

**PRODUCT APPLICATION FORM FOR INDIVIDUAL/ SOLE PROPRIETOR/HUF/TRUST/PARTNERSHIP/CLUB/ASSOCIATION/SOCIETY/CORPORATE**

 For office use only Please fill the form in **BLOCK LETTERS** only.

 Branch Name  Branch Code   
 Customer ID  Account No.   
 Product Code  Date 
**ACCOUNT DETAILS**

 Account to be opened at Branch   
 Please open my/our account

 Full Name 

 Existing Customer  Yes  No (If No. in addition to this form please fill up the Relationship form for each applicant)

 If yes, Existing Customer ID 

 Date of Establishment / Incorporation 

 PAN No. 

 Company Registration No. 

Account Type

 Current Account  Regular

 Deposit  Fixed Deposit  Re-investment Deposit

 Statement Cycle  Monthly  Quarterly Statement Mode  Email  Passbook  Physical Statement

 Operating Instruction  As per resolution  As per details mentioned below

**FIXED DEPOSIT DETAILS**

 Deposit Amount 

Tenure : \_\_\_\_\_ Months \_\_\_\_\_ Days

Amount (in words) \_\_\_\_\_ Rate of Interest \_\_\_\_\_ p.a.

 Please send the Fixed Deposit advice by courier

**INTEREST PAYMENT & MATURITY INSTRUCTION**
**Interest Payment**
 Monthly  Quarterly  Half Yearly  Yearly

**Maturity Instructions**
 Renew Principal plus interest  Renew Principal & pay interest

 Auto Renewal  Do not renew

**Payment Mode**
 Banker's Cheque

 Credit to SB/Current A/c No \_\_\_\_\_

 Draft Payable at \_\_\_\_\_ Branch

 NEFT / RTGS : Bank \_\_\_\_\_ Branch \_\_\_\_\_ A/c No. \_\_\_\_\_

IFSC \_\_\_\_\_

**COMMUNICATION / MAILING ADDRESS**

Please provide complete address with pin code and telephone no.

 Flat / Door No. / Building Name 

 Road No. / Name 

 Area Name / Landmark  City 

 District  State  Pin Code 

 STD Code  Resi. No.  Office No.  Fax No. 

 Mobile  E-mail 
**REGISTERED ADDRESS**

Please provide complete address with pin code and telephone no.

 Same as above

 Flat / Door No. / Building Name 

 Road No. / Name 

 Area Name / Landmark  City 

 District  State  Pin Code 

 STD Code  Resi. No.  Office No.  Fax No. 

 Mobile  E-mail

## CHANNEL REGISTRATION DETAILS

Service Holder	Name of Authorised Signatory	DEBIT CARD	Internet Banking <input checked="" type="checkbox"/>
First		<input type="checkbox"/>	<input type="checkbox"/>
Second		<input type="checkbox"/>	<input type="checkbox"/>
Third		<input type="checkbox"/>	<input type="checkbox"/>

For Proprietorship / HUF account as applicable :  DEBIT CARD

Mobile Alert :  Y  N The mobile banking service will be activated on the Primary Applicants mobile number provided above

## INITIAL DEPOSIT DETAILS

Amount Rs.  Amount (in words) \_\_\_\_\_

Cash  Cheque No.  Dated

Drawn on Bank Name  Branch

Debit SB / CA Account No.

The Cheque should be crossed A/c payee and drawn payable to "Doha Bank QSC A/c - < Customer Name>"

## DECLARATION

Credit Facilities (Only for Current Account)

I/We declare that I/We do not enjoy credit facilities with other Bank(s)

I/We enjoy credit facility/have current accounts with other Bank(s)

NO.	BANK NAME & BRANCH	TYPE OF FACILITY	AMOUNT

I agree that the Bank may debit my account for services charges as applicable form time to time. I/We agree that If the premature withdrawal is permitted at my/our request, the payment of interest on the deposit may be allowed in accordance with the prevailing stipulations laid down by Bank/Reserve Bank of India in this regard.

