

Branch: _____

Date: D D M M Y Y Y Y

Account No.										Branch ALPHA					Scheme Code				

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

Type of Account	Scheme Name	Type of Account	Scheme Name
<input type="checkbox"/>	Savings Bank A/c	<input type="checkbox"/>	Term Deposit A/c
<input type="checkbox"/>	Current A/c	<input type="checkbox"/>	Other A/c

FULL NAME, in CAPITAL Letters (In the order of first, middle and last name, leaving a space between words)															M/F	1
Date of Birth (dd/mm/yyyy)					SSN(if not available, please attach Form IL-1040)					Customer ID(if any existing) 1						

2																
3																

	Occupation *	Status **	Annual Income (in Dollars.)	Relationship with 1 st applicant	Nationality	Father's / Husband's Name
1						
2						
3						

* Please choose from the following:

Salaried	Self Employed	Professional	Politician	Housewife	Student	Defence Staff
Retired	Stock Broker	Agriculture	Antique Dealer	Arms Dealer	Business	Others

Minor	Sr Citizen	Staff (EC No.)	Ex-Staff (EC No.)	Pensioner	NRA	Other /General
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Name of the Guardian (In case of Minor): (Attach Proof for minor's DOB)	Relationship with minor (√ tick one)				
	F & NG	M & NG	Legal*	De facto	Others

* In case of legal guardian (guardian appointed by Court), enclose copy of the court order.

Name and address of Employer		
First Applicant	2 nd Applicant	3 rd Applicant

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Operating Instructions (Please mark in appropriate box):

Self	Either or Survivor	Former or Survivor	Jointly	Any one or Survivor/s	Others (Pl. Specify)

Facilities required (Please mark in appropriate box/es):

Cheque Book		Statement of Account through			
Issued Cheque Series No. _____ to _____	Pass book	Post :	E mail	Delivery at branch	
Date of Issue:	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>				
* Internet Banking – Baroda Connect		Debit cum ATM Card		* BOB Card	

(* Please fill up separate application for Internet Banking – Baroda Connect and/ or BOB Card).

Please issue Debit cum ATM card in the name of the first / all applicants (in case of two joint a/c holders with operations as E or S / Any one or S):

First applicant
Second Applicant
Third Applicant

Name to appear on Debit cum ATM Card In CAPITAL LETTER (not to exceed 20 Characters)																				

Residential address			
	First Applicant	2 nd Applicant	3 rd Applicant
Flat No./Bldg Name			
Street/ Road & Area/ Locality			
City and District			
State and Country			
Zip Code			
Tel No., Fax No.			
Mobile			
Email			

Communication Address (If different from Residential Address)			
	First Applicant	2 nd Applicant	3 rd Applicant



Flat No./Bldg Name			
Street/ Road & Area/ Locality			
City and District			
State and Country			
Zip Code			
Tel No., Fax No.			
Mobile			

Permanent Address / In case of NRE (Non Resident External), local address

Flat No./Bldg Name			
Street / Road & Area / Locality			
City and District			
State and Country			
Zip Code			
Tel No.,			

OTHER INFORMATION: (√ tick one)

Education :

Non Matric	SSC/HSC	Graduate	Post Graduate
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Monthly Income (Dollars.):

Upto 5000/-	5001 – 10000	10001 – 20000	20001 - 50000	50001 – 100K	Above 100K
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Expected Annual Turnover in the A/C: Dollars. _____

If salaried, employed with: (√ tick one)

Proprietorship	Public Ltd.	MNC	Partnership	Public Sector	Pvt. Ltd.	Government	Others (Pl. Specify)
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If Professional: (√ tick one)

Doctor	Architect	CA / CS	IT Consultant	Engineer	Lawyer	Others (pl. Specify)
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If Business: (√ tick one)

Manufacturing	Real Estate	Antique	Service Provider	Trader	Arms Dealer	Agriculture	Stock Broker	Others (Pl. Specify)
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DECLARATION (Please mark in appropriate boxes):

- I / we declare that I / we do not enjoy any credit facilities with other bank/s.
 I / we declare that I / we have following deposit accounts and /or credit facilities with your / other banks branches:

Bank & Branch	Place of Bank / Branch	Type of Account / Facility	Amount	Account No.



