

Ref No		
Branch Na	me	

Account Opening Form

(Applicable for Savings Account/Current Account/Term Deposits For non-individuals: Sole Proprietorship Concern, Partnership Firms, HUF, Trusts, Associations, Societies, Clubs and Companies)

Choice of Account	Savings Account	Current Account	Term D	eposit	Others, p	olease specify		
Details of Applicant								
Name of Account:								
Constitution:	Association	Sole Proprietor	ship Conce	ern	Partners	ship Firm	Soci	etv
	Private Limited		Public Lim			r	HUF	•
	Trust	Club	Other (Ple					
Date of Incorporation:	D D M M Y Y		,	-	atest year):			
Registration No.:		PAN/GIR No.:	7 ii ii idai ta	1110701 (1	atest year,	Whether SSI:	Yes	No
GSTIN No.		17 (14) GIIC 140	NRFC Cor	e Investr	ment Comp	any (CIC) Yes	No	NA
Legal Entity Identifier (LE	D		INDI C COI	C IIIVC3ti	nent compe	arry (CiC) ics	140	14/ (
In case of current account		Domestic transactions	only	Foreign	Trade trans	actions & domest	ic transac	tions
Source of funds credited t		Business Receipts	Office	_	(Please Spec		ic transac	
Jource of furius credited t	o the account.	business Receipts		Others	(i lease spec	.11 <i>y)</i>		
Term Deposit details: Am								
Period:	Years:	Month:	D	ay:		Interest Rate:		_ % p.a.
Maturity instructions								
Auto Rollover (same Pe	riod) C	Credit Interest to my/our	Barclays A	/c no		and renew	Principal	amount
Credit maturity proceed	s to my/our Barclays	A/c no			Pay interest	/maturity procee	ds by DD.	/PO
Deduct TDS Yes	No (Attach valid IT e	exemption certificate)						
a) Part withdrawal of TD not appl fixed deposit will be auto rolled or								
completion of the Term of autom								
for a period shorter than its rema	ning period of the contract,	the bank will determine its own	n penal interes	it.				
Channel Registration: I/V	Ve wish to apply for th	e following services:						
Domestic Debit Card		ional Debit Card			SMS Alerts	5		
(Only Domestic transa	•	omestic & International	Transaction	าร				
are allowed on this ca	•	wed on this card)	A .11		٠. ،			
Mobile Number			Autr	norisea S	Signatory			
Note: 1. Only one Debit ca	rd to be offered per ac	ccount. 2) In case of con	npanies, pa	rtnership	firms, sole	proprietorship co	ncerns De	ebit Card
can also be issued for the	Authorised Signatory.	To apply for the same y	ou are requ	ested to	contact bra	nch/Relationship	Manager	
Please specify the mode	of operation with limi	its, if any						
	Name					y all/ Anyone/ Limit	based	
			authorisatior	n/Any otr	ner please spe	city)		
Mailing/Operating Address	SS:	Re	gistered Of	ffice/Per	manent Add	ress:		
Country:		Co	ountry:					
Tel. No.:			l. No.:					
Mobile No.:			obile No.:					
Email:		En	nail:					
Gross annual income:	Rs <5lacs Rs 5-10l	acs	oss annual	incomo	: Rs <5lac	cs Rs 5-10lacs		
	-50lacs Rs 50lacs		Rs 10-20la		s 20-50lacs	Rs 50lacs & a		
						5 5 4 4		

