

# ACCOUNT OPENING FORM FOR INDIVIDUALS

Please fill in the form using BLOCK CAPITALS. Tick (✔)/Select (☉) any boxes which apply.	FOR OFFICE USE:		
The the position and the same apply.	Customer ID:		
Describe	Account No: GBP:		
Branch:	USD:		
	EURO:		
Dear Sir/Madam,	RISK ASSESSMENT: Low Risk Medium Risk High Risk		
/We request you open an account in my/our names(s) as under:	Authorised Date		
Savings Account Baroda Smart Sweep Savings Account	Signatory		
Current Account Baroda Smart Sweep Current Account			
Currency of the Account: GBP USD EURO	Manager's Signature Date		

## 1. CUSTOMER IDENTIFICATION REQUIREMENTS

We are required to verify your identity. As a result you will be asked to provide evidence of your identity (a copy of which will be retained for our records) from the lists below when opening your account.

Additionally, to comply with HM Treasury sanctions and guidelines from the Financial Action Task on money laundering, there may be additional checks and documents required. We will ask for these if necessary.

#### Identification documents

Please provide one from list 1 and one from the list 2:

### List 1

- Valid Passport
- · Valid Photo Card Driving Licence
- · National Identity Card
- Fire Arm Licence or Shotgun Licence
- Government issued document (with photograph) incorporating customers full name.
- Other Government issued document (without a photograph) incorporating
  customers full name may also be relied upon, however, these must be
  supported by a second document either government issued or issued by
  public sector body or another FCA regulated firm in UK financial service
  sector or in an equivalent jurisdiction, which incorporates, customers full
  name and either his date or his/her full address.

#### List 2 (Not more than 3 months old)

- Utility Bills (but not printed from the internet)
- · Council Tax Bill or Statement
- Current Bank Account or Credit Card Statement bearing full name or address of the customer (but not printed from the internet)
- TV Licence

The documents must be certified / notarised as true copy of the original by Bank of Baroda Group employee, solicitor, accountant - who is a member of recoginized professional body, Employee of Consulate, Embassy (or) High Commission employee of the country of issue (acting in their official capacity). The certifier must record on each document name of certifier, title, signature, date of certification by quoting "I here by certify that this is a true and certified copy of original document sighted by me.

2. CUSTOMER IDENTIFICATION REQUIREMENTS	2. CUSTOMER IDENTIFICATION REQUIREMENTS
Title Mr. Mrs. Ms. Dr. Other	Title Mr. Mrs. Ms. Dr. Other
First Name Middle Name Last Name Date of Birth  Middle Name  Middle Name  Middle Name Midd	First Name  Middle Name  Last Name  Date of Birth
Gender Male Female	Gender Male Female
Marital Status  Mother's Maiden Name  Place of Birth  Town / State / County  Country  Nationality  Additional Nationalities, if held  DL/Passport No.  Date of Issue  Expiry Date  Place of issue  Are you a U.K. TAX resident? YES NO  National Insurance No.  Country/countries in which you have tax residency (or have been resident for the past two years)  Name/s of country/ies  Tax Reference Number  If you are a tax resident of a country other than UK for the past 2 years, please submit Annexure 1 along with this form.	Marital Status  Mother's Maiden Name  Place of Birth  Town / State / County  Country  Nationality  Additional Nationalities, if held  DL/Passport No.  Date of Issue  Expiry Date  Place of issue  Are you a U.K. TAX resident? YES NO  National Insurance No.  Country/countries in which you have tax residency (or have been resident for the past two years)  Name/s of country/ies  Tax Reference Number  If you are a tax resident of a country other than UK for the past 2 years, please submit Annexure 1 along with this form.
2.2 YOUR RESIDENTIAL DETAILS (APPLICANT-1) (PO Box number can not be accepted for a home address)	2.2 YOUR RESIDENTIAL DETAILS (APPLICANT-2) (PO Box number can not be accepted for a home address)
House Name/Number	House Name/Number
Address Line 1	Address Line 1
Address Line 2	Address Line 2
Town / State / County	Town / State / County
Post Code / PIN Code / ZIP Code	Post Code / PIN Code / ZIP Code
Country	Country
Home Telephone Number	Home Telephone Number
Work Telephone Number	Work Telephone Number
Mobile Number*	Mobile Number*
Fax Number	Fax Number
E-mail*	E-mail*
Time at this address years (if less than 3 years please provide	Time at this address years (if less than 3 years please provide
previous address)	previous address)
House Name/Number	House name/Number
Address line 1	Address line 1
Address line 2	Address line 1
	Address line 2
	Address line 2
Address line 3	Address line 3
Address line 3 Town / State / County	Address line 3 Town / State / County
Address line 3  Town / State / County  Post Code / PIN Code / ZIP Code	Address line 3  Town / State / County  Post Code / PIN Code / ZIP Code
Address line 3 Town / State / County	Address line 3 Town / State / County

