



Account Opening Form – INDIVIDUALS

Bank of Baroda, Seychelles

Date : ____/____/____

Account Number										Currency	Scheme Code					
9	0	2	1	0		0	0	0								

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

<input type="checkbox"/> Saving Bank Account	<input type="checkbox"/> Current Account
<input type="checkbox"/> Term Deposit Account	<input type="checkbox"/> Other type of A/c - _____ (Pls Specify)

Part- I Personal Information

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

Mr./Ms	First Name	Middle Name	Last Name	M/F
1				
2				
3				

Date of Birth (dd/mm/yyyy)	Status *	Occupation	Annual Income	Name of Employer/Business
1				
2				
3				

* Please choose from the following:

<input type="checkbox"/> Minor	<input type="checkbox"/> Sr. Citizen	<input type="checkbox"/> Staff (EC No.)	<input type="checkbox"/> Ex-Staff (EC No.)	<input type="checkbox"/> Pensioner	<input type="checkbox"/> Non-resident	<input type="checkbox"/> Other /General
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Qualification	National Identity Number (NIN)	Relationship with 1 st applicant	Nationality	Customer ID, if existing
1				
2				
3				

Name of Guardian (In case of Minor) (Attach Proof for Minor’s Date of Birth)	Relationship with Minor <input type="checkbox"/> Father & Natural Guardian (F & NG) <input type="checkbox"/> Mother & natural Guardian (M & NG) <input type="checkbox"/> Legal <input type="checkbox"/> De Facto <input type="checkbox"/> Others
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Residential Address			
	1 st Applicant	2 nd Applicant	3 rd Applicant
Flat No./Bldg Name			
Street/ Road & Area/ Locality			
City and District			
State and Country			
Pin Code			
Tel No., Fax No.			
Mobile			
Email			

First Applicant

Second Applicant

Third Applicant



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Communication Address (If different from Residential Address)			
	1 st Applicant	2 nd Applicant	3 rd Applicant
Flat No./Bldg Name			
Street/ Road & Area/ Locality			
City and District			
State and Country			
Pin Code			
Permanent Address (In case of Non-Seychellois/e)			
	1 st Applicant	2 nd Applicant	3 rd Applicant
Flat No./Bldg Name			
Street/ Road & Area/ Locality			
City and District			
State and Country			
Pin Code			
Tel No., Fax No.			
Mobile			

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.

Documents Details in respect of Identification & address

	Photo Identity			Address Proof		
	1 st Applicant	2 nd Applicant	3 rd Applicant	1 st Applicant	2 nd Applicant	3 rd Applicant
Type of Document	NIN/Passport	NIN/Passport	NIN/Passport			
Document Number						
Issuing Authority						
Date of Issue						
Place of issue						
Valid up to.						

Part-II Account Informations

Purpose of Account		
Source of funds for the account (Documentary Proof to be attached)		
Estimated Annual Turnover in the account		
Mode of transactions in the account	Credit/Deposit	Cheque / SEFT / Cash / Others
	Debit/Withdrawal	Cheque / SEFT / Cash / Others

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 select from below mentioned services):

Cheque Book (Please check fees and charges. To apply, please fill separate requisition slip)	Monthly Statement through E-mail (Please mention E-mail invariably to avail this free of cost facility)	Internet Banking – (Please submit Internet Banking form separately)	ATM Card (Please submit separate application form for debit card)
Yes / No	Yes/No	Yes / No	Not Available now

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Nomination Form

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 Bank of Baroda Seychelles Branch.

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

As the nominee is a minor on this date, I / We appoint Ms./Mr. _____ (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: Seychelles Date: _____ # Strike out if nominee is not a minor.

@ Signature, Name and Address of Witness	*Signatures / Thumb Impression of Depositors
1.	
2.	

* 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).

Introduction Details

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

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

I/We certify that, Mr./ Mrs./ Ms _____ is/are known to me/us personally since last _____ 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)

Part-III

Specimen Signature

TITLE OF THE ACCOUNT														
ACCOUNT NO	9	0	2	1	0		0	0	0					BRANCH Seychelles
OPERATING INSTRUCTIONS														

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

Name: _____

Signature: _____

(S.S No: _____)



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Bank Official in whose presence signed

Part-IV 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 by the bank on the notice board / published in newspaper and are/will be available on the website www.bankofbaroda.sc / 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.
- 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.bankofbaroda.sc 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 authorize Bank of Baroda/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. Bank of Baroda 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.
- **E-mail Indemnity** - I/we understand that Bank of Baroda does not generally accept correspondence over e-mail/FAX/telephone. But, if it accepts any correspondence on my/our request, I/we indemnify Bank of Baroda and hold it harmless from and against all cost (including without limitation legal fees and expenses, claims, losses, liabilities, damages and proceedings) whatsoever that the bank may suffer or incur or that may arise as a result of the bank's accepting or acting upon such instructions, communication or documents. Furthermore, I/We hereby irrevocably release the bank from all liability in the event that any telephone , email, facsimile transmission or letter is not received, or is mutilated, altered, illegible or interrupted, duplicated, incomplete, unauthorized, or delayed for any reason.
- **AML Undertaking** - I/we agree to the Bank for disclosure of any information and documents which the Bank considers reasonably necessary for the purpose of compliance with applicable AML Act and regulations and I/we further undertake to make disclosure of any information and/or documents and grant to the Bank access to any corporate and any others documents for such purpose.

