



# Bank of Baroda (UK) Limited

## ACCOUNT OPENING FORM FOR INDIVIDUALS

Please fill in the form using BLOCK CAPITALS.  
Tick (✓)/Select (☐) any boxes which apply.

Branch:

Dear Sir/Madam,

I/We request you open an account in my/our names(s) as under:

- Savings Account     Baroda Smart Sweep Savings Account  
 Current Account     Baroda Smart Sweep Current Account

Currency of the Account:  GBP     USD     EURO

### FOR OFFICE USE:

Customer ID:

Account No:            GBP:

                                  USD:

                                  EURO:

RISK ASSESSMENT: Low Risk     Medium Risk     High Risk

Authorised Signatory             Date

Manager's Signature             Date

### 1. CUSTOMER IDENTIFICATION REQUIREMENTS

We are required to verify your identity. As a result you will be asked to provide evidence of your identity (a copy of which will be retained for our records) from the lists below when opening your account.

Additionally, to comply with HM Treasury sanctions and guidelines from the Financial Action Task on money laundering, there may be additional checks and documents required. We will ask for these if necessary.

#### Identification documents

Please provide one from list 1 and one from the list 2:

#### List 1

- Valid Passport
- Valid Photo Card Driving Licence
- National Identity Card
- Fire Arm Licence or Shotgun Licence
- Government issued document (with photograph) incorporating customers full name.
- Other Government issued document (without a photograph) incorporating customers full name may also be relied upon, however, these must be supported by a second document either government issued or issued by public sector body or another FCA regulated firm in UK financial service sector or in an equivalent jurisdiction, which incorporates, customers full name and either his date or his/her full address.

#### List 2 (Not more than 3 months old)

- Utility Bills (but not printed from the internet)
- Council Tax Bill or Statement
- Current Bank Account or Credit Card Statement bearing full name or address of the customer (but not printed from the internet)
- TV Licence

The documents must be certified / notarised as true copy of the original by Bank of Baroda Group employee, solicitor, accountant - who is a member of recognized professional body, Employee of Consulate, Embassy (or High Commission employee of the country of issue (acting in their official capacity). The certifier must record on each document name of certifier, title, signature, date of certification by quoting "I here by certify that this is a true and certified copy of original document sighted by me.

## 2. CUSTOMER IDENTIFICATION REQUIREMENTS

Title Mr.  Mrs.  Ms.  Dr.  Other

First Name

Middle Name

Last Name

Date of Birth  /  /

Gender Male  Female

Marital Status

Mother's Maiden Name

Place of Birth

Town / State / County

Country

Nationality

Additional Nationalities, if held

DL/Passport No.

Date of Issue  /  /

Expiry Date  /  /

Place of issue

Are you a U.K. TAX resident? YES  NO

National Insurance No.

Country/countries in which you have tax residency (or have been resident for the past two years)  
Name/s of country/ies

Tax Reference Number

If you are a tax resident of a country other than UK for the past 2 years, please submit Annexure 1 along with this form.

## 2. CUSTOMER IDENTIFICATION REQUIREMENTS

Title Mr.  Mrs.  Ms.  Dr.  Other

First Name

Middle Name

Last Name

Date of Birth  /  /

Gender Male  Female

Marital Status

Mother's Maiden Name

Place of Birth

Town / State / County

Country

Nationality

Additional Nationalities, if held

DL/Passport No.

Date of Issue  /  /

Expiry Date  /  /

Place of issue

Are you a U.K. TAX resident? YES  NO

National Insurance No.

Country/countries in which you have tax residency (or have been resident for the past two years)  
Name/s of country/ies

Tax Reference Number

If you are a tax resident of a country other than UK for the past 2 years, please submit Annexure 1 along with this form.

## 2.2 YOUR RESIDENTIAL DETAILS (APPLICANT-1)

(PO Box number can not be accepted for a home address)

House Name/Number
Address Line 1
Address Line 2
Town / State / County
Post Code / PIN Code / ZIP Code
Country
Home Telephone Number
Work Telephone Number
Mobile Number*
Fax Number
E-mail*
Time at this address      years (if less than 3 years please provide previous address)
House Name/Number
Address line 1
Address line 2
Address line 3
Town / State / County
Post Code / PIN Code / ZIP Code
Country
*Mandatory if you require internet banking facility or debit card facility

## 2.2 YOUR RESIDENTIAL DETAILS (APPLICANT-2)

(PO Box number can not be accepted for a home address)

House Name/Number
Address Line 1
Address Line 2
Town / State / County
Post Code / PIN Code / ZIP Code
Country
Home Telephone Number
Work Telephone Number
Mobile Number*
Fax Number
E-mail*
Time at this address      years (if less than 3 years please provide previous address)
House name/Number
Address line 1
Address line 2
Address line 3
Town / State / County
Post Code / PIN Code / ZIP Code
Country
*Mandatory if you require internet banking facility or debit card facility

