



**APPLICATION FOR OPENING INDIVIDUAL ACCOUNT
(Current/Savings)**

The Branch Manager
Bank of Baroda NZ Ltd.

Branch:

Dear Sir/Madam,

I/We request you to open an account in my/our name(s)

Styled as (Tick type of A/C)

Current ☐ Savings ☐

☐ Savings ☐ Super Savings ☐ Golden Savings ☐ Freedom 60 Savings

Purpose of A/C Opening _____

Currency ☐ NZD ☐ USD

For Office Use

Customer ID:

Customer ID:

Customer ID:

Account No:

I have verified the documents submitted and confirm that CDD norms are fully complied with.

Supervisor's Signature: _____

Date: _____

Account opened by: _____

Verified by: _____

OperationHead/Branch Manager's Signature: _____

Risk Category: _____

	FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT
TITLE			
FIRST NAME			
MIDDLE NAME			
SURNAME/FAMILY NAME			
DATE OF BIRTH (DD/MM/YYYY)			
PLACE OF BIRTH			
COUNTRY OF BIRTH			
NATIONALITY			
PASSPORT NUMBER			
DATE OF ISSUE (DD/MM/YYYY)			
PLACE OF ISSUE			
EXPIRY DATE (DD/MM/YYYY)			
NZ DRIVING LICENSE NUMBER			
EXPIRY DATE (DD/MM/YYYY)			
IRD NUMBER *			
WITHHOLDING TAX RATE ON * INTREST EARNED ON THIS A/C			
ARE YOU NEW ZEALAND RESIDENT (Y / N)			
IF NO, COUNTRY OF RESIDENCE			
EMPLOYMENT STATUS			
NAME OF EMPLOYER*			
IF SELF EMPLOYED – NAME OF THE BUSINESS*			
ANNUAL INCOME (BEFORE TAX) *			
PERMANENT ADDRESS:			
HOUSE/BLDG. NUMBER			
STREET/ROAD			
CITY/AREA			
COUNTRY			
POST CODE			
PHONE			
MOBILE*			
EMAIL ADDRESS*			

	FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT
CORRESPONDENCE ADDRESS: (IF SAME AS ABOVE) <input type="checkbox"/>			
HOUSE/BLDG. NUMBER			
STREET/ROAD			
CITY/AREA			
COUNTRY			
POST CODE			
PHONE			
MOBILE *			
EMAIL ADDRESS *			
RELATIONSHIP WITH JOINT APPLICANT			
OPERATING INSTRUCTIONS	<input type="checkbox"/> SELF	<input type="checkbox"/> EITHER OR SURVIVOR	<input type="checkbox"/> JOINTLY <input type="checkbox"/> ANY ONE
IN CASE APPLICANT IS MINOR:			
NAME OF GUARDIAN			
RELATIONSHIP WITH MINOR			
FACILITIES REQUIRED:			
1 STATEMENT OF A/C	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
E - MAIL			
2 INTERNET BANKING	<input type="checkbox"/> Transaction Rights <input type="checkbox"/> View Only	<input type="checkbox"/> Transaction Rights <input type="checkbox"/> View Only	<input type="checkbox"/> Transaction Rights <input type="checkbox"/> View Only
3 MOBILE BANKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4 DEBIT CARD CUM ATM CARD#	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME TO APPEAR ON DEBIT CUM ATM CARD#			
Are you a tax resident of any other country other than New Zealand*	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please list all other country/ies where you are a tax resident	Country of tax residence	Tax identification Number	Country of tax residence

SPECIMEN SIGNATURE

BRANCH		TITLE OF THE ACCOUNT	
ACCOUNT NUMBER		OPERATING INSTRUCTIONS	<input type="checkbox"/> SELF <input type="checkbox"/> E or S <input type="checkbox"/> JOINTLY <input type="checkbox"/> ANY ONE