I/We am/are Residents of India. Apart from this the current Schedule of Charges has been received by me and I agree with the same.

I/We accept and agree to be bound by the Terms & Conditions attached. I understand that the Bank may at its absolute discretion, discontinue any of the services completely or partially without any notice to me. I agree that the Bank may debit my account for service charges as applicable from time to time.

## DECLARATION OF BENEFICIAL OWNERSHIP

I/ We declare that the following persons ultimately own and/ or control the Customer(s): Please tick one of the following:

- (Sole-proprietorships/partnerships) the sole-proprietor or all the partners, as the case may be
- (Associations/ Clubs/ Societies) all the members of the association/ club/ society
- (Companies) the shareholders of the company
- Others whose identities are stated below (please furnish copies of their identity documents the beneficiaries exceed 3, please attach the list along with certified true copies of all BO's identity documents)
- Not applicable as this entity is a registered charity

PARTICULARS	BENE OWNER 1	BENE OWNER 2	BENE OWNER 3
FULL NAME			
PASSPORT NO			
NATIONALITY			
RESIDENTIAL ADDRESS			
CONTACT NUMBER			
OCCUPATION			
% OF SHARES HELD#			

**# Note: When aggregated, the sum shall sum up to 100%**

I/We acknowledge and confirm that Doha Bank Qsc India shall be entitled to rely on my/our declaration above on the identity (ies) of and information relating to the Beneficial Owners of the Account.

Is the customer a subsidiary of a listed entity? If yes, please provide details:

FULL NAME OF PARENT ENTITY	NAME OF EXCHANGE	LISTED ON COUNTRY OF INCORPORATION	% OF SHARES HELD

I/We undertake to inform the Bank in writing should there be any changes to the ownership/shareholding structure in the future.

We have also enclosed the valid 'proof of identity' of the aforementioned individual Beneficial Owners.

I / We, the undersigned, being customers of Doha Bank QSC, hereby confirm that I / We have read, understood and agree to abide and be bound by all the provisions of the Terms & Conditions as displayed on www.dohabank.co.in which govern / shall govern, all of my / our accounts, present, past and future, maintained / opened / to be maintained / to be opened with the Doha Bank QSC from time to time, and also the provisions of the various services / facilities provided at present / that may be provided in future.

I / We understand that the Doha Bank QSC may, at its sole discretion subject to applicable regulatory / statutory / internal guide lines, at any time, and from time to time, add to, alter or modify any of the Terms & Conditions and that I / We hereby agree to abide and be bound by all such changes as if they form part of the Terms & Conditions as at present and that any transaction in my / our account(s) with the Doha Bank QSC and / or usage of any Services by me / us subsequent to such change shall be deemed and tantamount to my / our acceptance of all such changes.

Date

\_\_\_\_\_  
Signature /  
Director / Authorised Signatory  
(with Company Rubber Stamp)

\_\_\_\_\_  
Signature /  
Director / Authorised Signatory  
(with Company Rubber Stamp)

\_\_\_\_\_  
Signature /  
Director / Authorised Signatory  
(with Company Rubber Stamp)

**Please fill in for a HUF**

As our HUF firm wishes to open on account with your Bank in the said name I / we \_\_\_\_\_ we beg to say that the first Signatory to this letter, i.e., \_\_\_\_\_ is the Karta of the Joint Family and other Signatories are the adult co-parceners of the said family.

We further confirm that the business of the said joint family is carried on mainly by the said Karta as also by the other Signatories here to in the interest and for the benefit of the entire body of co-parceners of the joint family. We all undertake that claims due to the Bank from the said family shall be recoverable personally from all or any of us and also from the entire family properties of which the first signatory is the Karta, including the share of minor co-parceners.

In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1952, we have not got our said firm registered under the said Act.

We hereby undertake to inform the Bank of the death or birth of a co-parcener or any change occurring in the membership of our joint family during the conduct of the account.

