

FIXED DEPOSIT/ RECURRING DEPOSIT

ACCOUNT OPENING FORM FOR INDIVIDUAL & NON- INDIVIDUAL EXISTING CUSTOMER
 PLEASE FILL THE FORM IN BLOCK LETTERS ONLY. FIELDS MARKED * (STAR) ARE MANDATORY.

 Date :

 A/c No. :

 A/c. to be opened at _____ **Type of A/c :** Domestic ☐ NRE ☐ NRO ☐ FCNR ☐ RD ☐
A) PERSONAL DETAILS*

APPLICANT TITLE (Mr./Ms./Mrs.) _____ FULL NAME (Please leave one space between words) _____

 If more than one joint applicant ☐ [✓ the box]

PRIMARY _____

CUSTOMER I.D.

JOINT _____

CUSTOMER I.D.

B) MODE OF REPAYMENT* : (Please ✓ one) Self ☐ Either or survivor ☐ Anyone or survivor ☐ Others ☐ (pls. specify) _____

C) TYPE DEPOSIT ACCOUNT* : ☐ INR ☐ FCNR : ☐ USD ☐ GBP ☐ EUR ☐ JPY

 Deposit/Installment Amount :

 Auto renewal: ☐ Yes ☐ No (No auto renewal for Recurring Deposits)

Interest Payout : _____

 Repayment A/c No :

 Standing Instruction for RD: Kindly debit my A/c no. on of every month.

D) MODE OF DEPOSIT

 Debit to Account

 Amount
E) NOMINATION DETAILS (FORM DAI) Nomination Required: ☐ Y ☐ N

 Print Nominee Name: ☐ Y ☐ N

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

I / We (name) _____ (Address) _____

nominate the following person to whom in the event of my / our / minor's death the amount of deposit in the above account, may be returned by DOHA BANK.

NOMINEE (Only one individual nominee permitted)

 Name _____ Address : primary applicant ☐ Please ✓ if same as

If different from primary applicant _____

 Relationship with depositor, if any Age Years If nominee is a minor, his / her date of birth :

 Strike out if nominee is not a minor Relationship with the minor

 * As the nominee is a minor on this date, I / We appoint (name)

 Address : Same as primary applicant ☐ If different from primary applicant

to receive the amount of the deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

Signature of witness _____

** Signature of primary depositor _____

Name _____

Name _____

Address _____

Address _____

Date: _____ Place _____

Signature of Joint holder(s) _____

** 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.

DECLARATION :- I/We have read and understood the Terms and Conditions (refer to our website www.dohabank.co.in) governing the opening of an account with DOHA BANK and those relating to various services. I/We accept and agree to abide by the same, including those excluding/limiting the Bank's liability.

Signature

Signature

Primary

Joint

 Signature of Bank Official in
 whose presence signed

 Date :

 EMP. No.
DECLARATION BY THE BRANCH I hereby certify that this account opening form is complete in all respects and relevant documents have been obtained and verified.

The Account may please be set up in Finacle.

 For **DOHA BANK**

 Value Date:

Branch Head / Authorised Signatory