

ACCOUNT OPENING FORM

(Applicable for Savings Account, Current Account and Term Deposits) for Resident Individuals

(PLEASE FILL UP THE COMPLETE APPLICATION FORM IN BLOCK LETTERS)/Please tick (✓) wherever applicable.

Customer Category: Individual *Minor Others, Please specify _____

Choice of Account: Savings Account Basic Savings Bank Deposit A/c Current Account Term Deposit
 PMJDY Others, Please specify _____

Purpose of account opening

Savings Business Purpose Cross border Investments Income Loan Funding
 Others, Please specify _____

Documents Required Identity Proof (Any one)

Valid Indian Passport Voter's Identity Card PAN Card
(showing current residential address)
 Valid Driving License Valid NREGA Job Card

Address Proof

Valid Indian Passport Utility Bills (Electricity, Piped Gas, Water, Telephone, Post Paid Mobile not more than 2 months)
 Valid Driving License Voter's Identity Card Property/Municipal Tax Receipt
 Bank Account or Post Office Savings Bank Statement (Not more than 2 months old) Letter of Allotment of accommodation from employer Issued by State or Central government departments, statutory or regulatory bodies, public sector undertakings, Scheduled Commercial Banks, Financial Institutions and listed companies.
 Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission of India Pension Payment Order/Book/ Card issued by Government

Other Mandatory Documents PAN Card/ Form 60/ GIR No. One photograph of each applicant CKYC FATCA & CRS- Self Certification form for Individuals

Existing customer Yes No

If yes, mention A/c No.

Details of First Applicant /Minor

Title Mr. / Mrs. / Ms. / Dr. (Please select as appropriate)

Full Name

Current Residence Address

Permanent Address

Off. Address

Residence Phone Office Phone

Mobile

Mailing Address Residence Permanent Office Landmark for Mailing Address

Email ID Gender _____ Nationality

Date of Birth Marital Status _____ PAN/GIR No.

(Please fill form 60 if PAN not available)

CKYC No. GSTIN No.

Father's Name Mother's Maiden Name

Mobile

Mailing Address Residence Permanent Office Landmark for Mailing Address

Email ID Gender Nationality

Date of Birth Marital Status PAN/GIR No.
(Please fill form 60 if PAN not available)

CKYC No. GSTIN No.

Father's Name Mother's Maiden Name

Name of Guardian (in case of Minor fill details of Guardian) Country of Residence

Educational Qualification Graduate Post Graduate Others (Please specify)

Occupation Salaried Self-Employed Retired Housewife Student Unemployed
 Professional (Such as Doctor, Lawyer, Bankers, Teacher etc.) Others (Please specify)

Organisation MNC Pvt. Ltd. Pub. Ltd. Proprietor
 Partnership Others (Please specify)

If Salaried:

Name of Employer/ Company Job Title/Designation Working since

Employers Nature of Business Manufacturing Service Provider Agriculture Real Estate
 Trader Others (Please specify)

If Self-Employed/Professional:

Nature of Business Manufacturing Service Provider Agriculture Real Estate
 Trader Others (Please specify)

Business Activity

Name of Legal Entity

Related Industry

Location/Address of the business

Business since Company's website

Further details If customer Is Retired, Housewife, Unemployed or Student

Source of funds & financial information:

Estimated annual income (local currency) from above Estimated any other Income (local currency)

Source of other Income Total estimated Income

Source/s of Ongoing Funds: Income Investment Bonus Parents Selling assets Loan
 Relatives Selling property Others (Please specify)

*Only a natural guardian/lawful guardian appointed by court can open an account on behalf of a minor. A natural guardian in first instance is the father.

Relationship with the First Applicant

Term Deposit Details: Amount Simple Compound

Period: Years Month Days Interest Rate %p.a.