Name	Specimen Signature
	✓
	✓
	✓

Name: _____ Signature: _____ E.C.No: _____

Bank official in whose presence signed

SERVICE CHARGES

Dear Account holder/s,
Please note that the following charges are applicable to your accounts:

Sl. No.	Types of accounts	Minimum Balance Required	Charges for the non-maintenance of minimum balance
1	Baroda savings Account	NIL	NIL
2	Baroda Super savings Account	\$1000	\$10 (per Month)
3	Baroda Golden Savings Account	\$1000	\$10 (per quarter)
4	Baroda Freedom 60 Savings Account	NIL	NIL
Cash Handling Charges: (deposit or withdrawal)			
1	Up to \$3000		NIL
2	> \$3000 & up to \$5000		\$2 per \$1000
3	>\$5000		\$4 per \$1000
Account Maintenance fee:			
1	Baroda Personal Current Account		\$5 per month
2	All types of savings accounts		NIL
Debit Card one off charge \$10			
Remittance			
1	Remittances to India in individual A/C's		Free

(These charges are subject to change from time to time, however prior information regarding change will be given on our website .

Please note that this list is not exhaustive and to know more about charges for other services, you may visit to our web site www.barodanzltd.co.nz

CDD DOCUMENT TO BE SUBMITTED BY THE APPLICANT/S

<p>OPTION-1 (ANY ONE OF THE FOLLOWING DOCUMENT, SUBJECT TO BANK'S SATISFACTION)</p> <p>PHOTOGRAPHIC IDENTIFICATION</p> <ol style="list-style-type: none"> 1. New Zealand Passport 2. New Zealand certificate of identity issued under passports act 1992 3. New Zealand certificate of identity under immigration New Zealand operational manual that is published under section 25 of immigration Act 2009 4. New Zealand refugee travel document issued under the passport Act 1992 5. Emergency travel documents issued under the passport Act 1992 6. Overseas passport or a similar document issued for the purpose of international travel which <ol style="list-style-type: none"> i) Contains the name, date of birth, a photograph and the signature of the person in whose name the document is issued and ii) Is issued by a foreign government, the United Nations or an agency of the United Nations. 7. A national identity card issued for the purpose of identification, that <ol style="list-style-type: none"> a. Contains the name, date of birth, a photograph and the signature of the person in whose name the document is issued and b. Is issued by a foreign government, the United Nations or an agency of the United Nations. <p>OPTION-2 (ANY ONE OF THE FOLLOWING DOCUMENT, SUBJECT TO BANK'S SATISFACTION)</p> <p>NON-PHOTOGRAPHIC IDENTIFICATION</p> <ol style="list-style-type: none"> 1. New Zealand full birth certificate 2. Certificate of New Zealand citizenship issued under Citizenship Act 1977 3. Citizenship certificate issued by a foreign government 4. Birth certificate issued by a foreign <p>In combination with a supporting form of photo ID</p> <ol style="list-style-type: none"> a. New Zealand driving licence b. 18+ Card c. a Valid & current international driving permit <p>(For other details, please ask bank officials)</p>	<p>LIST OF DOCUMENTS FOR ADDRESS PROOF (ANY ONE OF THE FOLLOWING, SUBJECT TO BANK'S SATISFACTION)</p> <ol style="list-style-type: none"> 1. Utility bill (electricity, gas, water, broadband, phone mobile etc.) 2. Bank Account statement (with address), issued by a registered New Zealand Bank. 3. Income Tax assessment order (with address) 4. NZ Council rates notice or valuation 5. Document issued by a NZ government agency 6. Tenancy agreement 7. A letter from current employer 8. Other official documents showing address
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TERMS & CONDITIONS & DECLARATIONS (Please mark in appropriate boxes):

I/we have read, understand and agree to abide by the bank's rules relating to the conduct of the above account /services/products/Fee & charges which are displayed on the website www.barodanzltd.co.nz / Contained in the brochures of the bank from time to time.

