

SAVINGS ACCOUNT

Bank of Baroda
(H.O. Mandvi, Baroda)
Branch

Saving Bank Account Specimen Signatures Card

Title of account 1. 2.
3. 4.

Name-1	Name-2
Photo	Photo

Sr.No.	Specimen Signatures	Sig. of Officer authenticating
1
2
3
4

Name-3	Name-4
Photo	Photo

Whether cheque book facility availed: Yes / No
Operational Instructions:

.....
.....

Tele No. (if any)

Please paste photographs in serial order. Photographs pasted must be
Authenticated by Depositor/s branch officials across the photograph/s.

Date:

SB A/c. No.	Authorized Signatory – S.S.No

**BANK OF BARODA
(H.O.MANDVI, BARODA)
SAVING BANK ACCOUNT OPENING FORM**

Account No.:

The Manager
Bank of Baroda
_____ Branch

Date :
Place :

Dear Sirs,

I/We request you to open in your books Savings Bank Account in the name/s as under:

	First Name	Middle Name	Surname	Occupation	Address/Telephone No.
1.					
2.					
3.					
4.					

Specimen Signatures

1. _____ 2. _____
3. _____ 4. _____

Whether nomination facility availed: Yes / No
Nomination Details as Per form DA. 1. Dated _____

Name of the Nominee: (1) _____ (2) _____
Address of the Nominee: _____

In case of minor's A/c Date of Birth: _____ Date of attaining Majority: _____

Account will be operated by and balance payable to me jointly to us
 Either or Survivor Former or Survivor Any one of us

I /We Further declare that Bank of Baroda Savings Bank Rules Have been read by me/us and that I/We accept them as binding upon me/us.

Yours Faithfully
(Full Signature)

Introduction	Date:
I/We hereby state that Shri/Smt _____	

is/are known to me /us for about ___ year/s and their occupation given above are correct.	
Name:	Signature
1. _____	_____
2. _____	_____
A/c Type	Account No. <input type="text"/>

1. _____
2. _____
3. _____
4. _____

Approved –Authorized signatory
S.S.No.

<input type="text"/>	<input type="text"/>
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(For Accounts of Trusts/Institutions/Agencies, necessary credentials be obtained and kept attached to this form)

Date_____

**The Manager,
BANK OF BARODA
Gamdevi
Mumbai – 400 007.**

Dear Sir,

With reference to the new current/SB/FD Account opened by me/us. I/we undertake/authorise that in the event of withdrawal of introduction by the introducer, the Bank shall be entitled at its sole discretion to suspend the operation in the account immediately, without prior intimation to me / us and it will be in order for the Bank to return / dishonour the cheques, if any, drawn on account, closing of a/c, without being liable for the same.

Yours faithfully,

FORM NO. 60
(see third provied to rule 114 B)

Form of declaration to be filed by a person who does not have either a permanent account number or General _____ Register Number and who makes payment in cash in respect of transaction.

Specified in clauses (a) to () of rule 114 B

1.Fullname and address of the declarants _____

2. Particulars of transaction:

3. Amount of the transaction:

4.Are you assessed to tax? Yes/No

5. IF yes,

(i) Details of Ward /circle /range where the last return of income was failed?

(ii) Reasons for not having permanent account number/General Idex Register Number?

6.Details of the documents being produced in support of address in column (1)

Verification

I _____ do hereby declare that what is stated above is true to the best of my knowledge and belief Verified today, the _____ day of _____

Date: _____

Place: _____

Signature of the Declarant

Instructions: Documents which can be produced in support of the address are:

- (a) Ration Card
- (b) Passport
- (c) Driving Licence
- (d) Identity card issues by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document of communication issued by any authority of Central Government, State Government or local bodies