Nature of business/activity:		er S	Service Provid		1	rader
Others (please specify)				Industry		
Business/Commercial Activi Details of all accounts with I		ducts)				
Account	No.			Type of Account		
I/we declare that I/we	do not avail of any cred	lit facility		I/we declare the I/we avai	I the following o	redit facility
Name of Bank	Br	anch Address	Det	ails of credit facilities (If any)	Am	nount
Initial payments details: An	nount					
Cash (to be deposited a						
,			Chea	ue No	Dated	
Other Bank Cheque No.						
				Branch		
23.30						
Monthly Statements - Quarterly Statements -	tion - Please tick one of the Free e-statements to registere Free monthly physical stateme Free quarterly physical statem Please visit our branch to colle	ed e-mail address give ents delivered to the eents delivered to the	en as per account mailing address. mailing address.		gistered e-mail addre	ess:
Nomination: Form - DA1 (C Nomination under section 4 respect of the bank deposits	5ZA of the Banking Re		9 and Rule 20	(1) of the Banking Compan	ies (Nominatior	n) Rules, 1985 in
	I/We (Nar	me in Block Letters	s and address o	of all the applicants)		
	Name					
Nominate the following person to whom in the events of my/our/minor's death the amount of the deposit in the above account may be						
		ents of my/our/r	minor's death	Address the amount of the deposit		ccount may be
Nominate the following pers returned by Barclays Bank P		ents of my/our/i				ccount may be
					t in the above a	ccount may be
returned by Barclays Bank P		Details of the nor		the amount of the deposit	t in the above a	
returned by Barclays Bank P Name Mr/Mrs/Miss	LC.	Details of the nor Address	minee	Relationship with deposito	t in the above a	
Name Mr/Mrs/Miss In the Event the nominee is	LC.	Details of the nor Address	minee	Relationship with deposito	t in the above a	
returned by Barclays Bank P Name Mr/Mrs/Miss	LC.	Details of the nor Address we appoint Mr/	minee	Relationship with deposito	r if any Age	Date
Name Mr/Mrs/Miss In the Event the nominee is Residing at my/our/minor (deposit hold	a minor on this date, I/	Details of the nor Address we appoint Mr/ to receive	minee Ms/Mrs ve the amour	Relationship with deposito	r if any Age	Date in the event of
Name Mr/Mrs/Miss In the Event the nominee is Residing at	a minor on this date, I/	Details of the nor Address we appoint Mr/ to receive	minee Ms/Mrs ve the amour	Relationship with deposito	r if any Age	Date in the event of
Name Mr/Mrs/Miss In the Event the nominee is Residing at my/our/minor (deposit hold	a minor on this date, I/	Details of the nor Address we appoint Mr/ to receive	minee Ms/Mrs ve the amour	Relationship with deposito	r if any Age	Date in the event of
Name Mr/Mrs/Miss In the Event the nominee is Residing at my/our/minor (deposit hold Date DDMMYYYY) Signature	a minor on this date, I/ der)'s death during mir	Details of the nor Address we appoint Mr/ to receive or the nor	minee Ms/Mrs ve the amoun ninee.	Relationship with deposito	r if any Age	Date in the event of
Name Mr/Mrs/Miss In the Event the nominee is Residing at	a minor on this date, I/der)'s death during min	Details of the nor Address We appoint Mr/ to receive and the norm to the norm ank Account Sta	minee Ms/Mrs ve the amoun ninee.	Relationship with deposito	r if any Age	Date in the event of
Name Mr/Mrs/Miss In the Event the nominee is Residing at my/our/minor (deposit hold Date D M Y Y Y Signature * Note: Only an individual ca "I agree to disclose the name"	a minor on this date, I/ der)'s death during min Y an be nominated ne of the nominee on B ation facility not require We have read & unders	Details of the nor Address /we appoint Mr/ to receive to receive to the nome of the	minee Ms/Mrs we the amour ninee.	Relationship with deposito t of the deposit on behalf of the Place: Fixed Deposit Advice" Yes omination facility offered be	r if any Age of the nominee,	Date in the event of

Do Not Call/Do Not Disturb

I/We confirm that I/We have verified the identity of the bank officer before handling over the initial payment for opening the account. I/ We have not handed over cash to the officer for opening the account except where I/we have visited the branch personall)(I/We have not been incentivised by a gift/ discount for opening the account. I/We agree to inform the bank if I/we wish to exit from this arrangement. In such cases charges as applicable to any other No Frills Account will also be acceptable to me/us.

Consent of Disclosure of Customer Information

From time to time, Barclays Bank may over various features/products/promotions ("Offers"), which are intended to provide significant benefits to you, either on its own or in tie up with various partners. The bank, may, for this purpose, directly communicate the offers to you. Such communication may be through direct mailers and or other means. By signing below, you agree and consent to the above.

If you do not want the offers to be sent to you, we offer a Do Not Call service. To register for the same, please visit our website www.barclays.in

I wish to receive the offers through	E-mailer	Phone	SMS	Direct Mailers

Customer Agreement and Authorisation

All account holders are to fill out this part of the form

By signing this agreement, you, the individual(s), in your own capacit}(as Proprietor; Partner; Karta, Authorised Signatory or Trustee are:

