

ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUALS

Please open :

Savings Account

Term Deposit Account

Date :

D	D	M	M	Y	Y	Y	Y
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Please note :

- Fill the form in BLOCK LETTERS only.
 - Fields marked with * (Asterisk) are mandatory.
 - Leave one space between words e.g.
- | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| V | I | J | A | Y | K | U | M | A | R | V | E | R | M | A |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
- Fill the form in BLACK ink only.
 - Please write your name as it appears in all your supported documents.
 - Please counter sign in full against any over-writing alterations.

*** Applicant 1 (Primary Applicant)**

Title Mr. Ms. Dr. Other _____

First name _____ Middle name _____ Last name _____

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Other names known by (if any) _____ Date of birth

D	D	M	M	Y	Y	Y	Y
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 Gender Male / Female / Third Gender

Minor * Yes No PAN *

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 or Form 60 or Form 61 attached Yes No

Are you an existing Customer of the Bank?
 No If 'Yes' please provide Customer ID

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AADHAR no. _____ CKYC no. _____

Occupation (Please tick (✓) the appropriate box)
 Salaried Self Employed Business Retired Student Housewife
 Others (Please specify)

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* Father's / Spouse's name

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 * Mother's maiden name

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Applicant 2 (First Joint Applicant)

Title Mr. Ms. Dr. Other _____

First name _____ Middle name _____ Last name _____

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Other names known by (if any) _____ Date of birth

D	D	M	M	Y	Y	Y	Y
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 Gender Male / Female / Third Gender

Personal Details (continued)

Minor *

Yes No

PAN *

Form 60 or Form 61 attached

or Yes No

Are you an existing Customer of the Bank?

No If 'Yes' please provide Customer ID

AADHAR no. _____ CKYC no. _____

Occupation (Please tick (✓) the appropriate box)

Salaried Self Employed Business Retired Student Housewife

Others (Please specify)

Father's / Spouse's name

Mother's maiden name

Applicant 3 (Second Joint Applicant)

Title Mr. Ms. Dr. Other _____

First name

Middle name

Last name

Other names known by (if any)

Date of birth

Gender

Male / Female / Third Gender

Minor *

Yes No

PAN *

Form 60 or Form 61 attached

or Yes No

Are you an existing Customer of the Bank?

No If 'Yes' please provide Customer ID

AADHAR no. _____ CKYC no. _____

Occupation (Please tick (✓) the appropriate box)

Salaried Self Employed Business Retired Student Housewife

Others (Please specify)

Father's / Spouse's name

Mother's maiden name

Address Details

Please provide complete address for correspondence

Communication address *

City

State Pin Code

Address _____

I hereby declare that the date of birth of the minor, who is my is and I am his / her natural and lawful Guardian / Guardian appointed by Court order, dated (copy enclosed). I shall represent the said minor in all future transaction 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.

A copy of birth certificate dated is attached.

Signature of Guardian

Dated

Mode of Operation

- Self Either or Survivor Former or Survivor Anyone or Survivor Jointly by All
- Minor account operated by Guardian Others (Please specify) _____

Initial Deposit Details (Self drawn cheque payable locally)

Cheque Cheque number Dated

Drawn on Branch

Debit my /our account Account number Deposit amount ₹

For Term Deposit Accounts

Deposit amount ₹ Rupees (in words)

Period _____ Days _____ Months _____ Years @ p. a.

Maturity instructions (Please tick (✓) the appropriate box)

- Please renew the deposit proceeds ₹ _____ for the same period _____ Days _____ Months _____ Years
- Please credit in my /our account number held with you
- Others (Please specify) _____

Know Your Customer (KYC) details

As per RBI 'Know Your Customer' guidelines we request you to kindly provide the following identification documents (Photo identification + Address proof) for opening your BII account. Please submit either two documents from Group 'A' or one document from Group 'B'. Please provide the document number (only for Group 'A' documents) in the space provided below, for all Account Holders. If any document from Group 'A' contains current address then document from Group 'B' is not required.