**Name & Signature of Karta**

1. \_\_\_\_\_ Sign. \_\_\_\_\_

**Name & Signature of Adult Co-parceners**

1. \_\_\_\_\_ Sign. \_\_\_\_\_

2. \_\_\_\_\_ Sign. \_\_\_\_\_

3. \_\_\_\_\_ Sign. \_\_\_\_\_

4. \_\_\_\_\_ Sign. \_\_\_\_\_

**Name & Date of Birth of Minor Co-parceners**

1. \_\_\_\_\_ Sign. \_\_\_\_\_

2. \_\_\_\_\_ Sign. \_\_\_\_\_

3. \_\_\_\_\_ Sign. \_\_\_\_\_

**Please fill in for a Partnership Firm**

Re: Opening of a new account in the name of : \_\_\_\_\_  
\_\_\_\_\_ I/we refer to the captioned account opened by you and declare as under:

We, the undersigned, are the only partners in the firm and are jointly and severally responsible for liabilities thereof. We shall advise you in writing of any change that take place in the partnership and, all the present partners will be liable to you on any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.

**Name of Partners**

1. \_\_\_\_\_ Sign. \_\_\_\_\_

2. \_\_\_\_\_ Sign. \_\_\_\_\_

3. \_\_\_\_\_ Sign. \_\_\_\_\_

4. \_\_\_\_\_ Sign. \_\_\_\_\_

5. \_\_\_\_\_ Sign. \_\_\_\_\_

6. \_\_\_\_\_ Sign. \_\_\_\_\_

7. \_\_\_\_\_ Sign. \_\_\_\_\_

8. \_\_\_\_\_ Sign. \_\_\_\_\_

**Please fill in for a Sole Proprietorship Firm**

Re: Opening of a new account in the name of : \_\_\_\_\_  
\_\_\_\_\_ I refer to the captioned account opened by you and declare as under:

I, the undersigned, am the sole proprietor of the firm and am solely responsible for liabilities thereof. I shall advise you in writing of any change that take place in the constitution of the firm and I will be liable to you for any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.

Name : \_\_\_\_\_

\_\_\_\_\_  
Signature  
(Please sign with stamp)

Date :

Branch :

## FATCA DECLARATION

Customer No :  Customer Name :

### SECTION A

**1. Please indicate whether the entity is incorporated in USA ?** Yes  No

If "Yes", please provide

i) Form W9

ii) Taxpayer Identification Number (TIN)

If "No" please proceed to SECTION B.

### SECTION B

**2. Please indicate the FATCA classification ?**

Foreign Financial Institution (FFI)

Non-Financial Foreign Entity (NFFE)

If FFI please provide Global Intermediary Identification Number GIIN,

**If NFFE please continue**

**3. Please indicate the appropriate classification, if applicable ?**

Publicly Listed

Government

Non-Profit Organization

If neither classification is applicable please proceed to Question (4)

**4. Please indicate whether the entity is an Active Entity ?** Yes  No

If "No" please proceed to Question (5)

**5. Please indicate whether the entity is an Passive Entity ?** Yes  No

If "Yes" please proceed to Question (6)

**6. Does any US individual / Entity own shares / interest in the Entity's capital ?** Yes  No

If "Yes" please provide the below information about US shareholder

Name (Individual / Entity)	US Address (Individual / Entity)	Taxpayer Identification Number (TIN) (Individual / Entity)	% Holding / Ownership

The undersigned applicant acknowledges and undertakes that the information provided above is true and correct. The applicant takes all responsibility for any untrue or incorrect declarations and indemnifies and holds Doha Bank harmless against any damages, claims or demands that may arise in the future. Should there be any subsequent change to the above noted declarations the customer is required to inform Doha Bank of such change within thirty (30) days of occurrence.

