



Account Opening Form – NON-INDIVIDUALS

Bank of Baroda, Seychelles

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

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

Type of Account	Scheme Name	Type of Account	Scheme Name
<input type="checkbox"/> Savings Bank A/c		<input type="checkbox"/> Term Deposit A/c	
<input type="checkbox"/> Current A/c		<input type="checkbox"/> Other A/c	

Part-I Corporate details

Name of Corporate (as per registration documents):

Empty grid for corporate name entry

CUSOMER ID : _____

Title of account, if other than corporate name (The title should be supported by documentary proof):

Empty grid for account title entry

Constitution : SOLE TRADER / PARTNERSHIP / PTY LTD / ASSOCIATION / GOVT BODY/ OTHERS

Activity : _____

Registration No. : _____

Date of incorporation : ____ / ____ / ____ (DD/MM/YYYY)

TIN No. : _____

License no. : _____ Valid till _____

Part-II Details of prop./partner/director/shareholder/beneficial owner etc.

Sr. No.	Name	Designation
1		
2		
3		
4		
5		

Sr.No.	Sex (M/F)	Date of Birth	NIN/Passport No.	Nationality
1				
2				
3				
4				
5				

Sr.No.	Annual Income	Status (Minor/Staff/ Non-resident / Others)	Occupation	Customer ID
<u>1</u>				
<u>2</u>				
<u>3</u>				
<u>4</u>				
<u>5</u>				



Residential Address			
	Firm/Company address	Ist Partner/Director	2 nd Partner/Director
Flat No./Bldg Name			
Street/ Road & Area/ Locality			
City and District			
State and Country			
Pin Code			
Tel No., Fax No.			
Mobile			
Email			
	3 rd Partner/ Director	4 th Partner/Director	5 th Partner/Director
Flat No./Bldg Name			
Street/ Road & Area/ Locality			
City and District			
State and Country			
Pin Code			
Tel No., Fax No.			
Mobile			
E-mail			

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.

Document details:

<u>Identity Proof</u>	Ist Partner/director	2 nd Partner/director	3 rd Partner/director	4 th Partner/director	5 th Partner/director
Type of Document					
Document No.					
Doc. Expiry Date					
<u>Address Proof</u>	Ist Partner/director	2 nd Partner/director	3 rd Partner/director	4 th Partner/director	5 th Partner/director
Type of Document					
Document No.					
Doc. Expiry Date					

**Part-III : Account Informations**

Purpose of Account : _____

Source of Funds for the account : _____

Last year turnover/income : _____

Estimated annual turnover in the account : _____

Type of **Credit/Deposit** transactions in the Account : Cash / Cheque / SEFT / Wire Transfer / Others -----

Source of Credit / Deposit Transactions : _____

Type of **Debit / Withdrawal** Transactions : Cash / Cheque / SEFT / Wire Transfer / Others -----

Purpose of debit / withdrawal Transactions : _____

Operating Instructions (Please mark \checkmark in appropriate box):

Self by Single partner/prop.	Jointly by all	Any other _____
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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 – (View Only) (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

Nomination Form in case of single partner/sole prop. Firm

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 Mr./Mrs _____ (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: _____ 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).

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

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)



Specimen Signature

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

Name	Specimen Signature	Photograph
 Customer ID 8 5 0 0		1. Recent Photo
 Customer ID 8 5 0 0 0		2. Recent Photo
 Customer ID 		3. Recent Photo
 Customer ID 		4. Recent Photo
 Customer ID 		5. Recent Photo

Name: _____
Bank Official in whose presence signed

Signature: _____

Date : _____



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/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 /average quarterly balance which the Bank may prescribe as the minimum /average quarterly balance to be maintained to avail the facilities and agree to pay the charges if minimum /average quarterly balance is not maintained and any other charges stipulated by the Bank.
- I/We shall fill up separate pay-in-slips prescribed by the Bank for various time deposit schemes. I/We understand that the Term deposit shall be under auto-renewal scheme of the Bank unless otherwise specified by me/us.
- 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 to this application/s. Bank of Baroda and its Group entities/companies are empowered to exchange, share or part with all the information, data or documents relating to 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.
(Please mark in appropriate boxes): {a} Applicable in case of sole Proprietary firm & {b} Applicable in case of Partnership firm.
{a} I, the undersigned, am the sole proprietor of the firm and am solely responsible for liabilities thereof. I shall advise you in writing of any change that may take place in the constitution of the firm and I will be liable to you on any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.
{b} We, the undersigned, are the only partners in the firm and are jointly and severally responsible for the liabilities thereof. We shall advise you in writing of any change that may take place in the partnership and, all the present will be liable to you on any obligations which may be standing in the firm's name in your books on the date of receipt of such notice and until all such obligations shall have been liquidated
- **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 through Accuity Compliance:**
I/we hereby give my/our consent for name screening against PEP list / international sanction list/ adverse media report through Accuity Compliance.
- **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 fill 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.

Signature of all signatories:

- 1.
- 2.
- 3.
- 4.
- 5.



Part-V LETTER OF MANDATE TO OPERATE ACCOUNT

The Manager,
BANK OF BARODA
Victoria, Seychelles

Dear Sir,

Ref. : MY / OUR CURRENT ACCOUNT No. _____ WITH YOU

I/We hereby request you from time to time to pay and honour all cheques which may be drawn by Mr. _____ including cheques made out in his own favour, purporting to be drawn by him and on my/our account and to your books, notwithstanding that payment of such cheques may create an overdraft or increase it to any extent. Any operation by Mr. _____ on my/our current account will be binding on me/us and you are, therefore, requested to act on instructions received from him in connections with the said current account.