- ☐ I/We wish to be informed about various features/products promotional offers made by the bank from time to time.
- ☐ Please do not call/contact me/us for various features/products 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 shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority.
- I will indemnify the bank against the claim of the above minor of any withdrawals/ transactions made by me in his/her account.
- I/We understand that in the event of 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 /quarterly average balance which the bank may prescribe as the minimum/quarterly average balance to be maintained to avail facilities and agree to pay charges if the minimum/quarterly average balance is not maintained and any other charges stipulated by the bank. I/we understand that any change in this respect will be notified by the bank on its website www.barodanzltd.co.nz and also will be displayed on the notice board of the branches one month in advance.
- I/We shall fill up separate pay-in-slips prescribed by the bank for various time deposit schemes.
- I/We authorise Bank of Baroda (New Zealand) Ltd/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 in this application. Bank of Baroda (New Zealand) Ltd and its group entities/Companies are empowered to exchange, share or the part with all the information, date or documents relating to my/our application inter se among themselves or to other banks/Financial Institutions/Credit Bureaus/Agencies/Statutory Bodies/Such other entities/person as may be deemed necessary or appropriate or as may be required for processing of such information/-date by such person/s or for further agree that such disclosures do not constitute a breach of privacy principles specified in the privacy Act 1993.
- I/We also authorise you to use this base account opening form for the purpose of opening any other ancillary account(s) with your bank.
- I/We declare that I/We am/are the beneficiary/owner of the funds that are being and/or will be deposited from time to time in my/our account and these funds in all or any part of it are in no way linked in any manner howsoever with terrorist financing or are proceeds of any illegal activities/criminal conduct and do not constitute tainted property (as that term is defined under the criminal proceeds (Recovery) Act 2009) or a money laundering offence under the Anti-Money laundering and Counter terrorism Act 2009.
- I/We are aware of my/our obligation and undertake to inform the Bank promptly of any change in my/our circumstances and provide the missing or updated information as appropriate relating to this account.
- The information in this application forms the basis of the agreement between me/us and Bank of Baroda (New Zealand) Ltd.
- I/We certify that the information on this application is true and correct.
- I/We certify that I/We am/are not (an) undischarged bankrupt(s) and am/are not liable under the Insolvency Act 2006 and its amendments.

For Debit cum ATM card to be issued in the operative deposit account:

- I/We have read and understood the term and conditions governing the usage of the Debit card. I/We accept to be bound by the said terms & conditions and to any changes made there in from time to time by Bank at its sole discretion. I/We authorise Bank of Baroda (New Zealand) Ltd to issue a Debit cum ATM Card to the person/s as name mentioned in the application of account opening form. I confirm that I am sole account holder or have the required mandate to operate the account singly linked to the Debit Card. I/We future unconditionally and irrevocably authorise you to debit my/our account annually for Debit Card fees/charges if any stipulated by the bank.
- I/We accept full responsibility for my/our Debit Card & agree not to make any claim against Bank of Baroda (New Zealand) Ltd in respect thereto.

Internet Banking

Baroda e-Banking Retail services are provided only in those account where the mode of operation is one of the following- 1) self, 2) Either or Survivor,3) Anyone or Survivor/Survivors. Each signatory to an account requiring access to Baroda e-Banking retail services must have a separate user ID and Pin and therefore a separate form must be used for applying for these services by each signatory to an access. For expeditious registration please ensure that all information given in the form is complete & correct.

Account Holder (1)

Signature: ✓

Account Holder (2)

Signature: ✓

Account Holder (3)

Signature: ✓

Declaration:

I/We affirm, confirm and undertake that I/We have read and understood the terms & Conditions for usage of the Bank of Baroda e-Banking retail services and agree to them. I/We am/are aware that usage of Bank of Baroda e-Banking is governed by the terms and conditions which are displayed on <https://cbs.intl.bobibanking.com/intl/newzealand/newzealand.htm> the site maintained by Bank of Baroda and I/We have reviewed the contents of the same. I/We accept terms and conditions governing internet banking of Bank of Baroda applicable for bank accounts as displayed on bank's website. I/We accept and agree that I/We are aware of the contents of the terms and conditions and that all my/our right and liabilities would be governed by said term and conditions by my/our act of accessing on www.bobibanking.com. I/We there by agree to be subject to and confirm with all the provisions of the terms and conditions which are incorporated by reference herein and deemed to be part of this application form the same extent as if such provisions had been set forth in full herein.