Group A

Type of ID	Applicant 1 (Primary Applicant)	Applicant 2 (First Joint Applicant)	Applicant 3 (Second Joint Applicant)
<input type="checkbox"/> Valid Passport			
<input type="checkbox"/> Valid Driving License			
<input type="checkbox"/> Valid PAN Card			
<input type="checkbox"/> Valid Voter's ID Card			
<input type="checkbox"/> Valid UID / Aadhar Card			

Group B

- Utility Bill (any of the last three months)
- Ration Card
- Letter from employer confirming the address as per record (only for salary account)
- Current Bank statement of account (last 90 days)
- Trade license with photograph
- Lease Deed / Rent / Agreement / Property Registration document in the name of the Account Holder

NOMINATION (Form DA1)

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

Details of Deposit Account

Nature of Deposit / Account	Distinguishing Number	Additional Details, if any

I / We named above, nominate the following person to whom in the event of my / our / minor's death, the amount of the deposit covered by the above Customer Account Number, may be returned by Bank Internasional Indonesia _____ branch.

Name	Address	Relationship with Depositor, if any	Age	If Nominee is a minor, his / her date of birth

As the Nominee is a minor, I / We appoint _____ to receive the amount of the deposit / in the account, on behalf of the Nominee in the event of my / our / minor's death during the minority of the nominee.

Declaration

I / We have read and understood the Terms and Conditions (a copy of which I am / we are in possession of) governing the opening of an account with Bank Internasional Indonesia. I / We accept and agree to be bound by the Terms and Conditions including those excluding / limiting the Bank's liability. I / We understand that the Bank may, at its absolute discretion, discontinue any of the services completely or partially without any notice to me / us. I / We agree that the Bank may debit my / our account for service charges as applicable from time to time. I am / We are residents of India. Apart from this, the current schedule of charges has been received by me.

Applicant 1 (Primary Applicant)
Please paste passport size colour photograph here

Applicant 2 (First Joint Applicant)
Please paste passport size colour photograph here

Applicant 3 (Second Joint Applicant)
Please paste passport size colour photograph here

Signature Applicant 1
(Primary Applicant)

D	D	M	M	Y	Y	Y	Y
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Applicant 2
(First Joint Applicant)

D	D	M	M	Y	Y	Y	Y
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Applicant 3
(Second Joint Applicant)

D	D	M	M	Y	Y	Y	Y
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SAVINGS BANK - Rules & Regulations

- The Savings Bank Account should be used to route transactions of only non-business / non-commercial nature. In the event of occurrence of such transactions or any such transactions that may be construed as dubious or undesirable, the Bank reserves the right to unilaterally freeze operations in such accounts and / or close the accounts.
- Interest on Savings Bank Account is calculated at a rate fixed by the Bank from time to time which is currently 4.0%. This interest will be paid half yearly, computed on the daily closing balances in the account.
- The balances in the account must adhere to the minimum quarterly average balance stipulation laid down by the Bank and communicated to you at the time of opening the account and any change advised to you from time to time. Non-maintenance of this quarterly average balance will attract applicable penalty on a quarterly basis and on a date determined by the Bank.
- If there is no transaction in the Account for 24 months, the Account automatically classified as 'Dormant Account' whereupon further transactions may not be permitted in ordinary course. A request for activation of the Account has to be made by the Customer in writing.
- Any special instructions, both financial and non-financial in nature, like Standing Instructions, Stop Payment Instructions, Issuance of Cheque Books, Demand Drafts, Pay Orders, must be communicated in writing.
- Any change of address should be immediately communicated in writing to the Bank along with address proof.

FOR BANK USE ONLY																															
Account type _____	Customer segment _____																														
CIF number <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Account number <table border="1" style="display: inline-table; width: 150px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
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