#### 2.3 ADDRESS FOR CORRESPONDENCE (APPLICANT-1) 2.3 ADDRESS FOR CORRESPONDENCE (APPLICANT-2) House Name/Number House Name/Number Address line 1 Address line 1 Address line 2 Address line 2 Address line 3 Address line 3 Town / State / County Town / State / County Post Code / PIN Code / ZIP Code Post Code / PIN Code / ZIP Code Country Country Home Telephone Number Home Telephone Number Work Telephone Number Work Telephone Number Mobile Number\* Mobile Number\* Fax Number Fax Number E-mail F-mail Please state why you prefer to receive communication at this address. Please state why you prefer to receive communication at this address. Name of the person residing at this address: Name of the person residing at this address: Please state your relationship with Him/Her Please state your relationship with Him/Her Has he/she consented to receive communication on your behalf? Yes No Has he/she consented to receive communication on your behalf? Yes No (\*you may be asked to provide written confirmation) (\*you may be asked to provide written confirmation) 2.4 YOUR EMPLOYMENT DETAILS (APPLICANT-1) 2.4 YOUR EMPLOYMENT DETAILS (APPLICANT-2) Are you: Are you: Employed? Retired? Self Employed? Retired? Employed? Self Employed? A Student? A Home Maker? A Student? A Home Maker? MM MM If you are unemployed how long since you last worked? If you are unemployed how long since you last worked? Please fill this section if you are employed or self employed or about to start work: Please fill this section if you are employed or self employed or about to start work: Employer's /Business Name Employer's /Business Name Employer's / Business Address Employer's / Business Address House Name/Number House Name/Number Address line 1 Address line 1 Address line 2 Address line 2

Address line 3

Country

Town / State / County

Post Code / PIN Code / ZIP Code

Your position in the firm/Business

Nature of your employer's /your business

Number of years with this employer/ Business

Address line 3

Country

Town / State / County

Post Code / PIN Code / ZIP Code

Your position in the firm/Business

Nature of your employer's /your business

Number of years with this employer/ Business

MM

### 3. YOUR FINANCIAL BACKGROUND (APPLICANT-1) 3. YOUR FINANCIAL BACKGROUND (APPLICANT-2) 3.1 Annual income from the employment 3.1 Annual income from the employment Income from other sources (please give details) £ Income from other sources (please give details) £ How often you get paid? How often you get paid? every week every month every week every month other (please specify): other (please specify): 3.2 Please provide reason for opening the account and intended use. 3.2 Please provide reason for opening the account and intended use. 3.3 If the account is to be used for receiving remittances from abroad, 3.3 If the account is to be used for receiving remittances from abroad, please provide: please provide: Approximate amount per year? £ Approximate amount per year? £ Approximate No. of Transactions per year? Approximate No. of Transactions per year? From whom? From whom? From which country? From which country? Purpose? Purpose? 3.4 If the account is to be used for making payments abroad, 3.4 If the account is to be used for making payments abroad, please provide: please provide: Approximate amount per year? £ Approximate amount per year? £ Approximate No. of Transactions per year? Approximate No. of Transactions per year? To whom? To whom? To which country? To which country? Purpose? Purpose? 3.5 What is the estimated amount you intend to deposit into account 3.5 What is the estimated amount you intend to deposit into account each year? each year? (i) Out of which approximate Cash Deposit in to account per year? (i) Out of which approximate Cash Deposit in to account per year? (ii) Average value of Cash Deposit Transaction? (ii) Average value of Cash Deposit Transaction? £ £ 3.6 Where will your money come from to pay into your account? 3.6 Where will your money come from to pay into your account? Transfer from another account in your name Transfer from another account in your name Regular salary payment Regular salary payment Standing order Standing order Other (please specify): Other (please specify): (i) Approximate No. of Credit Transactions per year? (i) Approximate No. of Credit Transactions per year? 3.7 Please provide details of the Bank/Company and country/ies 3.7 Please provide details of the Bank/Company and country/ies which the initial and subsequent deposits will come from. which the initial and subsequent deposits will come from. 3.8 Please explain how you have accumulated your total wealth e.g. 3.8 Please explain how you have accumulated your total wealth e.g.