Maturity Instructions*

Auto Rollover (same period) Credit Interest to my/our Barclays A/c No. and renew Principal Amount

Credit maturity proceeds to my/our Barclays A/c No. Others, please specify

Deduct TDS Yes No (15 H/15G form enclosed)

a) Part withdrawal of TD not applicable for preferential deposits. b) Premature withdrawal penalty as applicable. (currently 1 %) *if the maturity instructions is not given then the fixed deposit will be auto rolled over. "Pre-mature withdrawal of deposits is allowed in event of the death of the depositor with no pre-mature penalty". In absence specific Instructions on completion of the Term of automatic renewal, interest will be paid at the applicable saving bank rate. In case of automatic renewal, If the deposit is prematurely closed or renewed for a period shorter than its remaining period of the contract, the bank will determine Its own penal interest.

Mode of A/c operations: (Please tick as applicable) Single Jointly By All Either Or Survivor
 Any other, please specify

Initial payment details:

Amount _____

- Cash to be deposited at the Branch only
- Transfer from Barclays A/c No. _____ Cheque No. _____ Dated _____
- Other Bank Cheque No. _____ Bank _____ Branch _____ Dated _____
- International wire transfer Bank _____ Branch _____ Dated _____
- Local wire transfer Bank _____ Branch _____ Dated _____

Source of Initial funds

- Income
- Bonus
- Investments
- Parents
- Selling Assets
- Loan Relatives
- Selling Property

Others: please specify _____

Channel Registration:

In case of Joint accounts the below facilities are given only if the operating mandate is either or survivor.

Other conditions which are present. I/We wish to apply for the following services

- Domestic Debit Card (Only Domestic transactions are allowed on this card)
- 1st Applicant 2nd Applicant
- International Debit Card (Both Domestic & International transactions are allowed on this card)
- 1st Applicant 2nd Applicant
- SMS Alerts

1st Applicant Mobile No. _____ 2nd Applicant Mobile No. _____

DNC (Do Not Call) Yes No

Please Note: Subscription to DNC will not impact transactional alerts. DNC registration is applicable only to promotional messages and calls:

1st Applicant Signature 2nd Applicant Signature

Passbook/ Statement option

- Please tick one of the following. If no option is tick, monthly e-statements to be delivered to registered e-mail address:

- Monthly e-statements - Free e-statements to registered e-mail address given as per Account Opening Form.
- Monthly Statements - Free monthly physical statements delivered to the mailing address.
- Quarterly Statements - Free quarterly physical statements delivered to the mailing address.
- Passbook - Please visit our branch to collect/update the same.

MINOR DECLARATION

I hereby declare that the date of birth is ____/ ____/ ____ of the minor who is my _____ and I am his/ her natural guardian/lawful guardian appointed by the court order dated _____ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal/transaction made by me in his/her account.

Signature of Guardian

NOMINATION FORM- FORM DA 1

(Nomination under sections 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of Banking Companies (Nomination) Rules, 1985 in respect of bank deposits)

I/We (name In block letters and address of the applicants)		
Account Number	Name	Address

Nominate the following person to whom in the event of my/our/minor's death the amount of the deposit in the above account may be returned by Barclays Bank PLC.

DETAILS OF THE NOMINEE				
Name: Mr <input type="checkbox"/> /Mrs <input type="checkbox"/> /Miss <input type="checkbox"/>	Address	Relationship with Depositor (If any)	Age	Date of birth

In the event the nominee is a minor on this date, I/we appoint Mr./Ms./Mrs. _____
 Residing at _____ to receive the amount of
 the deposit on behalf of the nominee, in the event of my/our/minor (deposit holder's) death during minority of the nominee

Date Place _____

** Signature/Thumb impression ** Signature /Thumb impression

"I agree to disclose the name of the nominee on Bank Account Statement and Fixed Deposit Advice" Yes No

Witnesses Mandatory in case of Thumb impression			
	Name	Address	Signature
1			
2			

Note: Only an Individual can be nominated.

** Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

Declaration (in case nomination facility is not required)

I/We hereby confirm that I/we have read and understood the importance of the nomination facility offered by the bank under the prevailing law. However, I/we have decided to open the account without the nomination facility.