TERMS & CONDITIONS & DECLARATION (Please mark in appropriate boxes):

I/We have read, understood and agree to abide by the Bank's rules relating to the conduct of the above accounts / services/ products /Fee & charges which are displayed on the website www.Tpmicrofinance.com / contained in the brochures of the Bank from time to time.

I/We wish to be informed about the various features/ products and promotional offers made by the Bank from time to time.

Please do not call/ contact me/us for various features/ products and promotional offers made by the Bank from time to time. Please issue Multi-city / Normal cheque book and recover charges from my/our account as per norms of the bank (Give Option) 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 withdrawal/transactions made by me in his/her account.

I / We understand that in the event of the 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 the facilities and agree to pay the charges if 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.Tpmicrofinance.com 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 understand that the Term deposit shall be under auto-renewal scheme of the Bank unless otherwise specified by me/us.

I/We authorize TP Micro Finance Bank/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. TP Micro Finance Bank and its Group entities/companies are empowered to exchange, share or part with all the information, data 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 / persons as may be deemed necessary or appropriate or as may be required for processing of such information / data by such person/s or for furnishing of the processed information / data / products thereof to other Banks / Financial Institutions / Credit Bureaus / Agencies / users registered with such agencies.

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

I/We have read and understood the terms & conditions governing the usage of the Debit Card. I/We accept to be bound by the said terms & conditions and to any changes made therein from time to time by the Bank at its sole discretion. I/We authorize TP Micro Finance Bank 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 the sole account holder or have the required mandate to operate the account singly linked to the Debit Card. I/We further unconditionally and irrevocably authorize you to debit my/our account annually for Debit Card fees/charges if any stipulated by the bank.

I/We understand and undertake that the usage of the Debit Card shall be strictly in accordance with the Exchange Control Regulations and in the event of any failure to do so, I/We will be liable for action under the Foreign Exchange Management Act, 1974 and the amendments thereof stipulated by Federal Reserve Bank from time to time.

I/We accept full responsibility for my/our Debit Card and agree not to make any claims against TP Micro Finance Bank in respect thereto.

Full Signature (in running handwriting):

(Sole / First Applicant)

(2nd Applicant)

(3rd Applicant)

Introduction from an existing account holder (at least six months old satisfactorily conducted and KYC compliant account).

Name:		Account No.	
Address:		Date of opening of the A/C:	
		Customer ID:	
Pin:	Email:	Branch Name:	
Tel No.	Mobile	Fax	Type of A/c. SB / CA / CC / CD

I/We certify that, Mr./ Mrs./ Ms. _____ is/are known to me/us personally since last _____ months / years and confirm the occupation and address stated in this application form for opening account are correct to the best of my/our knowledge & belief.

Date:

(Signature of the Introducer)



As the nominee is a minor on this date, I / We appoint Mr / Mrs / Miss _____ (Name Address, and Age) to receive the amount of deposit on behalf of the nominee in the event of my / our / minors death during the minority of the nominee.

Place: _____

Date: _____ # Strike out if nominee is not a minor.

@ Signature, Name and Address of Witness	*Signatures / Thumb Impression of Depositors

* 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.
 @ Signature(s) of depositor(s) should be witnessed by one person, thumb impression(s) of depositor(s) should be witnessed by two person(s).

Details of Identification documents submitted by the applicant/s.

(CARE: FOR NRA APPLICANTS COPY OF PASSPORT MUST BE SUBMITTED AS IDENTIFICATION DOCUMENT)

	<u>Photo Identity</u>			<u>Address Proof Identity</u>		
	1	2	3	1	2	3
Type of Document						
Document Number						
Issuing Authority						
Date of Issue						
Place of issue						

Valid up to.						
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