earnings during your lifetime, inheriting family wealth, from your

own business etc.

earnings during your lifetime, inheriting family wealth, from your

own business etc.

Set	4. OPERATING INSTRUCTION	NS			
Cheque book			Any One or Survivors	Others (Pl. Specify):	
Cheque book   Mobile Bariking (Avabase for privacy account brever only)   Applicant 1   Applicant 2   Debit card   Giro book   SMS Allert Cliptage value Architathy is meastary to adding best Card.   Mobile Barry Composition of the Customer of Part Office of SMS Allert Cliptage values Architathy is meastary to adding best Card.   Mobile Barry Composition of Card.   Mobile Barry Cliptage values Architathy is meastary to adding best Card.   Mobile Barry Composition of Card.   Mobile Barry Card.   Mob		_	_		
Applicant 1	5. BANKING FACILITIES REC	QUIRED (PLEASE SELECT)			
Debit card		(Available for primary account holder only)			
SMS Alort (cours to SAS Alert builty is marcatery for availing Desic Card. Note to Barriory and present builty is marcatery for availing Desic Card. Note Darking and themsel barriory devices.    SMS Alort (cours for SMS Alert builty is marcatery for availing Desic Card. Note Darking and themsel barriory and themsel barriory. Similar of the SMS Alort (cours for SMS	Applicant 1		Applicant 2		
Baroda Connect Internet Banking (View based only)  Baroda Connect Internet Banking (View and Transaction based)  Preferred user ID for Internet Banking (View and Transaction based)  Preferred user ID for Internet Banking (View and Transaction based)  Preferred user ID for Internet Banking:  (1) (2) (1) (2) (1) (2)  (subject to availability)  5.1 GO PAPERLESS  Ves., I would like for receive my monthly statement of account(s) only by E-mail  No. I would like for receive my monthly statement of account(s) by post  5.2 PREFERENCE FOR RECEIVING INFORMATION ON SPECIAL OFFERS AND PRODUCTS-SERVICES FROM BANK OF BARODA GROUP  1. We give our consent to Bank of Baroda (UK) Limited to send us information about special offers We may entitled to (or) products and services available from Bank of Baroda (Julia) Limited to send us information about special offers We may entitled to (or) products and services available from Bank of Baroda (Julia) Limited to send us information about special offers We may entitled to (or) products and services available from Bank of Baroda (Julia) Limited to refuse to me r us by following mode of communication  We confirm that I have been provided with and have understood Bank's General terms and conditions and following product specific terms and conditions.  Financial Services Compensation Scheme's (FSCS) Information Sheet & Exclusion List	Debit card Giro book		Debit card Giro book		
Baroda Connect Internet Banking (View based only) Baroda Connect Internet Banking (View and Transaction based)  Baroda Connect Internet Banking (View and Transaction based)  Baroda Connect Internet Banking (View and Transaction based)  Preferred user ID for Internet Banking (View and Transaction based)  Preferred user ID for Internet Banking (View and Transaction based)  (1) (2) (1) (2) (2) (1) (2) (2) (2) (2) (3) (2) (3) (4) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		· · · · · · · · · · · · · · · · · · ·			
Preferred user ID for Internet Banking:  (f) (2) (1) (2) (subject to availability)  5.1 GO PAPERLESS  Yes, I would like to receive my monthly statement of account(s) only by E-mail  No, I would like to receive my monthly statement of account(s) by post  5.2 PREFERENCE FOR RECEIVING INFORMATION ON SPECIAL OFFERS AND PRODUCTS/SERV/CES FROM BANK OF BARODA GROUP  We give our consent to Bank of Baroda (UK) Limited to send us information about special offers IWW may entitled to (or) products and services available from Bank of Baroda (UK) Limited to send us information about special offers IWW may entitled to (or) products and services available from Bank of Baroda (UK) Limited to send us information about special offers IWW may entitled to (or) products and services available from Bank of Baroda group that may be of interest to me / us by following mode of communication  E-mail SMS   Phone   Post     Not Interested [Nowever, Bank will continue to update you on required changes regarding servicing your account with us]  6. DECLARATION  IWWe confirm that I have been provided with and have understood Bank's General terms and conditions and following product specific terms and conditions that will be applied to my account's and agree to be bound by these terms and conditions.    Financial Services Compensation Scheme's (FSCS) Information Sheet & Exclusion List   Summary Box of Deposit Products     Schedule of Bank Charges   Debit card   Mobile Banking (Baroda MConnect Plus UK)   Rapid Funds2India     SMS Alert   Privacy Notice   Baroda Connect Internet Banking Facility   Term Deposit					