### 2.3 ADDRESS FOR CORRESPONDENCE (APPLICANT-1)

House Name/Number
Address line 1
Address line 2
Address line 3
Town / State / County
Post Code / PIN Code / ZIP Code
Country
Home Telephone Number
Work Telephone Number
Mobile Number*
Fax Number
E-mail
Please state why you prefer to receive communication at this address.
Name of the person residing at this address:
Please state your relationship with Him/Her
Has he/she consented to receive communication on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No (*you may be asked to provide written confirmation)

### 2.3 ADDRESS FOR CORRESPONDENCE (APPLICANT-2)

House Name/Number
Address line 1
Address line 2
Address line 3
Town / State / County
Post Code / PIN Code / ZIP Code
Country
Home Telephone Number
Work Telephone Number
Mobile Number*
Fax Number
E-mail
Please state why you prefer to receive communication at this address.
Name of the person residing at this address:
Please state your relationship with Him/Her
Has he/she consented to receive communication on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No (*you may be asked to provide written confirmation)

### 2.4 YOUR EMPLOYMENT DETAILS (APPLICANT-1)

Are you:

- Employed?   
  Self Employed?   
  Retired?  
 A Student?   
  A Home Maker?

If you are unemployed how long since you last worked?   
 MM    YYYY  
  /

Please fill this section if you are employed or self employed or about to start work:

Employer's /Business Name
Employer's / Business Address
House Name/Number
Address line 1
Address line 2
Address line 3
Town / State / County
Post Code / PIN Code / ZIP Code
Country
Nature of your employer's /your business
Your position in the firm/Business
Number of years with this employer/ Business    MM <input type="text"/> <input type="text"/> YY <input type="text"/> <input type="text"/>

### 2.4 YOUR EMPLOYMENT DETAILS (APPLICANT-2)

Are you:

- Employed?   
  Self Employed?   
  Retired?  
 A Student?   
  A Home Maker?

If you are unemployed how long since you last worked?   
 MM    YYYY  
  /

Please fill this section if you are employed or self employed or about to start work:

Employer's /Business Name
Employer's / Business Address
House Name/Number
Address line 1
Address line 2
Address line 3
Town / State / County
Post Code / PIN Code / ZIP Code
Country
Nature of your employer's /your business
Your position in the firm/Business
Number of years with this employer/ Business    MM <input type="text"/> <input type="text"/> YY <input type="text"/> <input type="text"/>

### 3. YOUR FINANCIAL BACKGROUND (APPLICANT-1)

3.1 Annual income from the employment	£	<input type="text"/>	
Income from other sources (please give details)	£	<input type="text"/>	
How often you get paid?			
<input type="checkbox"/>	every week	<input type="checkbox"/>	every month
<input type="checkbox"/>	other (please specify):		
3.2 Please provide reason for opening the account and intended use.			
3.3 If the account is to be used for receiving remittances from abroad, please provide:			
Approximate amount per year?	£	<input type="text"/>	
Approximate No. of Transactions per year?		<input type="text"/>	
From whom?	<input type="text"/>		
From which country?	<input type="text"/>		
Purpose?	<input type="text"/>		
3.4 If the account is to be used for making payments abroad, please provide:			
Approximate amount per year?	£	<input type="text"/>	
Approximate No. of Transactions per year?		<input type="text"/>	
To whom?	<input type="text"/>		
To which country?	<input type="text"/>		
Purpose?	<input type="text"/>		
3.5 What is the estimated amount you intend to deposit into account each year?			
£	<input type="text"/>		
(i) Out of which approximate Cash Deposit in to account per year?	£	<input type="text"/>	
(ii) Average value of Cash Deposit Transaction ?	£	<input type="text"/>	
3.6 Where will your money come from to pay into your account?			
<input type="checkbox"/>	Transfer from another account in your name		
<input type="checkbox"/>	Regular salary payment		
<input type="checkbox"/>	Standing order		
<input type="checkbox"/>	Other (please specify):		
(i) Approximate No. of Credit Transactions per year ?	<input type="text"/>		
3.7 Please provide details of the Bank/Company and country/ies which the initial and subsequent deposits will come from.			
3.8 Please explain how you have accumulated your total wealth e.g. earnings during your lifetime, inheriting family wealth, from your own business etc.			