- a) duly authorised to sign this application and agree to its terms and the terms and conditions referred to in it, and the Signature Card
- b) applying to us, a branch of Barclays Bank PLC, India, for banking services;
- c) confirming that any details you have supplied are true and complete
- d) authorising us to (i) when considering this application to make credit reference, identity (including searching the electoral register) fraud and other enquiries; (ii) to share information about you and how you manage your accounts with credit reference agencies;
- e) authorising us to issue you with any cheque books and/or cards and that we may cancel and replace such cards and cheque books which you are eligible for at any time;
- f) agreeing to accept the Customer Agreement (the terms and conditions) as applicable from time to time which contains your obligations to us and our obligations to you;
- g) agreeing to accept any relevant additional terms and conditions for any products you have applied for;

Further, In case of trusts, partnership firms, joint accounts, by signing below, you are:

- a) agreeing that we may debit your joint account(s) with cheques or other payment orders authorised by any one of you.
- b) authorising us to supply joint statements in respect of your account;
- c) agreeing that we can update your records using information given by any one of you about the other(s);
- d) agreeing to be jointly and severally liable for any money owed to us; and
- e) agreeing that any person detailed in this account is entitled to give us consent to conduct a credit reference, fraud or other enquiry on both/all of you in connection with this application.
- f) consenting to us sharing, at our sole discretion and judgment, your account details with such third parties with whom we may enter into any arrangement for referring you to them for their products or distributing their products to you.
- g) agreeing to replace any or all documents In the event of loss in transit when couriered to Barclays Bank PLC, India
- h) agreeing that the account will only be opened In India subject to satisfactory documentation and checks
-) agreeing that you have the absolute right to reject my/our application and the supporting documents will become your records and will not be returned to me/us authorising me/us to debit the account for all charges/fees payable by me/us without any further confirmation from me/us.

Sig	nature _				Signature				
Naı	me:				Name:				
Dat	te:	D D M M Y	YYY		Date:	D D M	MYYYY		
	Authoris	ed Signatory		Proprietor	Autho	rised Signa	itory	Proprietor	
	Partner		Trustee	Karta	Partne	er	Trustee	Karta	
Em	ail:				Email:				
Sig	nature _				Signature				
Naı	me:				Name:				
Dat	te:	D D M M Y	YYY		Date:	D D M	MYYYY		
	Authoris	ed Signatory		Proprietor	Autho	rised Signa	itory	Proprietor	
	Partner		Trustee	Karta	Partne	er	Trustee	Karta	
Em	ail:				Email:				

Please tick whichever is applicable As our HUF wishes to open an account with your Bank in the said name ___ declare that the first signatory to this letter i.e. is the karta of the joint family and other signatories are the adult co-parceners of the said family. We further confirm that the affairs of the said joint family is carried on mainly by the said karta as also by the other signatories hereto in the interest and for the benefit of the HUF. We all undertake that the claims due to the Bank from the said family shall be recoverable Personally from all or any of us and also for the entire family properties of which the first signatory is the karta, including the share of minor co-parceners. In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1932, we have not got registered our firm under the said Act. We authorise the Bank to issue a Debit cum ATM card to the karta. I/We acknowledge that the issue and usage of the card is governed by the terms and conditions as inforce from time and we agree to be bound by the same. We accept that the terms and conditions are liable to be amended by the Bank from time to time. I/We hereby confirm that this account will be operated singly by the karta. We hereby undertake to inform the Bank of the birth or death of co-parceners or any change occurring at any time in the membership of our joint family during the currency of the account. We agree to indemnify and hold the Bank harmless in case of any loss suffered by the Bank, its customers or a third party or any claim or action brought by a third party which is in any way the result of availing of services by us under the above account title. We agree that all the information disclosed above and correct and agree to inform you of any change in the information provided in this form or in related documents. We confirm having read the rules of the Bank regarding the conduct of the account and the rules and regulations pertaining to all banking facilities by us from time to time. We accept and agree to comply with the terms and conditions or any rules of the Bank that may be in force from time to time. We acknowledge that it is our responsibility to obtain a copy and read the same. I/We have received the deposit rules annexed to this account opening form and agree to abide by the same. Name of Karta: ___ ____ Signature: _____ Details of co-parceners: sd/_____Address:___ Contact No.: Date of birth ______ Nationality _____ Country of Residence _____ Relationship with Karta and occupation _____ sd/____sd/___Address:____ _____ Contact No.: _____ Date of birth ______ Nationality _____ Country of Residence _____ Relationship with Karta and occupation _____ Sole Proprietorship Concern account holders are to provide a letter as set out in this part of the form: Letter of Proprietorship Form: Residential Address: Phone No.: I wish to inform you that I _____ and that I am the sole proprietor of the said concern. I shall be responsible for all transactions with you and obligations I have with you or arising out of the operation of my account(s) with you whether such obligations or transactions are in the course of business under the said trade name and style or otherwise. Notwithstanding any change in the constitution of my concern, or disposal of my proprietary interest in business in the said name. I shall continue to be liable to you and discharge all my obligations to you at all times. I undertake to inform you about such changes and to close or transfer my accounts in the said trade name. If required. (to be signed in your capacity as an individual, without a rubber stamp.) Partnership account holders are to provide a letter as set out in this part of the form: Partnership Letter: We request you to take notice that we are trading in partnership under the name and style of M/s, _ and that our firm has been registered under the provisions of the Indian Partnership Act, 1932 with Registrar of Firms at further request that all transactions entered into with you by all or any