Mr. _____ will also make, draw and endorse and accept or otherwise sign bills of exchange, promissory notes, or other negotiable instruments and discount the same with your Bank or otherwise, and will also pay monies, cheques, notes, drafts, orders and all other documents to the credit of my/our Current account and as and when needful endorse the same for me/us and will also certify the correctness of the balance of my/our current account, and will also acknowledge debt or debts from me/us so as to bind me/us all and will also receive notices on my/our behalf.

He will also endorse, pledge, deposit, withdraw, sell Government and other securities, shares, bills of lading, railway receipts and such other instruments and open letters of credit on my/our behalf, and give, vary and revoke instructions regarding my/our accounts in respect of all transactions and acts which he may do

For Partnership Firm

Upon the firm and the partners and perform, and all such acts shall be binding on me/us and my/our heirs executors and administrators thereof and the heirs, executors of any such partners, their and his successors and I/We shall always and at all times, allow, ratify and confirm all and whatever said Mr. _____ assigns and in the case of dissolution of our partnership, all acts done by the said _____ shall do in relation to the said current account and/or under this mandate.

For Sole Prop. firm

Mr. _____ shall be binding upon the firm and each and every one of us and all other persons claiming from under or in trust for us or any of us unless notice in writing of such dissolution is previously received by you and we shall always and at all times allow ratify and confirm all and whatever the said Mr. _____ shall do in relation to the said current account and/or under this mandate. This mandate if not revoked in my/our life time shall be binding upon my/our estate and effects and our legal representative until a written notice of my/our death is given to you.

This mandate shall continue in force until you receive a notice in writing from me/us to the contrary.

Specimen signature of _____



Yours faithfully,

Mr. _____

**Account Opening Form – NON-INDIVIDUALS****Bank of Baroda, Seychelles****Politically Exposed Person (PEP) Declaration Form**

Account No.	9	0	2	1	0									
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In accordance of guidelines of Anti Money Laundering Act 2006 of Seychelles (as amended from time to time), there is an obligation on Financial Institutions to undertake Enhanced Due Diligence (EDD) & enhanced ongoing monitoring for those customers who are classified as a Politically Exposed Person (PEP).

As per paragraph 6 of Chapter 9A of AML Act 2006, Seychelles, PEP is defined as an individual entrusted with a prominent public function in the last three (3) years, and includes any immediate family member or close associate of such an individual.

Please select the relevant box, confirming you are/are not PEP & sign the declaration at the bottom of the form and return this Form to our office. It is your obligation to inform us of a change to your status as a PEP or Non PEP should it change at any time in the future.

<input type="checkbox"/>	I am not a Politically Exposed Person (Default Option)
<input type="checkbox"/>	I am a politically Exposed person and hold post of _____.
<input type="checkbox"/>	I am close relative of politically exposed person _____ (Name of PEP) Relation with PEP - _____

Having read and understood the above definition, I the undersigned, declare that the information in this form is true, exact and complete, and I agree to notify Bank of Baroda, Seychelles immediately of any modification to any of the information provided.

Also, I undertake to provide documents/informations to Bank of Baroda for completing CDD as per FIU/any regulatory guidelines and will keep Bank of Baroda indemnified from any compliance issues related to transactions in my/our account.

Date : _____ Name : _____ Signature of customer _____

If you are a PEP, Bank is required to obtain additional details for better ongoing monitoring of accounts/transactions as required under AML Act /regulations.

Personal Income/wealth Details:

Income Per Month	
Source	
Additional Income, if any	
Source of Additional Income	
Total Wealth as on date	
Source of wealth	

Account Details:

Type of Major Debits	Cash/Transfer/EFT/Cheque
Utilization of such debits	
Average size of such debits	
Type of major credits	Cash/Transfer/EFT/Cheque
Source of such credits	
Average size of such credits	
Estimated Turnover in the account	
Details of account with Other Bank	

Date:**Signature**



Declaration Form for “Beneficial Owner” (To be filled by the customer)

As per bank’s Customer Acceptance Policy (CAP), branches should undertake reasonable measures to identify the beneficial owner(s) and verify his /her/their identity in a manner so that branch is satisfied that it knows who the Beneficial Owner(s) is/are.

The procedure of identification is as under:

SR	Constitution	Beneficial Owner
1	Where the client is a company	The natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest of or entitlement to more the twenty-five* percent of shares or capital or profits of the company or who exercises the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreement or voting agreements
2	Where the client is a partnership firm	The natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of / entitlement to more than twenty-five percent of the property or capital or profits of the partnership
3	Where the client is an unincorporated association or body of individuals	The natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than twenty-five percent o the property or capital or profits of such association or body of individuals
4	Where no natural person is identified under (1) or (2) or (3) above	The relevant natural person who holds the position of senior managing official
5	Where the client is a trust	The author of the trust, the trustee, the beneficiaries with twenty-five percent or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership

Note: Where the client or the owner of the controlling interest is a company listed on a stock exchange, or is a subsidiary of such a company, **It is not necessary to identify and verify the identity of any shareholder beneficial owner of such companies.**

***10% in case of high risk customer.**

Details of “Beneficial Owner”

Sr No	Name of Beneficial Owner	Designation	Address	Identification proof			Address proof		
				Document type	Issue date	Expiry Date	Docume nt type	Issue date	Expiry Date

Date:
Place:

(Signature of Authorized Signatory)
Name:



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/green card holder of USA.

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

Date :

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.