



Bank of Baroda (U) Ltd.

Branch: _____

ACCOUNT OPENING FORM FOR 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
 Super Saving Premium / Privilege Current

FULL NAME (IN BLOCK LETTERS)

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

Customer General Details

Sr. No.	Date of Birth (dd/mm/yy)	1	2	3
1.	Date of Birth (dd/mm/yy)			
2.	Occupation			
3.	Gender (M/F)			
4.	Nationality			

Identification Details

5.	NSSF No.			
6.	TIN No.			
7.	Passport No.			
8.	Driving Permit			
9.	Voters Card			

Present Employer Details

Country Code		Plot/Street No.	
Region		Floor No.	
District		Unit Name	
Country/Town		Apartment No.	
Parish		P.O.Box No.	
LC/Street Name		Postal Town	
Telephone		Web-Site	
Fax No.			

Time employer has been at curent address: Year _____ Months _____

Customer Status

1.	<input type="checkbox"/> Minor	<input type="checkbox"/> Staff	<input type="checkbox"/> Other	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried
2.	<input type="checkbox"/> Minor	<input type="checkbox"/> Staff	<input type="checkbox"/> Other	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried
3.	<input type="checkbox"/> Minor	<input type="checkbox"/> Staff	<input type="checkbox"/> Other	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried

In Case of Minor:

Sr. No.	Father & Natural Guardian	Mother & Natural Guardian	Guardian
1.			
2.			
3.			

Primary Contact Details (1)

Country of Residence		Plot/Street No.	
Region		Floor No.	
District		Unit Name	
Country/Town		Apartment No.	
Parish		P.O.Box No.	
LC/Street Name		How Long have you lived at the	
Telephone		address: Years:	Months:
Fax No.		Ownership status of where you live	
		Owner / Tenant	

Primary Contact Details (2)

Country of Residence		Plot/Street No.	
Region		Floor No.	
District		Unit Name	
Country/Town		Apartment No.	
Parish		P.O.Box No.	
LC/Street Name		How Long have you lived at the	
Telephone		address: Years:	Months:
Fax No.		Ownership status of where you live	
		Owner / Tenant	

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 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)

Full Signature (in running handwriting):

(Sole/1st Applicant)_____
(2nd Applicant)_____
(3rd Applicant)

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 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 and Term deposit shall be under auto renewal.
<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 hereby declare that is a minor and her/his date of birth is (dd/MM/yy). She /He is my and I am his/her natural guardian /guardian-appointed by the court order dated (dd/MM/yy (copy enclosed)). I shall represent the said minor in all future transactions of any descriptions in the above account until the said minor attains majority. I indemnify the bank against the claim of the above minor of any withdrawal/transactions made by me in/her account.
<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.				

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

INTRODUCTION

1. If already a customer of the Bank:	
Customer ID	
Account No.	
Branch No.	
2. Details of the Introducer:	
Name	
Customer ID	
Account No.	
Type of Account	
Branch Name	

I/We certify that Mr/Mrs/Msis/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.

Signature _____

IDENTIFICATION DOCUMENT/PAPERS SUBMITTED BY APPLICANT ACCOUNT HOLDER

(Any one document from each of the following two lists)

LIST I	LIST II
<input type="checkbox"/> F.C.S. Cards	<input type="checkbox"/> Latest Electricity/Telephone/Other utility Bills
<input type="checkbox"/> Passport <input type="checkbox"/> L. C. Letter (Local Council Letter)	<input type="checkbox"/> Latest Income/Wealth Tax assessment order
<input type="checkbox"/> Driving Permit	<input type="checkbox"/> Any Doc. of Communication issued by any authority of Govt. or Local Body showing residential address
<input type="checkbox"/> Defence / Election ID Card	<input type="checkbox"/> Letter from Local Council (LC) with Photograph attested
<input type="checkbox"/> ID Card issued by Govt. Dept.	<input type="checkbox"/> Any Documentary evidence in support of residential address