(gubject to availability)  5.1 GP APERLESS  Yes, I would like to receive my monthly statement of account(s) only by E-mail No, I would like to receive my monthly statement of account(s) by post  5.2 PREFERENCE FOR RECEIVING INFORMATION ON SPECIAL OFFERS AND PRODUCTS/SERVICES FROM BANK OF BARODA GROUP  Whe give our consent to Bank of Baroda (UK) Limited to send us information about spacial offers IWM may entitled to (or) products and services available from Bank of Baroda (UK) Limited to send us information about spacial offers IWM may entitled to (or) products and services available from Bank of Baroda (UK) Limited to send us information about spacial offers IWM may entitled to (or) products and services available from Bank of Baroda group that may be of interest to me / us by following mode of communication    Email	Baroda Connect Internet Banking (	View and Transaction based)	Baroda Connect Internet Banking (View	v and Transaction based)	
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Ves.   would like to receive my monthly statement of account(s) only by E-mail   No.   would like to receive my monthly statement of account(s) by post	(1)	(2)	(1) (2	)	
Ves. I would like to receive my monthly statement of account(s) only by E-mail   No. I would like to receive my monthly statement of account(s) by post    S2.PEFERENCE FOR RECEIVING INFORMATION ON SPECIAL OFFERS AND PRODUCTS/SERVICES FROM BANK OF BARODA GROUP     We give our consent to Bank of Baroda (UK) Limited to send us information about special offers IVWe may entitled to (or) products and services available from Bank of Baroda group that may be of interest to me / us by following mode of communication   E-mail   SMS   Phone   Post	(subject to availability)		(subject to availability)		
No. I would like to receive my monthly statement of account(s) by post    S2 PREFERENCE FOR RECEVING INFORMATION ON SPECIAL OFFERS AND PRODUCTS/SERVICES FROM BANK OF BARODA GROUP   We give our consent to Bank of Baroda (UK) Limited to send us information about special offers I/We may entitled to (or) products and services available from Bank of Baroda group that may be of interest to me / us by following mode of communication	5.1 GO PAPERLESS				
5.2 PREFERENCE FOR RECEIVING INFORMATION ON SPECIAL OFFERS AND PRODUCTS/SERVICES FROM BANK OF BARODA GROUP  I/We give our consent to Bank of Baroda (UK) Limited to send us information about special offers I/We may entitled to (or) products and services available from Bank of Baroda group that may be of interest to me / us by following mode of communication    mail	Yes, I would like to receive my mon	thly statement of account(s) only by	E-mail		
We give our consent to Bank of Baroda (UK) Limited to send us information about special offers I/We may entitled to (or) products and services available from Bank of Baroda group that may be of interest to me / us by following mode of communication   SMS   Phone   Post	No, I would like to receive my mont	hly statement of account(s) by post			
available from Bank of Baroda group that may be of interest to me / us by following mode of communication    Email   SMS   Phone   Post     Not Interested [However, Bank will continue to update you on required changes regarding servicing your account with us]	5.2 PREFERENCE FOR RECEIVING	INFORMATION ON SPECIAL OF	FERS AND PRODUCTS/SERVICES FROM B	BANK OF BARODA GROUP	