We request you to take notice that we are trading in partnership under the name and style of M/s, _____ and that our firm has been registered under the provisions of the Indian Partnership Act, 1932 with Registrar of Firms at _____ as No. ____ and ____ further request that all transactions entered into with you by all or any one or more of us and all obligations incurred by all or any one or more of us whether under the signature of the firm or sub scribed by the individual signature of the partner or partners entering upon the transaction or incurring the obligation, with or without co-obligants may be regarded by you as entered into and incurred for and on behalf of all of us jointly and severally and also the assets of the firm shall be liable for the amounts due to the bank. We also request you to take notice that everyone of us is authorised to draw, execute, endorse/accept and negotiate cheques, promissory notes, hundies, bills and other negotiable instruments on behalf of all of us and our firm and we also request you to take notice that our liability or liability of our firm to you as aforsaid shall not in anyway be affected even if any third party joins in the transaction as co-obligant. We further hereby intimate to you that each and everyone of us is liable to you in respect of all or any of the aforesaid transactions or obligations. The retiring partner shall be liable to issue notice to you regarding retirement in the manner required under Section 32 of the Indian Partnership Act and such retiring partner/s shall be liable and continue to be liable to you for any act done by any of the partners until public notice is given of the retirement as aforsaid.

Further, in the matter of making payment towards the liability arising in the account or acknowledging the liabilities or any part thereof as and when called upon by the bank to do so for the specific purpose saving limitation we declare that the payment/s or acknowledgement/s made or given by anyone or more of us shall be binding on all of us jointly and/or severally and that the said payment/s and acknowledgement/s so made given by one or more of us shall save limitation against all of us jointly and or severally for the purpose of Law of Limitation, as such acknowledgement/s of debt and or payment/s shall be taken as given and made as agent/s of the other partners.

This letter shall operate and be effective notwithstanding any provision on our deed of partnership which may conflict with any of the terms herein (To be signed by every partner in individual capacity, without rubber stamp.)

terris riereii	i (10 be signed by every partiter in individual capacity,	Without rubber Sta	imp.)	
Trust a	account holders are to provide a letter as set out in the	nis part of the forr	n:	
been set up or more of u individual sig be regarded liable for am and negotian request you joins in the t	you to take notice that we are trustees of a trust know under the provisions of the Indian Trusts Act and furth is and all obligations incurred by all or anyone or more gnature of the trustee or trustees entering upon the trustee of the trustee or trustees entering upon the trustee you as entered into and incurred for and on behalf ount due to the bank. We also request you to take not the cheques, promissory notes, hundies, bills and other to take notice that our liability or liability of our trust to transaction as co-obligant. We further hereby intimate forsaid transactions or obligations.	ner request that all of us whether und ansaction or incurr of all of us jointly a ice that everyone on negotiable instrun o you as aforsaid s	der the signature of the trust or s ring the obligation, with or witho and severally and also the assets of us is authorised to draw, execu nents on behalf of all of us and o hall not in any way be affected ev	ubscribed by the ut co-obligants may of the trust shall be ate, endorse/accept our trust and we also wen if any third party
and when ca made or give acknowledg	ne matter of making payment towards the liability arisi alled upon by the bank to do so for the specific purpos en by anyone or more of us shall be binding on all of usement/s so made given by one or more of us shall save mitation, as such acknowledgement/s of debt and or present of the pre	e saving limitation s jointly and/or ser e limitation agains	we declare that the payment or verally and that the said payment at all of us jointly and or severally	acknowledgement/s t/s and for the purpose
	nall operate and be effective notwithstanding any prove signed by every trustee.)	ision of our deed o	of trust which may conflict with a	ny of the terms
Signature Name: Date:		Signature Name: Date:		
Place: Signature		Place: Signature		
Name: Date: Place:	D D M M Y Y Y Y	Name: Date: Place:	D D M M Y Y Y Y	
	eclaration that the information given is true and complete. We au procedures in connection with this application.	uthorise you to ma	ke any searches or other enquirio	es in accordance with
•	tion obtained by you in this application and in our deanalf of:		y be stored within the Barclays G	roup Declaration
Signature of Name: Date	Director			Company's rubber stamp to be affixed
Signature of	Director			
Name:				
Date	D D M M Y Y Y Y			