** Signature/Thumb impression ** Signature /Thumb impression

Acknowledgement for Registration of Nomination

Application No. _____

We have received the nomination from Mr /Ms _____

for their account Number (In case of new account please mention New Account)

Date

Place _____

Bank Officer's Signature

Note: In the event we are unable to Register nomination details for some technical or want of information we shall inform you of the same. For queries, please email us at customerservices@barclays.com or nri@barclays.com

Agreement and Authorisation

By signing this application, you, as individual(s) in your own capacity, or as a karta of a huf, or as a partner/authorised signatory of a partnership firm, a company, a trust, a society, or an entity, as the case may be, named in this application form - 1) Understand that you are applying to us, a branch of Barclays Bank PLC for banking services, which includes but are not limited to opening of saving/current/term deposit account and operation thereof through various channels including but not limited to ATM, debit card, internet, banking, Hello Money (mobile banking), phone banking, door step banking (collectively referred to as "banking services") and such other banking services as made available by us from time to time; 2) Confirm that you have read, understood and agree to the terms and conditions and schedule of charges applicable to the banking services applied for or availed of by you. In case you, hereinafter, apply for or avail of banking services, you confirm that you will read, understand and accept the terms and conditions and schedule of charges applicable thereto before applying for or availing of such banking services; 3) Understand and agree that we may amend or alter the terms and conditions and schedule of charges referred above and hereinafter, from time to time and you undertake to access our website at www.barclays.in and keep yourself updated before every operation of the account; 4) Confirm that you are duly authorised to sign this application and give the authorisation/confirmation/acceptance as stated herein; 5) Confirm that any details you have supplied are true and complete. You also agree to provide any Information/documents that we may require from time to time; 6) Agree and accept that we may need to share or transfer data or Information about you to any third party service provider, Barclays group companies or affiliates, whether located overseas or In India, who provide services to us In connection with the operation of our business. Any such sharing or transfer of Information will be done strictly on a confidential basis and we will endeavour to maintain strict confidentiality of such Information. However, we or such third party service providers, whether located In India or overseas, may disclose information If required or permitted by law, rules or regulations or at the request of any public or regulatory authority or if such disclosure is required for the purposes of preventing fraud; 7) Agree and authorise us to exchange, share or part with all the Information, data or documents relating to your application and account to banks/financial institutions/credit bureaus/agencies/ statutory bodies/such other persons as we may deem necessary or appropriate as may be required for use or processing of the said information/data by such person/s or furnishing of the processed information/data/ products thereof to other banks/financial institutions/credit providers/users registered with such persons and shall not hold us liable for use of this information; 8) In case of account(s) held jointly, authorise us to issue the statement of account(s) to the first account holder; 9) In case of account(s) held jointly, agree that we rely on and update your records using the information furnished by any one of you about the other; 10) Agree to be jointly as well as severally liable for all monies owed to us and the operation of the account(s); 11) Agree that we may accept or reject your application at our sole discretion and if accepted, the account(s) will only be opened in India; 12) Agree and understand that we will retain the application forms, and the documents provided therewith, including photographs, and will not return the same to you irrespective whether your application is accepted or rejected; 13) Authorise us to debit your account(s) for all charges, fees payable by you to us without any further confirmation from you; 14) Agree that any modification to the mode of operation in your account will be effected by us and be effective only if authorised in writing or such other means acceptable to us, by all the joint holders to the account(s); and 15) Notwithstanding whatever is stated above, understand and agree that we may at our sole discretion and after giving you a notice of at least 15 days; discontinue close the account(s) and/or discontinue all or some of the banking services completely or partially in respect thereof; 16) Reversal of salary credits: You hereby irrevocably and unconditionally authorise the Bank to, on request of your employer/company, recover by marking hold funds/ debiting/reversal of credit, any amount credited by and/or on the instructions of the employer/company into your account, with notice to me. You confirm that the Bank will not be held responsible and liable for any such hold funds/ debit/reversal of credit carried out by the bank 17) Closure of salary accounts: I acknowledge that my account has been opened with the bank by virtue of my employment with the employer/company and is designated as the "Salary Account". You understand that pursuant to the arrangement between the employer/company and the bank, as the sole discretion of the Bank you may be entitled for certain facilities on the salary account only during the currency of your employment with the employer/company and the bank. You shall notify the Bank cessation of services with the employer/company. You hereby agree that the Bank may as its sole and absolute discretion discontinue any of Banking Services completely or partially on the salary account & close the salary account if noticed that no amounts are credited by and/or on the instructions of the employer/company to the salary account for at least 2 consecutive months or in the event of you ceasing to be in the services of the employer/company for any reason whatsoever. The words "the employer/company" refers to the entity with whom you are employed and on whose request the salary account is opened with the bank; 18) If the salary is not credited in the account for two consecutive months then the accounts may be reclassified at the sole discretion of the Bank and you will need to maintain an AQB as decided by the Bank from time to time; 19) Period of in operation of the account would render your account being classified as dormant/Inoperative account; 20) We will intimate you, on commencement of the account and after a particular period, you will be re-intimated, if your account has been rendered inoperative due to in activity. 21) In the event of the death of the depositor, premature termination of term deposits would be allowed. Such premature withdrawal would not attract any penal charge. 22) Code of Commitment - We will tell you when you open your account, what period of in operation of the account would render your account being classified as dormant/inoperative account.