Email SMS Phone Post  Not Interested [However, Bank will continue to update you on required changes regarding servicing your account with us]  6. DECLARATION  I/We confirm that I have been provided with and have understood Bank's General terms and conditions and following product specific terms and conditions that will be applied to my account/s and agree to be bound by these terms and conditions.    Financial Services Compensation Scheme's (FSCS) Information Sheet & Exclusion List Summary Box of Deposit Products   Schedule of Bank Charges Debit card Mobile Banking (Baroda MConnect Plus UK) Rapid Funds2India SMS Alert Privacy Notice Baroda Connect Internet Banking Facility Term Deposit  By Signing below:  1. I/We request the Bank of Baroda (UK) Limited (the "Bank") to open account(s) in the above name(s) and information.  2. I/We declare that the above information is true and correct to the best of my/our knowledge.  3. I/We agree that I/we will own the account and not as trustee or nominee.  4. I/We agree that any account opened immediately or on a future date will be subject to the Bank's Terms and Conditions (A copy of which has been provided/available on www.bankofbarodauk.com) and as amended from time to time.  5. I/We agree to comply with the Bank's rules with regard to the conduct of the accounts. I/We resolve to provide to the Bank in writing any changes in personal details including addresses or circumstances that may change from time to time.  Signature of the Customer (Applicant 1)    Name				products and services	
Not Interested [However, Bank will continue to update you on required changes regarding servicing your account with us]  6. DECLARATION  IMVe confirm that I have been provided with and have understood Bank's General terms and conditions and following product specific terms and conditions that will be applied to my account/s and agree to be bound by these terms and conditions.  Financial Services Compensation Scheme's (FSCS) Information Sheet & Exclusion List Summary Box of Deposit Products  Schedule of Bank Charges Debit card Mobile Banking (Baroda McOnnect Plus UK) Rapid Funds2India SMS Alert Privacy Notice Baroda Connect Internet Banking Facility Term Deposit  By Signing below:  1. I/We request the Bank of Baroda (UK) Limited (the "Bank") to open account(s) in the above name(s) and information.  2. I/We declare that the above information is true and correct to the best of my/our knowledge.  3. I/We agree that I/we will own the account and not as trustee or nominee.  4. I/We agree that any account opened immediately or on a future date will be subject to the Bank's Terms and Conditions (A copy of which has been provided/available on www.bankofbarodauk.com) and as amended from time to time.  5. I/We agree to comply with the Bank's rules with regard to the conduct of the accounts. I/We resolve to provide to the Bank in writing any changes in personal details including addresses or circumstances that may change from time to time.  Signature of the Customer (Applicant 2)  Name		·	blowing mode of communication		
6. DECLARATION  I/We confirm that I have been provided with and have understood Bank's General terms and conditions and following product specific terms and conditions that will be applied to my account/s and agree to be bound by these terms and conditions.    Financial Services Compensation Scheme's (FSCS) Information Sheet & Exclusion List   Summary Box of Deposit Products     Schedule of Bank Charges   Debit card   Mobile Banking (Baroda MConnect Plus UK)   Rapid Funds2India     SMS Alert   Privacy Notice   Baroda Connect Internet Banking Facility   Term Deposit    By Signing below:  1. I/We request the Bank of Baroda (UK) Limited (the "Bank") to open account(s) in the above name(s) and information.  2. I/We declare that the above information is true and correct to the best of my/our knowledge.  3. I/We agree that any account opened immediately or on a future date will be subject to the Bank's Terms and Conditions (A copy of which has been provided/available on www.bankofbarodauk.com) and as amended from time to time.  5. I/We agree to comply with the Bank's rules with regard to the conduct of the accounts. I/We resolve to provide to the Bank in writing any changes in personal details including addresses or circumstances that may change from time to time.  Signature of the Customer (Applicant 1)  Signature of the Customer (Applicant 2)    Name			changes regarding servicing your account with	usl	
I/We confirm that I have been provided with and have understood Bank's General terms and conditions and following product specific terms and conditions that will be applied to my account/s and agree to be bound by these terms and conditions.    Financial Services Compensation Scheme's (FSCS) Information Sheet & Exclusion List   Summary Box of Deposit Products     Schedule of Bank Charges   Debit card   Mobile Banking (Baroda MConnect Plus UK)   Rapid Funds2India     SMS Alert   Privacy Notice   Baroda Connect Internet Banking Facility   Term Deposit		communication appeared your on required	onangoo regarang corvioning year account war	uoj	
