



बैंक ऑफ बड़ौदा Bank of Baroda

Sydney Branch

ABN: 48 125 314 249 AFSL: 42 77 04

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### APPLICATION FOR OPENING A CURRENT ACCOUNT

Company Details		
Name of the Company:		
ABN/ACN:		
Constitution/Replaceable Rules:		
Date of Establishment / Registration:		
Business Contact Details		
Regd. Office Address:		
Length of time at this Address:		
Website:		
Telephone (Office):		
Mobile:		
Fax:		
Email Address:		
Name of Proprietor/Partners/Directors of Company and their Address:		
No.	Name	Designation and Address
1.		
2.		
3.		
Details of Sole Proprietor/Partner/Director:		
Work Phone		
Fax		
Email Address		
Mobile Phone		

#### Persons authorised to operate an account:

(Please mark ✓ in appropriate box)

Operating Instructions			
Self	Anyone of Directors/Partners/Proprietor	Jointly	Others (Please specify)

The authorised signatories may deposit in or withdraw monies from the account, request bank statements and otherwise operate the Bank account.

For limited companies	
Account Title:	
Registered Office Address (if different from business trading address):	
Date of Registration:	

Confirmation of all Shareholders with a holding of 20% or more:	
Full Name	Shareholding

**Letter provided:**

Shareholder's details confirmed as per the letter attached, signed by the company secretary, a formation agent, an external solicitor or an external accountant.

We have handed over/Bank has already received for inspection and return of the current Certificate of Registration of the Company.

The directors of the Company have duly passed a resolution at a legally constituted meeting of the directors for the opening and operation of the accounts.

**Declaration:**

As Company Secretary/Director, I confirm that details are true.

Date:		Name:	
		Designation:	
Place:		Signature:	

**For incorporated associations**

Full name of the Association ABN	
Full address of the Association's principal place	
Residential address of the public officer If there is no such person, president, secretary or treasurer	
Unique identifying number	
Full name of the Chairman Full name of the Secretary Full name of the Treasurer	

We handover herewith/already handed over:

- Current Constitution/rules
- Current certificate of registration

The members of the committee has duly passed a resolution at a legally constituted meeting of the members of the committee for the opening and operation of the accounts

We confirm that there are no restrictions on the rights or powers of the association as regards operation of banking account.

**For Partnerships**

Full name of the Partnership/ABN	
Address	
Business name (if any) and Registration Number	
If a partner is a company	Identify as company

Work Telephone Number	
Fax Number	
Email Address	

We, the partners, handover/ already handed over

- Partnership Deed/Agreement
- Certificate of Registration of Business Name (if applicable)
- Certified copy of assessment from Australian Taxation Office or letter from the accountant on Letterhead.

Each of the partners have dually passed a resolution at a legally constituted meeting of the partners for the opening operation

We confirm that there are no restrictions on the rights or powers of the partners as regards to the operation of the banking account.

#### **For Sole Traders**

If trading under Business Name, registered Business Name and Number and ABN	
If trading under the Sole Traders name (unregistered), the personal name and ABN	Individual identification is required Account name must be in the name of the Sole Trader only

I hand over/ handed over

- Certificate of Registration of Business Name
- Individual identification

#### **For Trusts**

Full name of the Trust and ABN	
Name of the Trustee(s) and if it a company the ACN	
Address	
Work telephone	
Telephone (including mobile phone) of the Trustee(s)	

We hand over / handed over

- Certified copy of the Trust Deed/ Unit Trust deed
- If trustee is a company, Certified copy of the Certificate of Incorporation
- Names of the Directors
- Names of the Beneficiaries (including discretionary beneficiaries), certified by the accountant
- If Unit Trust, certified extract of the register setting out the current Trustee and the current Beneficiaries from the accountant

- If beneficiary/unit holder is a company, certified copy of the incorporation and the information relating to shareholders holding more than 20% shares and directors as per the requirement under companies.

**Details of Persons Authorised to operate an account:**

Name/s		
Address		
Details of existing account with Bank of Baroda		
Date of birth		
Passport Details		
Country:		
Document No.:		
Issuing Authority		
Place of issue:		
Date of issue:		
Valid up to:		

**Note ; Being a Branch of foreign Bank, Division 2 of Banking Act is not applicable to our Bank. Hence, we are not subject to the depositor protection provisions of the Banking Act.**

Your agreement with us:

We confirm that details on this form are accurate and authorise you to make enquiries to check this information.

We acknowledge that we have read and understood the following:

- Financial Service Guide
- Product Discloser Statement
- Privacy Policy Statement and Consent. We consent to the terms of the Privacy Policy Statement.

We understand that we are required to state all the names by which we are commonly known and we are prohibited from using false names. We confirm that the particulars of each signatories and of the account holder are complete and correct.

We have signed the Authority to Operate Account by Facsimile or Email.

We apply to open a Current account (and if applicable) such other accounts with Bank as notified by bank,

Customer Signature		Date
1		
2		
3		

KYC Interview Note:						
Business Name						
Nature of Business/Activities (Describe a typical day at your job.)						
Your Business Premises	Owned		Rented		Lease Term	Other
Your expected cross border dealings and countries involved						
Method and Frequency of deposits in your account						
Business Turnover						
If the Business is New	No, Start date of the Business					
	Yes, What is the initial cost of setting up the business?					

Branch Official's Comments	
Name & Signature	
Date	

Specimen Signature Card		
1	Full title of Account	
2	Customer ID	

	Name of Signatory	Signature
1		
2		
3		
4		