I/We hereby provide consent in accordance with Aadhaar Act, 2016 and regulations issued thereunder, for use and/or disclosure/sharing of Aadhaar details with Unique Identification Authority of India (UIDAI) or authorized agencies in accordance with the extant laws and regulations (including in accordance with Prevention of Money Laundering (Maintenance of Records) Second Amendment Rules 2017). I/We have been given to understand that my/our information submitted to Barclays herewith shall not be used for any purpose other than mentioned above, or as per requirements of law.

Photograph/ Signature Details (Applicant/ Guardian to sign In Boxes)

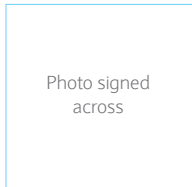
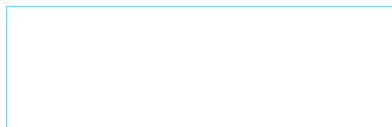


Photo of Sole/First Applicant/Minor



Signature of Sole/First Applicant

Date: _____

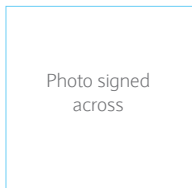
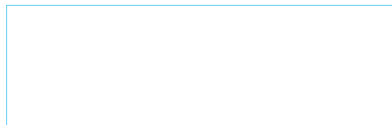


Photo of Second Applicant/Guardian



Signature of Second Applicant/Guardian

Date: _____

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: Full Name
 Middle Name:
 Surname:

2. Date of Birth/Incorporation of declarant

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

16. Amount of transaction (Rs.)

17. Date of transaction

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

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 code Document identification number Name and address of the authority issuing the document

Verification

I, _____ 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 punishable, -
 (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.

For Office use only

Mandatory Requirements

Account Number

Customer ID (CIF) _____ Date of profile creation _____

What is your assessment on average balance that the customer is expected to maintain (reasonable range)? _____

PEP status Yes No

Is this customer, an Ultimate Beneficial Owner of this account? Yes No

If above is NO, then in what capacity is he/she acting on behalf of the customer _____

Expected monthly transaction behaviour (local currency)

Transaction types	Total Transaction Amount		Total transaction Count		Description/Geographic for credit transaction	Description/Geographic for debit transaction
	Credits	Debits	Credits	Debits		
Cash						
Cheques						
International Transfers						
Local transfers						
Expected Totals						

Countries where customer has any transaction link _____

KYC Compliance Verified by: Name ID

Signature Date

Approved by: Name ID

Signature Date