

# Account Opening Form – Individual – Basic Savings Bank Deposit



I/We hereby request Australia and New Zealand Banking Group Limited ("the Bank"), to open my/our account at your Mumbai, India Branch

Date

Photograph  Photograph  Photograph

## ACCOUNT DETAILS

1st Applicant

M  F Gender  M  S Marital Status  Minor  
 US Person Declaration  Yes<sup>1</sup>  No<sup>2</sup>

PAN

2nd Applicant

M  F Gender  M  S Marital Status  Minor  
 US Person Declaration  Yes<sup>1</sup>  No<sup>2</sup>

PAN

3rd Applicant

M  F Gender  M  S Marital Status  Minor  
 US Person Declaration  Yes<sup>1</sup>  No<sup>2</sup>

PAN

## ADDRESS

Correspondence

Permanent

## CUSTOMER INFORMATION (1st Applicant / Minor)

Nationality

Date of Birth

Place of Birth

Country / State / Town

Profession / Employment  Business  Professional  Salaried  Student  Others (Please Specify)

Profession Details  CA  Doctor  Lawyer  Others (Please Specify)

Name of employer

Line of Business / Industry

Income p.a.  Up to Rs.50,000  Rs.50,000 to Rs.1,00,000  Rs.1,00,000 to Rs.5,00,000  > Rs.5,00,000

Source of Income / Wealth  Salary  Business  Inheritance  Savings  Others (Please Specify)

Existing ANZ account

CIF

Purpose and Reason for opening the account  Savings  Investments  Family Maintenance  Others (Please Specify)

Type of expected customer activity

- I am a US citizen, resident, permanent resident, green card holder or US tax payer by reason of having substantial physical presence in the US or for any reason.
- I acknowledge that I am aware that I need to notify the bank within 30 days of any change to my status.

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### OPERATING INSTRUCTION

Single  Either or Survivor  Jointly  Others (Please Specify)

Senior Citizen  Yes  No (if yes, please enclose a copy of document of proof of age)

The opening and operation of this account is subject to minimum balance and such other conditions are requirements (subject to any RBI directive, guidelines, etc.) as may be prescribed by the bank from time to time. Initial Payment Details (Cash deposits will be accepted ONLY at the Branch counters)

Amount Rs.

Rupees (in words)

Cash  Cheque No. \_\_\_\_\_ Drawn on \_\_\_\_\_ Bank \_\_\_\_\_ Branch \_\_\_\_\_ Dated \_\_\_\_\_

Cheque should be crossed A/C Payee & drawn payable to "ANZ Banking Group Limited A/C – Customer Name" and should be from own account with other Bank.

### CHEQUE BOOKS

Please supply us with \_\_\_\_\_ cheque books containing 25 cheque leaves and debit our account for the necessary costs and mail / courier charges.

- Please send cheque books to our Mailing Address by normal mail
- Please send cheque books to our Mailing Address by registered mail
- Please deliver to our Mailing Address by courier service

### NOMINATION DETAILS

In case of Sole Applicant, please fill the 'Nomination Form DA1' provided below.

In case of no nomination, please fill the 'No Nominee Declaration' provided below the Form DA1

### DECLARATION

I/We have read and understood the General Terms & Conditions ("GBC") applicable to opening and operation of 'Basic Savings Bank Deposit' with Australia and New Zealand Banking Group Limited acting through its Mumbai branch ("the Bank") governing the business relationship with the Bank in India, a copy of which has been handed over to me/us for my/our reference and is in my/our possession. I/We agree & accept to be bound by the GBC. I/We further acknowledge and accept that this will be a simple savings account for me/us. I/We hereby agree that information relating to this account with the Bank may be shared, and authorise the Bank to disclose and share, within the Bank's group, with any other financial institutions, credit rating agencies or bureaus, any statutory or regulatory authority, its auditors, or any other person as the Bank may deem necessary without any restrictions and will not hold the Bank responsible or liable for any such disclosure or information sharing.

I/We undertake to, forthwith on demand by the Bank, provide the Bank any further documents or information that the Bank may require in relation to the opening or the operation of any account(s).

I/We undertake to intimate the Bank in case of change in my address for any reasons whatsoever within two weeks of such a change

### FOREIGN EXCHANGE MANAGEMENT ACT, 1999 (FEMA)

I/We hereby declare that any transaction involving foreign exchange hereunder will not involve, and will not be designed for the purpose of any contravention or evasion of the provisions of the Foreign Exchange Management Act, 1999 or any such rule, regulation, notification, direction or order made there under.

I/We also hereby agree and undertake to give such information/documents as the Bank may require in relation to any foreign exchange transaction in terms of the above declaration.

I/We also understand that if I/We refuse to comply with any such requirement or make unsatisfactory compliance therewith, the Bank may refuse in writing to undertake any such transaction on the account and shall, if it has reason to believe that any contravention is contemplated by the customer, report the matter to the RBI and/or such other authority as the Bank deems fit.

### CUSTOMER SIGNATURE (SIGN WITHIN THE BOX AND USE BLACK INK FOR SIGNATURE)

I/We confirm that all the details provided on this form are true and correct in all respect and the signature appended below is my/our official signature for all banking purpose.

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**CUSTOMER SIGNATURE (SIGN WITHIN THE BOX AND USE BLACK INK FOR SIGNATURE)**

I/We confirm that all the details provided on this form are true and correct in all respect and the signature appended below is my/our official signature for all banking purpose.

Signature	Signature	Signature
1st Applicant	2nd Applicant	3rd Applicant

**NOMINATION FORM DA1**

Nomination under Sec. 45 ZA of Banking Regulation Act, 1949, and Rule 2(1) of Banking Companies (Nomination) Rule, 1985, in respect of Bank Deposits. I/We

Name(s) & Address(es)

nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the account, particulars whereof are given below, may be returned by Australia and New Zealand Banking Group Limited, Mumbai Branch at the following :

Name of the Branch where account is held

Name and Address

Relation with nominee, if any

Age (in years)

If nominee is a minor, his/her date of birth

As the nominee is minor on this date, I/We appoint

(Name)

(Address)

(Age) 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.

Signature of the Depositor(s)

**DETAILS OF WITNESS 1:**

Signature:

Name:

Address:

Date:

**DETAILS OF WITNESS 2:**

Signature:

Name:

Address:

Date:

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## NO NOMINATION DECLARATION

I/We

resident of

declare that I/We do not wish to avail the nomination facility for my/our account being opened with Australia and New Zealand Banking Group Limited, Mumbai Branch. I/We further confirm that I/We have been explained by the representatives of Australia and New Zealand Banking Group Limited, Mumbai Branch, the benefits of availing the nomination facility and I/We undertake to inform the Bank if I/We intend to avail the nomination facility in future.

Date:

## FOR BANK USE ONLY

Received on	by	Checked	Authorised by	RM Code
(Date)	(Name)	(Name)	(Name)	
KYC performed by		Customer on-boarding approved by		(Name)
	(Name)		(Name)	
Input by		Authorised by		Date:
	(Name)	(Name)		

## REMARKS