I/we agree and undertake that I/we will not make any claim of any kind in any jurisdiction against the Bank or its successors, agents or correspondents in respect of any delay, loss, damages, cost and expenses which I/we may suffer incur or sustain directly or indirectly as a consequence the failure of the Bank or its successors, agents or correspondents to carry out instructions or obligations
- **Consent for access of CIS report:** I/we hereby give my/our consent for getting my/our CIS report for the purpose of due diligence for opening /periodic review of CDD measures at Bank of Baroda.
- **Consent for name screening against PEP list / international sanction list/ adverse media report:**
I/we hereby give my/our consent for for name screening against PEP list / international sanction list/ adverse media report through screening solution tool or any other tool that bank may use.
- **Undertaking for periodic due diligence:** I/we undertake to provide Bank's required informations as and when requested by bank to complete customer due diligence in order with Bank's extant policy and procedures on Know Your Customer standard and Anti Money Laundering measures. I understand that in case Bank is not able to carry out due diligence as required under Bank's policies , Bank may cease the relationship and can stop operations in the account as per its policy.
- **PEP Declaration –**
 - I/we declare that I/we are **NOT** Politically Exposed Person (PEP) as defined in AML Act.
 - I/we declare that I/we are politically Exposed Person (PEP) as defined in AML Act. (Please filled separate PEP declaration form in case applicant/s are PEP)

I/we declare that above informations are true and correct and agree with the terms and conditions mentioned herein above.

First Applicant

Second Applicant

Third Applicant



FATCA-CRS Annexure Form for Individuals (including Sole Traders)

Details under FATCA / Common reporting Standards /Foreign Tax Laws (see instructions)

- 1. Country of Birth : _____
- 2. Are you a tax resident of any other country other than Seychelles?
If *no*, please tick here I am tax resident of Seychelles and no resident of any other country

If *yes*, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Country #	Tax Reference Number

to include USA, where the individual is a citizen/greencard holder of USA.

I/we declare that the above information is true and correct to the best of my/our knowledge and belief.

Signature/s

Instructions

Details under FATCA / Foreign Tax Laws : Towards compliance with tax information sharing laws such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstance (including if new do not receive a valid self-certification from you), we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. **Should there be any change in any information provided by you, please ensure you advise us promptly i.e. within 30 days.** Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulatory tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 200.

Please note that you may receive more than one request for information if you have multiple relationships with different members of the BOB Group. Therefore, it is important that you respond to our request even if you believe you have already supplied any previously requested information.



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Front Office Check List & certification

Level -I [CIP & Risk assessment]	a) Whether legible copy of NIN/Passport obtained or not? b) Whether doc. Proof of address obtained and satisfied upon? c) Whether source of funds ascertained and satisfied upon? d) Whether AOF is complete in all respect and details are satisfied upon? e) Risk assessment carried out and RARP form signed. f) Documents verified from original and necessary endorsements made on the documents with name of verifying official and date of verification	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO
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I confirm that

- I have met the customer personally and have verified the proof of identity, address & source from original.
- The details mentioned in AOF has been satisfied with.

Name:

Supervisor/Manager

Date:

Level-II [Name screening and CAP]	a) A/c name verified from documentary proof so that account to be in true name. b) Name screening from screening tool carried out c) CIS report checked based on consent of customer- (High risk customer) d) Risk assessment validated e) Necessary approval for SDD/ECDD obtained from Chief executive for eligible account f) Account number assigned from AOF register	
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I confirm having completed the above checks and compliance of Bank's policy and procedures on KYC standards and AML measures.

Name:

Manager/Sr. Manager/Chief Manager

Date :

Back office Check list – CBS System

Menu Option	Particulars	Confirmations
CRM	<ul style="list-style-type: none"> Account title is strictly as per NIN/Passport. All available addresses (Correspondence, permanent & Employer) are entered in the system. Document details have been updated correctly. Mobile number and E-mail ID are correctly entered. In case of Non-resident, Non-resident details have been updated correctly. 	
Core Server	<ul style="list-style-type: none"> Opened in correct scheme Turnover details have been entered correctly Account number matched and tallied with register. 	
SVS	<ul style="list-style-type: none"> Signature scanned 	Date:
Bank Card	<ul style="list-style-type: none"> Bank card prepared and signed on 	Date:

Name & Signature of supervisor

Date of forwarding the AOF to compliance department:

Compliance Check

Observations of Compliance Officer: I, in capacity of CO, confirm compliance of bank's extant guidelines in respect of onboarding the customer. Or

Operations department is advised to submit the AOF again with following docs/informations to complete the compliance test:

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-

Compliance Officer

Date:

Certification by Chief Executive : Based on above and on scrutiny of the form, I confirm compliance of Bank's policy and procedures on KYC standard and AML measures during onboarding of the customer.

Chief Executive

Date :