INDIVIDUALS
(For CBS Branches Only)

DATE: _____ (DD/MM/YY)

For Office Use

Account No.: _____

Customer ID: _____ Short Name: _____

**I/We request you to open my/our deposit account with your branch/bank as under:
(tick type of account)** Saving Bank Current Account Over Draft Premium / Privilege Current

Title of the Account (In Block Letters)

Entity Name :

Trading Name, if any :

Industry Type	
Business Type	
Company Registration Date	
Company Registration No.	
Company TIN No.	
UIA No.	
VAT No.	
Annual Turnover	
Net Worth	
Net Profit	

CONSTITUTION

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association	<input type="checkbox"/> Other Financial Intitution
<input type="checkbox"/> Pvt. Ltd. Co.	<input type="checkbox"/> Public Ltd.	<input type="checkbox"/> Society	
<input type="checkbox"/> Trust/Club	<input type="checkbox"/> Bank	<input type="checkbox"/> Others-Please Specify	

Company Contact Details

Country of Resident		Plot/Street No.	
Region		Floor No.	
District		Unit Name	
Suburb/Sub-Country		Apartment No.	
Parish		P.O. Box No.	
LC/Street Name/Region		Postal Town	
Telephone		Web-Site	
Mobile No.		Fax No.	
Time at Residential Adress: Year		Months	

**Details of Proprietor/Partners/Director/Persons authorised to operate the account
(In block letters)**

Sr. No.	Salutation	First Name	Second Name	Last Name
1.				
2.				
3.				
4.				

Sr. No.	Date of Birth	Occupation	Gender	Nationality	TIN No.
1.					
2.					
3.					
4.					

Savings Types of Accounts

<input type="checkbox"/> Pass Sheet	<input type="checkbox"/> With Cheque Book	<input type="checkbox"/> Without Cheque Book	<input type="checkbox"/> Pass Sheet through E-mail
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Current Account / Overdraft Account Statement

<input type="checkbox"/> Mail	<input type="checkbox"/> E-Mail
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Operating Instructions

<input type="checkbox"/> Self	<input type="checkbox"/> Either or Survivour	<input type="checkbox"/> Former or Survivour
<input type="checkbox"/> Jointly	<input type="checkbox"/> Any one or Survivour	<input type="checkbox"/> Other (specify)

Payment Details for Opening of Account

<input type="checkbox"/> By Cash	<input type="checkbox"/> By Cheque Cheque No. Dated : Bank:
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<input type="checkbox"/> Debit Current/Saving A/c No.	Deposit Amount Rs.
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**INDENTIFICATION DOCUMENT/PAPERS SUBMITTED APPLICANT ACCOUNT
HOLDE (Any one document from each of the following two lists)**

LIST 1	LIST 2
<input type="checkbox"/> Election ID Card	<input type="checkbox"/> Lates Electricity/Telephone/Other Utility Bills
<input type="checkbox"/> FCS Card	<input type="checkbox"/> Latest Income/Weath Tax assessment order
<input type="checkbox"/> Passport	<input type="checkbox"/> Any Doc. of Communication issued by any authority of Central Govt. or Local Body Showing residential address
<input type="checkbox"/> Driving Licence	
<input type="checkbox"/> Defence ID Card	<input type="checkbox"/> Any Documentary evidence in support of residential address
<input type="checkbox"/> L. C. Letter	
<input type="checkbox"/> ID Card issued by Govt. Dept.	

Full Signature (in running handwriting):

(Sole/1st Applicant)

(2nd Applicant)

(3rd Applicant)

(4th Applicant)

Documents to be submitted to open the account

Constitution	Documents to be submitted
<input type="checkbox"/> Sole Proprietorship Firm	<input type="checkbox"/> Sole Proprietorship Letter registered with appropriate Authority
<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Partnership Letter registered with appropriate Authority
<input type="checkbox"/> Limited Company	<input type="checkbox"/> Certified Copy of certificate of incorporation, memorandum of Association and Articles of Association.
	<input type="checkbox"/> Certified/Original copy of the resolution of the board of directors of the company requesting the bank to open account in its name & specify the instructions regarding the operation in account Duly registered with Registrar with company.
	<input type="checkbox"/> A list of present directors of the company under the signature of the chairman of Form No. 7
<input type="checkbox"/> Co-operative Societies, Association/Club	<input type="checkbox"/> Certificate of registration of association, clubs, etc. of the societies/association/club if any.
	<input type="checkbox"/> Certificate copy of the Bylaws of the society etc.
	<input type="checkbox"/> Resolution of the Management Committee appointing the Bank as its banker and stipulating the conditions for the conduct of account
	<input type="checkbox"/> List of members of managing committee with the copy of resolution electing them to the committee.
<input type="checkbox"/> Charitable or Public Trust	<input type="checkbox"/> Certified true copy of Trust Deed
	<input type="checkbox"/> Certified copy of the resolution signed by all Trustee in regards to the conduct of account.
	<input type="checkbox"/> List of current trustee with the authority appointing them as trustee
	<input type="checkbox"/> Certificate from the appropriate authority for Registration.

NOTE: All individuals who are authorized to operate the account (proprietor, partners, karta, directors, authorized signatories) must provide separate identity and address proof in conformity with the details furnished in the application form.

Name	Specimen Signature	Photograph
		1 Recent Photo
Customer ID		
		2 Recent Photo
Customer ID		
		3 Recent Photo
Customer ID		
		4 Recent Photo
Customer ID		

DECLARATION (Please tick applicable boxes):

<input type="checkbox"/>	I/We have read the saving bank/super saving bank, current deposit/Premium CA/Premium Privilege CA/Overdraft rules and I/We agree to abide by the same and accept the same as binding upon me/us.
<input type="checkbox"/>	Account will be operated and balance payable as per operating instructions given above.
<input type="checkbox"/>	I/We also agree to maintain UGX..... as the minimum balance as prescribed by the Bank from time to time to avail the facilities of cheque books OR any other balance which the bank may prescribe as the minimum balance to be maintained to avail the facilities & I/We agree to pay the charges if minimum balance is not maintained. I/We also agree to pay other charges which the bank may prescribe from time to time.
<input type="checkbox"/>	I/We do not want Cheque-Book facility.
<input type="checkbox"/>	Please issue cheque book containing leaves & I/We shall pay charges, if any,
<input type="checkbox"/>	I/We declare that I/We do not enjoy credit facilities with any Bank.
<input type="checkbox"/>	I/We declare that I/We enjoy following credit facilities with other bank.

Details of Borrowal Facilities :

Sr. No.	Bank & Branch	Facility	Amount	Account No.
1.				
2.				
3.				

Signature _____

INTRODUCTION

1. If already a customer of the Bank:	
Customer ID	
Account No.	
Branch Name	
2. Details of the Introducer:	
Name/Title of Account	
Customer ID	
Account No.	
Type of Accounts: SB / CA / OD	
Branch Name	

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 his/her/their application to open the account.