For Office use only		
Mandatory Requirements:		
KYC Compliance		
Verified by: Employee Name	ID	Signature
Approved by: Name	ID	Signature

Business officials

Please provide details of all officials inclusive of:

- All directors
- All the UBO's 10% or more as per the Verification Standards for Individuals
- All authorised signatories on the Appointment of Bankers.

Name	Date of Birth	Country of Residence	Nationality	Please indicate if politically connected (Please tick)

Details of All Account Users

Individual's details: This section is to be completed by each individual applying for an account, Proprietor, Partner, HUF, Trustee and Authorised Signatory unless the individual already holds a current account in the same name with Barclays India. In case of Companies, please provide details of two key directors, any shareholder with a holding of 25% or more and all aurhorised signatories.

Details for Individual 1	Proprietor	Part	ner	Trustee	Director	Shareholder	Please attach
	Authorised Si	gnatory		rta	Any Other _		one passport sized photo & provide
Name	First name		Middle name		S	urname	one photo for
Place of Birth			Date of	of birth D D	MMYYY	Y Gender	signature card (if applicable)
Country of Residence			Nation	nality			(,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Residential Address							
Email Id				Tel. no.		Mobile no.	
Proof of Identification:	Passport	PAN Card or	allotment lette		r's ID Card	Oriving Licence	
rioor or identification.	Any other	17 IIV Cara of	anotificiti ictic		D Proof No.	onving Electrice	
Proof of Address:	Passport	Govt./Local Au	thority Bill		ent/Passbook	Driving Licence	
	Any other				(If	not given as identity pro	oof)
Occupation/Position:				Father's Name	e:		
Details for Individual 2	2. Proprietor	Part	ner	Trustee	Director	Shareholder	Please attach
	Authorised Si	gnatory	Ka	rta	Any Other		one passport sized photo & provide
Name	First name		Middle name		S	urname	one photo for
Place of Birth			Date o	of birth D D	MMYYY	Y Gender	signature card (if applicable)
Country of Residence			Nation	nality			(п аррпсавіе)
Residential Address							
Email Id				Tel. no.		Mobile no.	
Proof of Identification:	Passport	PAN Card or	allotment lette			Oriving Licence	
Proof of Address:	Any other	Court /Local Aur	thority Pill		D Proof No. ent/Passbook	Driving License	
Proof of Address:	Passport Any other	Govt./Local Au	LHOFILY BIII	Darik Staterne		Driving Licence not given as identity pro	oof)
Occupation/Position:	7 trly other			Father's Nan	ne:		
Details for Individual 3	Proprietor	Part	ner	Trustee	Director	Shareholder	Please attach
	Authorised Si			rta	Any Other		one passport sized photo & provide
Name	First name	9.14.0.)	Middle name			urname	one
Place of Birth			Date o	of birth	(Gender	photo for signature card
Country of Residence			Nation	nality			(if applicable)
Residential Address							
Email Id		DAN C. I		Tel. no.	, ID C	Mobile no.	
Proof of Identification:	Passport Any other	PAN Card of	allotment lette		r's ID Card [D Proof No.	Driving Licence	
Proof of Address:	Passport	Govt./Local Au	thority Bill		ent/Passbook	Driving Licence	
Troor of Address.	Any other	Gove, Local Na	thority bill	Dank Statem		not given as identity pro	oof)
Occupation/Position:	,			Father's Name	e:		
Details for Individual 4	Proprietor	Part	ner	Trustee	Director	Shareholder	Plogge attende
	Authorised Si	anatory	Ka	rta	Any Other		Please attach one passport
Name	First name	,	Middle name			urname	sized photo & provide one
Place of Birth			Date o	of birth D D	MMYYY	Y Gender	photo for signature card
Country of Residence			Natio				(if applicable)
Residential Address							
Email Id				Tel. no.		Mobile no.	
Proof of Identification:	Passport	PAN Card or	allotment lette			Oriving Licence	
Proof of Address:	Any other	Court /Lacal Acc	thority Dill		D Proof No. ent/Passbook	Driving License	
riooi oi Address:	Passport Any other	Govt./Local Au	u ionty bili	Darik Stateme		Driving Licence not given as identity pro	oof)
Occupation/Position:	Ally Other			Father's Name	e:		