I/We do hereby indemnify and forever keep indemnified the Bank and its successors, assigns, from and against any and all claims, act, penalties that may be made, Suffered or incurred by the Bank by reason of noncompliance of any of the terms and conditions mentioned therein or any non-compliance with any New Zealand statutes, including but not limited to sections 248 to 254 of the crimes Act 1961.

E-MAIL INDEMNITY FORM

If you wish to provide Bank of Baroda (NZ) Ltd – Branch with transfer orders or other instructions via or scanned through e-mail*, you will first need to authorize Bank of Baroda (NZ) Ltd to do so, by completing this form and returning it to the address shown below. DO not wait until you wish to make a transfer order or other instruction. Returning this form now will ensure that we have all the necessary information required to respond to any e-mails attaching a scan (whether in portable document format (PDF) or otherwise) of signed instructions.

I/We here by authorize Bank of Baroda (NZ) Ltd to accept and execute transfer orders or other instructions received by or scanned through e-mail* from me/us or purporting to bear my/our signature/s.

I/We here by undertake to keep Bank Of Baroda (NZ) Ltd indemnified and free from all claims, damages, charges, charges and expenses which Bank of Baroda (NZ) Ltd may incur, directly or indirectly by reason of complying with this request/instruction or any incorrect or improperly authorized transfer order or other instruction from me/us received by Bank of Baroda(NZ) Ltd via or scanned through e-mail*, unless Bank of Baroda (NZ) Ltd acts fraudulently or with gross negligence.

Notwithstanding the foregoing, Bank of Baroda (NZ) Ltd may at anytime at its absolute discretion to execute any request or instruction given via or scanned through e-mail* pursuant to this request/instruction.

This request/instruction shall remain in force until I/We shall give Bank of Baroda (NZ) Ltd written notice to the contrary.

I/We assume all risks in relation to any such communication via and/or scanned through e-mail* and, in particular, and without prejudice to the generality of the foregoing, risks due to errors or breakdown in transmission.

***Please indicate whether Bank of Baroda (NZ) Ltd may accept instructions via e-mail by ticking the boxes below:**

Yes ☐ No ☐

FATCA-Common Reporting Standard individual tax residency self- certification

- 1 If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number. If you have any questions about your tax residency please contact your tax advisor.
- 2 In case Tax Identification number is not available, kindly provide functional equivalent

Declaration / Certification: I/we certify that all the information provided by me/us on this declaration form is true, correct and complete. I/we have understood the information requirements of this Form. I /we also confirm that I/we have understood and accept that towards compliance with tax information sharing laws, such as FATCA and CRS, Bank of Baroda (New Zealand) Ltd (hereinafter referred to as "the Bank") would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders and such information may be sought either at the time of account opening, signing this form or any time subsequently. I/we also understand and accept that in certain circumstances (including if the Bank do not receive a valid self-certification from the account holder) the Bank may be obliged to share information on the account with relevant tax authorities. I/we also undertake that we shall advise the Bank within 30 days of any change in circumstances which affects the tax residency status of the above individual(s) mentioned in this form. I/We acknowledge that the information contained in this form and information regarding the account holder and any account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the account holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information. I/ We also understand that towards compliance with such laws, the Bank 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. I/We also understand and accept that as may be required by domestic or overseas regulators/ tax authorities, the Bank may also be constrained to withhold and pay out any sums from your account or close or suspend our account(s).

Account Holder (1)

Name: _____

Signature: _____

✓

Date: _____

Account Holder (2)

Name: _____

Signature: _____

✓

Account Holder (3)

Name: _____

Signature: _____

✓