



बैंक ऑफ़ बड़ौदा *Bank of Baroda*

ABN: 48 125 314 249
AFSL: 42 77 04

Sydney Branch

Suite 701, 702, Level 7, 265 Castlereagh Street, Sydney NSW 2000
Email: sydney.australia@bankofbaroda.com; Phone: (02) 90877400 Fax: (02) 90877450

TERM DEPOSIT ACCOUNT OPENING FORM FOR INDIVIDUALS

Date:

Account Number:

	Title	Given Name	Surname	Gender
1				
2				
3				

	Date of Birth	Nationality	Visa Status
1			
2			
3			

Residential Address			
	First Applicant	Second Applicant	Third Applicant
Unit			
Street/Avenue/Road/ Others			
Suburb			
City			
State			
Post Code			
Contact Details			
Mobile Number			
Home Phone No.			
Work Phone No.			
Fax No.			
Email Address			

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.

Customer Signature/Signatures:

(Please mark √ in appropriate box)

<input type="checkbox"/>	Service	<input type="checkbox"/>	Professional	<input type="checkbox"/>	Retired	<input type="checkbox"/>	Student	<input type="checkbox"/>	Any Other	<input type="checkbox"/>	Please Specify

Employment Information	
Occupation	Employer Details
1	
2	
3	

Tax File Number Notification/Exemption:

You need to provide the Tax File Number (TFN) or if you are exempt, please provide us with a reason. It is not an offence if you do not quote your TFN or not give the reason for exemption. Bank of Baroda will deduct Withholding Tax at the top marginal rate.

Term Deposit Placement Instructions:

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

Deposit Period (Term Maximum 60 Months)

(Please mark √ in appropriate box)

Please select frequency of Interest Payments		
<input type="checkbox"/>	Annually	<input type="checkbox"/>
<input type="checkbox"/>		Maturity
Deposit Currency		
<input type="checkbox"/>	AUD\$	<input type="checkbox"/>
<input type="checkbox"/>		USD\$
<input type="checkbox"/>		Others(Please Specify)

Funding Details:

Deposit Amount:
 (Minimum Investment Amount \$250,000)

For Payment Please:

Debit my Account: _____
 Funding through Cheque: _____

Maturity Instructions:

As per normal Bank's practice automatically renew a deposit with accrued interest in case no instructions are provided.

Pay Principal + Interest to

1. Account Number

2. Bank Cheque

(Please mark √ in appropriate box)

Operating Instructions											
<input type="checkbox"/>	Self	<input type="checkbox"/>	Either or Survivor	<input type="checkbox"/>	Former or Survivor	<input type="checkbox"/>	Jointly	<input type="checkbox"/>	Any one or Survivor/s	<input type="checkbox"/>	Others(Pl. Specify)

I am handing over / already handed over

The Account Operating Authority		
Branch Name		
Title of the Account		
Account Number		
Operating Instructions		
Name	Specimen Signature	
Customer ID		
Customer ID		
Customer ID		

Name: _____ Signature: _____ S.S. No: _____

Bank Official in whose presence signed.

- Certified copy of the Passport.
- Certified copy of a public utilities record indicating the current address.

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. Please mention Yes or No

Name of account holder/holders

Signature/Signatures

Bank official in whose presence signed

Name : _____ Signature : _____ S.S. No. _____