You need to provide us with one photocopy of the following documents (unless you already hold a current account in the same name with Barclays India, or unless otherwise stated below):

Individuals

Identity Proof (any one)	Address Proof (any one)	Other Mandatory documents
Valid Passport	Valid Passport	PAN Card / PAN Intimation Letter/ GIR no./ Form 60
Voter's Identity Card (showing current residential address)	Property or Municipal Tax receipt	One Photograph of each applicant
Valid Driving Licence	Utility bill (electricity, telphone, post-paid mobile phone ,piped gas, water bill) not more than 2 months old	FATCA & CRS - Self Certification form for Individuals
Photo PAN Card	Valid Driving Licence	FATCA & CRS - Self Certification form for Controlling Persons
Valid NREGA Job Card	Bank Account or Post Office Savings Bank Statement (Not more than 2 months old)	
Letter issued by the National Pooulation Reizister containing details of the name and address.	Pension Payment Order/ Book/ Card issued by Government	
	Letter of Allotment of accomodation from employer issued by State or Central government departments, statutory or regulatory bodies, public sector undertakings, Scheduled Commercial Banks, Financial Institutions and listed companies. and Leave and License agreement with such employers alloting official accommodation.	

HUF

Identity Proof (any one)	Address Proof (any one)	Other Mandatory documents
PAN Card	PAN Intimation letter Issued by IT department, bearing name and address of entity	PAN Card / PAN Intimation Letter/ GIR No./ Form 60
	HUF Letter/ List of members	Pl and PA documents should be obtained for the Karta/power of attorney holders/ any other member authorized to sign on behalf ofthe HUF as specified for Indtvtdual customers Including a recent photograph.
		FATCA & CRS - Self Certification form for Non - Individuals
		FATCA & CRS - Self Certification form for Controlling Persons

Sole Proprietorship Concern

Identity Proof (any one)	Address Proof (any one)	Other Mandatory documents (any two of the following documents in the name of the proprietorship concern)
Valid Indian Passport	Valid Indian Passport	Registration certificate (in the case of a registered concern)
PAN Card	■ Voter's Identity card	Certificate/License issued by the Municipal authorities under Shop and Establishment Act
Voter's Identity Card (showing current residential address)	PAN Allotment Letter	Sales Tax/Income Tax Return
Valid Driving License	Telephone Bill not more than 3 months old	CST/VAT Certificate
	Bank Statement or Letter (Account/ Investment/ Credit Card) not more than 3months old	License/Registration/Practice Certificate issued by Institute of Chartered Accountants of India/Institute of Companies Secretaries of India/Indian Medical Council/Food and Drug Control Authorities/Central or State Government Authority/Department
	Passbook containing entries for last 3 months	IEC (Importer Exporter Code) issued by DGFT
	Utility (Water/Eiectrlclty/Gas) Bill not more than 3 months old	FATCA & CRS-Self Certification form for Non- Individuals
	A letter not more than 12 months old received from Tax Department	FATCA & CRS-Self Certification form for Controlling Persons
	Society BIII for monthly dues not more than 3 months old	
	Notice/Intimation for Tax or other levy issued by Government Department	
	Valid Registered/ Notarised Lease Deed	

Partnership Firm

Identity Proof	Address Proof	Other Mandatory documents
Same as documentation for HUF	Same as Documentation for HUF	Partnership Deed
PAN Card of the Partnership Firm will serve as PI		Certificate of Registration of Partnership (If registered)
		PI and PA requirements for all the partners/authorised signatories/power-of-attorney-holders (as specified for Individual customers) Including a recent photograph.
		Power of Attorney granted to its partners, managers, officers or employees to transact business on Its behalf (as applicable).
		FATCA & CRS-Self Certification form for Non- Individuals
		FATCA & CRS-Self Certification form for Controlling Persons