that will be applied to my account/s and agree to be bound by these terms and conditions.    Financial Services Compensation Scheme's (FSCS) Information Sheet & Exclusion List	6. DECLARATION				
Schedule of Bank Charges Debit card Mobile Banking (Baroda MConnect Plus UK) Rapid Funds2India  SMS Alert Privacy Notice Baroda Connect Internet Banking Facility Term Deposit  By Signing below:  1. I/We request the Bank of Baroda (UK) Limited (the "Bank") to open account(s) in the above name(s) and information.  2. I/We declare that the above information is true and correct to the best of my/our knowledge.  3. I/We agree that I/we will own the account and not as trustee or nominee.  4. I/We agree that any account opened immediately or on a future date will be subject to the Bank's Terms and Conditions (A copy of which has been provided/available on www.bankofbarodauk.com) and as amended from time to time.  5. I/We agree to comply with the Bank's rules with regard to the conduct of the accounts. I/We resolve to provide to the Bank in writing any changes in personal details including addresses or circumstances that may change from time to time.  Signature of the Customer (Applicant 1)  Signature of the Customer (Applicant 2)  Name  Date  Date  Date  Signed in the presence of:  Signed in the presence of:	· · · · · · · · · · · · · · · · · · ·				
SMS Alert	Financial Services Compensation Scheme's (FSCS) Information Sheet & Exclusion List  Summary Box of Deposit Products				
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1. I/We request the Bank of Baroda (UK) Limited (the "Bank") to open account(s) in the above name(s) and information.  2. I/We declare that the above information is true and correct to the best of my/our knowledge.  3. I/We agree that I/we will own the account and not as trustee or nominee.  4. I/We agree that any account opened immediately or on a future date will be subject to the Bank's Terms and Conditions (A copy of which has been provided/available on www.bankofbarodauk.com) and as amended from time to time.  5. I/We agree to comply with the Bank's rules with regard to the conduct of the accounts. I/We resolve to provide to the Bank in writing any changes in personal details including addresses or circumstances that may change from time to time.  Signature of the Customer (Applicant 1)  Signature of the Customer (Applicant 2)  Name  Date  Date  FOR OFFICE USE:  Signed in the presence of :	SMS Alert	Privacy Notice Bard	oda Connect Internet Banking Facility	Term Deposit	
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3. I/We agree that I/we will own the account and not as trustee or nominee.  4. I/We agree that any account opened immediately or on a future date will be subject to the Bank's Terms and Conditions (A copy of which has been provided/available on www.bankofbarodauk.com) and as amended from time to time.  5. I/We agree to comply with the Bank's rules with regard to the conduct of the accounts. I/We resolve to provide to the Bank in writing any changes in personal details including addresses or circumstances that may change from time to time.  Signature of the Customer (Applicant 1)  Signature of the Customer (Applicant 2)  Name  Date  FOR OFFICE USE:  Signed in the presence of :	1. I/We request the Bank of Baroda (UK) Limited (the "Bank") to open account(s) in the above name(s) and information.				
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personal details including addresses or circumstances that may change from time to time.  Signature of the Customer (Applicant 1)  Signature of the Customer (Applicant 2)  Name  Date  POR OFFICE USE:  Signed in the presence of:					
Name					
Date Date  FOR OFFICE USE: Signed in the presence of :	Signature of the Customer (Applicant 1)		Signature of the Customer (Applicant 2)		
Date Date  FOR OFFICE USE: Signed in the presence of :					
Date Date  FOR OFFICE USE: Signed in the presence of :					
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Signed in the presence of :		· · · · · · · · · · · · · · · · · · ·	nate	· · · · · · · · · · · · · · · · · · ·	
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Namo or too unicot:	Signed in the presence of :  Name of the Officer:		Signature:	Date:	