



बैंक ऑफ 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@bankofbaroda.com Phone: (02) 90877400 Fax: (02) 90877450

TERM DEPOSIT ACCOUNT OPENING FORM FOR COMPANIES

Date:

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Account Number:

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Company Name	
ACN or ABN	

	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			
Home Phone			
Work Phone			
Fax			
Email Address			

**Being a Branch of a 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.**

Signatures:**Company/Association verifying officers (fill up if applicable):**

Company/Association Name	Signatures

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"/>	Maturity	
Deposit Currency			
<input type="checkbox"/> AUD\$	<input type="checkbox"/>	<input type="checkbox"/> USD\$	<input type="checkbox"/> Others(Please Specify)

Funding Details:

Deposit Amount:

For Payment Please:

- ☐ Debit my Account Number:
- ☐ Funding through Cheque Deposit:

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

Persons authorised to operate an account:

(Please mark ✓ in appropriate box)

Operating Instructions		
<input type="checkbox"/> Anyone	<input type="checkbox"/> Jointly	<input type="checkbox"/> Others (Please Specify) <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	

Details of your Accountant	
Name	
Telephone:	
Email:	
Address:	

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

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:	
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 are no restrictions on the rights or powers of the association as regards operation of banking account.

Tax File Number Notification/Exemption:

You need to provide the Tax File Number (TFN) or if you are exempt, please provide the 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.

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.

Name of account holder/s

Signature/s

Bank official in whose presence signed

Bank use only

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

SPECIMEN SIGNATURE CARD

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

		Signature
Name		
Official Position		
Address		
Name		
Official Position		
Address		
Name		
Official Position		
Address		