Trust

Identity Proof	Address Proof	Other Mandatory documents
Certificate of Registration (if registered)	Proof of Address if not in one of the documents mentioned in ID proof/Other Mandatory Documents section - any document from those mentioned as Address proof for HUF.	Copy of the Trust Deed certified as true copy by the Managing Trustee/ Authorised person
In case of other public trusts, Registration certificate issued by the Charity Commissioner or Sub Registrar of Assurances		PAN card of the Trust or duly completed Form 60
Resolution/memorandum of the managing body of the foundation/ association		Appropriate Trust Resolution authorising dealings with the bank
In case of Employees welfare trusts (PF, Gratuity & Pension), proof of approval of the Trust by the Income Tax Authorities under section 12A (can be exceptionally waived if the IT Authorities insist on the Account Number prior to approval and the copy of the same can be obtained after opening the account)		List of Trustees with their addresses signed by managing trustee/authorised signatory.
		PI and PA requirements for all the authorised signatories/power-of attorney-holders as specified for Individual customers (Including a recent photograph).
		Power of Attorney granted to its trustees, managers, officers or employees to transact business on Its behalf (as applicable).
		FATCA & CRS-Self Certification form for Non-Individuals
		FATCA & CRS-Self Certification form for Controlling Persons

Societies/Clubs

Identity Proof	Address Proof	Other Mandatory documents
Certificate of Registration (If registered)	Proof of address - if not in those mentioned in the Identity proof & other mandatory documents columns	Copy of the Bye laws/Memorandum of Association (or equivalent constitution document), certified as true copy by the chairperson/secretary
Resolution/memorandum of the managing body of the foundation/ association		PI and PA for all the authorised signatories/power-of- attorney-holders authorised to sign on behalf of the society/association shall be as specified for Individual customers (including the a recent photograph)
Club/society formation document which is registered with relevant government office etc.		Appropriate resolution passed by the Managing Committee/Board/Office Bearers as per MOA
Certificate of registration of society with the Registrar of Co-operative Societies or Sub-registrar of Assurances depending on the type of society		Power of Attorney granted to Its trustees, managers, officers or employees to transact business on its behalf (as applicable)
		Association/Bye laws (or equivalent constitution document) authorising dealings with the bank
		List of members of the managing committee/board (or equivalent) with details of their addresses, duly signed by the chairperson/secretary/authorised person
		Pan allotment Letter
		Utility (water/electricity/gas) bill (not more than 3 months old)
		FATCA & CRS-Self Certification form for Non-Individuals
		FATCA & CRS-Self Certification form for Controlling Persons

Private Ltd.Co.

Identity Proof (any one)	Address Proof (any one)	Other Mandatory documents
Certificate of Incorporation/registration	Proof of Registered Address if not in the above documents- any one document from those mentioned in HUF.	PAN Card/ Copy of PAN Allotment letter
		Memorandum & Articles of Association duly authenticated as a true copy by the Company Secretary or ant 1 Director or Chartered Accountant
	Proof of Business address if business address differs from registered address - any one document from those mentioned for HUF.	Appropriate board resolution authorising dealings with the bank duly signed off by the Company Secretary or Chairman/any one Director
		List of directors and shareholders duly signed off by the Company Secretary or Chairman/Director (along with the shareholding percentage)
		PI and PA requirements for all the authorised signatories/power-of attorney-holders shall be as specified for Individual customers (Including a recent photograph).
		Latest annual return and shareholding pattern (if not mentioned in annual return) duly signed off by the Company Secretary or Chairman/Director
		Power of Attorney granted to its directors, managers, officers or employees to transact business on its behalf (as applicable)
		Pan allotment Letter
		Utility (water/electricity/gas) bill (not more than 3 months old)
		FATCA & CRS-Self Certification form for Non-Individuals
		FATCA & CRS-Self Certification form for Controlling Persons

Listed company

Identity Proof	Address Proof	Other Mandatory documents
Certitfcate of Incorporation/Registration	Proof of Registered Address if not in the documents mentioned in ID proof & Other mandatory documents - any one document from list as per HUF	Memorandum and Articles of association duly authenticated as a true copy by the Company Secretary or any one director
	Proof of Business address if business address differs from registered address - any one document from list as per HUF	PI and PA requirements for all the authorized signatories/power-of attorney- holders as specified for Individual customers (Including a recent photograph)
		PAN Card/Copy of PAN Allotment letter
		Appropriate board resolution authorising dealings with the bank duly signed off by the Company Secretary or Chairman/any one Directors
		Power of Attorney granted to its directors, managers, officers or employees to transact business on its behalf (as applicable)
		FATCA & CRS-Self Certification form for Non-Individuals
		FATCA & CRS-Self Certification form for Controlling Persons

