



Applicable for Existing account holders. For new account
Form No. 401 also to be obtained)

Account No. _____

Date _____

Being a desirous of opening a recurring deposit account with Bank of Baroda I/We hand over a sum of Rs. _____ towards the first monthly deposit under the scheme of _____ Installment.

I/We also hereby undertake to deposit a sum of Rs. _____ every month on before _____ of month and agree to receive Rs. _____ on _____ or 30 days after the _____ Installment is paid by me/us whichever is later.

Name of Applicant(s) (In Capital Letters)		PAN (If deposit exceeding Rs. 50,000/-)	Existing SB Account No.	Customer I.D. Number
Applicant				
Jt. Applicant 1.				
Jt. Applicant 2.				

Mode of Operation : _____
 Occupation : (1) _____ (2) _____ (3) _____
 Age : (1) _____ (2) _____ (3) _____
 Present Address : _____
 Permanent Address : _____

Standing Instructions : I/We authorize Bank to debit monthly installment of Rs. _____ from my / our SB/CA account

Maturity Instructions : On due date please credit the maturity amount to my/our Savings Bank/Current Account No.

(In case Standing Instruction is given repayment account should be same or from same customer id)

I/We hereby declare the BANK OF BARODA Recurring Deposit Account Rules given on Bank's website www.bankofbaroda.com have been read by me/us and that I/We accept them as binding upon me/us.

Yours faithfully

 (Signature in full)

Full names in Block Letters _____ Specimen Signature

_____ will sign as _____
 _____ will sign as _____
 _____ will sign as _____

ACCOUNTANT

MANAGER

Form DA-1 Nomination Form

Nomination under section 45ZA to 45ZF of the Banking Regulation Act 1949 and 2(i) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I/We _____ name(s) and address (es) nominate the following person to whom in the event of my/our/minor's death the amount of the

Deposit			Nominee				
Nature of Deposit	Distinguishing No.	Additional Details (if any)	Name of Nominee	Address of Nominee	Relationship with depositor (if any)	Age	If Nominee is minor his/her date of birth#

deposit, particulars whereof are given below may be returned by Bank of Baroda _____ Branch.

#As the nominee is a minor on this date, I/We appoint Shri / Smt / Kumari

_____ (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).