### 3. YOUR FINANCIAL BACKGROUND (APPLICANT-2)

3.1 Annual income from the employment	£	<input type="text"/>	
Income from other sources (please give details)	£	<input type="text"/>	
How often you get paid?			
<input type="checkbox"/>	every week	<input type="checkbox"/>	every month
<input type="checkbox"/>	other (please specify):		
3.2 Please provide reason for opening the account and intended use.			
3.3 If the account is to be used for receiving remittances from abroad, please provide:			
Approximate amount per year?	£	<input type="text"/>	
Approximate No. of Transactions per year?		<input type="text"/>	
From whom?	<input type="text"/>		
From which country?	<input type="text"/>		
Purpose?	<input type="text"/>		
3.4 If the account is to be used for making payments abroad, please provide:			
Approximate amount per year?	£	<input type="text"/>	
Approximate No. of Transactions per year?		<input type="text"/>	
To whom?	<input type="text"/>		
To which country?	<input type="text"/>		
Purpose?	<input type="text"/>		
3.5 What is the estimated amount you intend to deposit into account each year?			
£	<input type="text"/>		
(i) Out of which approximate Cash Deposit in to account per year?	£	<input type="text"/>	
(ii) Average value of Cash Deposit Transaction ?	£	<input type="text"/>	
3.6 Where will your money come from to pay into your account?			
<input type="checkbox"/>	Transfer from another account in your name		
<input type="checkbox"/>	Regular salary payment		
<input type="checkbox"/>	Standing order		
<input type="checkbox"/>	Other (please specify):		
(i) Approximate No. of Credit Transactions per year ?	<input type="text"/>		
3.7 Please provide details of the Bank/Company and country/ies which the initial and subsequent deposits will come from.			
3.8 Please explain how you have accumulated your total wealth e.g. earnings during your lifetime, inheriting family wealth, from your own business etc.			

#### 4. OPERATING INSTRUCTIONS

Self  Either of Survivors  Jointly  Any One or Survivors  Others (Pl. Specify):

#### 5. BANKING FACILITIES REQUIRED (PLEASE SELECT)

Cheque book  Mobile Banking (Available for primary account holder only)

##### Applicant 1

Debit card  Giro book

SMS Alert (Opting for SMS Alert facility is mandatory for availing Debit Card, Mobile Banking and Internet Banking Services)

Baroda Connect Internet Banking (View based only)

Baroda Connect Internet Banking (View and Transaction based)

Preferred user ID for Internet Banking:

(1) (2)

(subject to availability)

##### Applicant 2

Debit card  Giro book

SMS Alert (Opting for SMS Alert facility is mandatory for availing Debit Card, Mobile Banking and Internet Banking Services)

Baroda Connect Internet Banking (View based only)

Baroda Connect Internet Banking (View and Transaction based)

Preferred user ID for Internet Banking:

(1) (2)

(subject to availability)

#### 5.1 GO PAPERLESS

Yes, I would like to receive my monthly statement of account(s) only by E-mail

No, I would like to receive my monthly statement of account(s) by post

#### 5.2 PREFERENCE FOR RECEIVING INFORMATION ON SPECIAL OFFERS AND PRODUCTS/SERVICES FROM BANK OF BARODA GROUP

I/We give our consent to Bank of Baroda (UK) Limited to send us information about special offers I/We may be entitled to (or) products and services available from Bank of Baroda group that may be of interest to me / us by following mode of communication

Email  SMS  Phone  Post

Not Interested [However, Bank will continue to update you on required changes regarding servicing your account with us]

#### 6. DECLARATION

I/We confirm that I have been provided with and have understood Bank's General terms and conditions and following product specific terms and conditions that will be applied to my account/s and agree to be bound by these terms and conditions.

Financial Services Compensation Scheme's (FSCS) Information Sheet & Exclusion List  Summary Box of Deposit Products

Schedule of Bank Charges  Debit card  Mobile Banking (Baroda MConnect Plus UK)  Rapid Funds2India

SMS Alert  Privacy Notice  Baroda Connect Internet Banking Facility  Term Deposit

##### By Signing below:

1. I/We request the Bank of Baroda (UK) Limited (the "Bank") to open account(s) in the above name(s) and information.

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

3. I/We agree that I/we will own the account and not as trustee or nominee.

4. I/We agree that any account opened immediately or on a future date will be subject to the Bank's Terms and Conditions (A copy of which has been provided/available on [www.bankofbarodauk.com](http://www.bankofbarodauk.com)) and as amended from time to time.

5. I/We agree to comply with the Bank's rules with regard to the conduct of the accounts. I/We resolve to provide to the Bank in writing any changes in personal details including addresses or circumstances that may change from time to time.

Signature of the Customer (Applicant 1)

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature of the Customer (Applicant 2)

Name \_\_\_\_\_

Date \_\_\_\_\_

##### FOR OFFICE USE:

Signed in the presence of: \_\_\_\_\_

Name of the Officer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_