Facsimile Indemnity Forms	Appointment of Bankers	Signature Card
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FORM No, 60 (See second proviso to rule 114B) Form for declaration to be filed by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B 1. First Name: 2. Date of Birth/Incorporation of declarant Middle Name: Surname: 3. Father's Name (in case of individual) First Name Middle Name: Surname: 4. Flat/Room No. 5. Floor No. 6. Name of Premises 7. Block Name/No. 8. Road/Street/Lane 9. Area/Locality 10. Town/City 11. District 12. State 13. Pin Code 14. Telephone Number (With STD Code) 15. Mobile Number 17. Date of transaction D D M M Y Y Y Y 16. Amount of transaction (Rs.) 18. In case of transaction in joint names, number of persons involved in the transaction 19. Mode of transaction: Cash Cheque Card ☐ Draft/Banker's Cheque Online transfer Other 20. Aadhaar Number issued by UIDAI (if available) 21. If applied for PAN and it is not yet generated enter date of application and acknowledgement number | D D M M Y Y Y Y 22. If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) for the financial year in which the above transaction is held (a) Agricultural income (Rs.) (b) Other than agricultural income (Rs.) 23. Details of document being produced in support of identify in Column 1 (Refer Instruction overleaf) Document code Document identification number Name and address of the authority issuing the document

24. Details of document being produced in support of address in Columns 4 to 13 (Refer Instruction overleaf) Document identification number Name and address of the authority issuing the document Document code

Verification

do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, the ___ __ day of __ __ 20____ Place: __ (Signature of declarant)

Note:

- 1. Before signing the declaration, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be
 - (i) in a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;
 - (ii) in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.
- 2. The person accepting the declaration shall not accept the declaration where the amount of income of the nature referred to in item 22b exceeds the maximum amount which is not chargeable to tax, unless PAN is applied for and column 21 is duly filled.

Details of Authorised Signatories

Signature Card

Name of Account	:				
Account Number:	:	(leave blank if number not yet assigned)			
Please tick as appropriate: New account Additional signatories					
Operating instruc	ctions				
The combination	of individuals at	uthorised to give instructions	to Barclays:		
Any one		All	Single (Propr	ietorship Firm)	
Any two		The specific instruction be	low		
Please specify cor	mbination:	·			
Please Note: Unle	ss the relevant h	oox is ticked above, it shall be	assumed that each individual nam	ned on this Signature Card is authorised to	
		ANY business or service	assamed that each marriada man	ied of this signature eard is dathonsed to	
	Name:				
Stick photograph	Position:		(leave blank if number no	t yet assigned)	
here and sign across	Signature:		Please tick if signatory or	nly has authority to operate accounts	
the photograph					
	Name:				
Stick photograph here and sign	Position:		(leave blank if number no	t yet assigned)	
across	Signature:		Please tick if signatory or	nly has authority to operate accounts	
the photograph					
	Name:				
Stick photograph here and sign	Position:		(leave blank if number no	t yet assigned)	
across the photograph	Signature:		Please tick if signatory or	nly has authority to operate accounts	
	Name				
	Name:		(lagua blank if numban na	tt: d)	
Stick photograph here and sign	Position:		(leave blank if number no		
across the photograph	Signature:		Please tick it signatory or	nly has authority to operate accounts	
(Plazea ansura the	at the entire sign	nature is within the box)			
Attested by:	at the chille sign	iature is within the box)	Date DDMM	Stick photograph	
Name:			Dutc D D M M	across	
Position:				the photograph	

Any additional signatory must provide the information in the Corporate Account Application which is required to be provided by each authorised signatory Name: Position: (leave blank if number not yet assigned) Stick photograph here and sign Please tick if signatory only has authority to operate accounts Signature: the photograph Name: Stick photograph (leave blank if number not yet assigned) Position: here and sign across Signature: Please tick if signatory only has authority to operate accounts the photograph Name: (leave blank if number not yet assigned) Stick photograph Position: here and sign across Signature: Please tick if signatory only has authority to operate accounts the photograph Name: Stick photograph Position: (leave blank if number not yet assigned) here and sign across Signature: Please tick if signatory only has authority to operate accounts the photograph Name: Position: (leave blank if number not yet assigned) Stick photograph here and sign across Please tick if signatory only has authority to operate accounts Signature: the photograph

(Plassa ansura tha	at the entire signature is within the box)				
(Flease elisule tila	it the entire signature is within the box)				
Attested by:		Date	D D M M Y Y Y Y	Stick photographere and sign	
Name:				across	
Position:				the photograp	h

4/02/2022