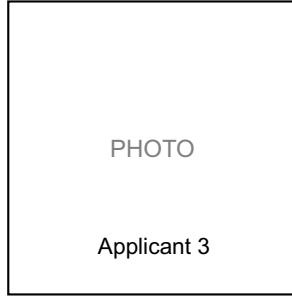
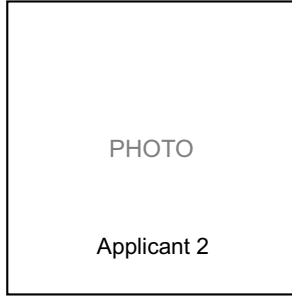
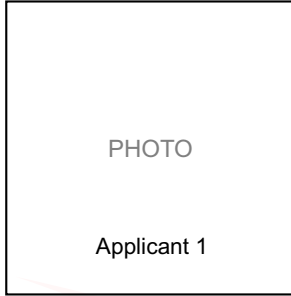
**Customer Signature with Company Rubber Stamp**

**Branch Authorised Signatory**

**BRANCH DECLARATION**

I confirm having met the customer and verified the original with the document proof.  
 Staff Emp. No. \_\_\_\_\_  
 Staff Emp Name \_\_\_\_\_  
 Staff Signature \_\_\_\_\_

I hereby confirm having done the due diligence. I hereby certify that this account opening form is complete in all respects and relevant documents have been obtained.  
 Officer Emp Name \_\_\_\_\_  
 Officer Signature \_\_\_\_\_



Specimen Signature

Specimen Signature

Specimen Signature

**FOR OFFICE USE ONLY**

Checked by

Entered by

Authorised by

Approved by

**INDICATIVE CHECKLIST**

<p><b>Public / Private Limited Companies</b></p> <ul style="list-style-type: none"> <li>• Board Resolution / Authority Letter <input type="checkbox"/></li> <li>• Memorandum &amp; Articles of Association <input type="checkbox"/></li> <li>• Certificate of Incorporation <input type="checkbox"/></li> <li>• Certificate of Commencement of Business (For Public Ltd. Co.) <input type="checkbox"/></li> <li>• Form 32 filed with RDC in case list of directors are not original subscribers to memorandum &amp; articles of association <input type="checkbox"/></li> <li>• Governing Act/Rules and Regulations (PSUs) (cert. true copy) <input type="checkbox"/></li> <li>• List of Authorised Signatories &amp; ID Proof <input type="checkbox"/></li> <li>• List of Directors with names and addresses &amp; ID Proof <input type="checkbox"/></li> <li>• NOC from existing Banker, if the entity has any credit facility. <input type="checkbox"/></li> <li>• Address Proof <input type="checkbox"/></li> </ul> <p><b>Partnership</b></p> <ul style="list-style-type: none"> <li>• Partnership deed (cert. true copy) / registration (if any) <input type="checkbox"/></li> <li>• List of Authorised Signatories &amp; ID Proof <input type="checkbox"/></li> <li>• Partnership declaration <input type="checkbox"/></li> <li>• RC copy of Partnership <input type="checkbox"/></li> <li>• Address proof of partners and the Firm <input type="checkbox"/></li> <li>• ID proof of the partners empowered to operate the account as per Partnership Declaration Letter <input type="checkbox"/></li> <li>• Any License issued by approved / statutory authorities Eg. VAT Regn/CST/PAN etc. <input type="checkbox"/></li> </ul> <p><b>Sole Proprietor</b></p> <ul style="list-style-type: none"> <li>• ID and address proof of the proprietor <input type="checkbox"/></li> <li>• Shop and establishment license/any other approval from Govt. authorities (cert true copy) <input type="checkbox"/></li> </ul>	<p><b>Associations / Societies / Clubs</b></p> <ul style="list-style-type: none"> <li>• Registration, if any (cert. true copy) <input type="checkbox"/></li> <li>• Copy of Governing body resolution <input type="checkbox"/></li> <li>• Bye-laws (cert. true copy)/if model bye-laws of RCS have been adopted, certification to that effect <input type="checkbox"/></li> <li>• List of Authorised Signatories with their Photo ID and address proof <input type="checkbox"/></li> </ul> <p><b>HUF</b></p> <ul style="list-style-type: none"> <li>• HUF declaration <input type="checkbox"/></li> <li>• IT returns in the name of HUF duly acknowledged / PAN card in the name of HUF <input type="checkbox"/></li> <li>• ID and Address proof of Karta <input type="checkbox"/></li> <li>• Address proof of Co-parceners <input type="checkbox"/></li> </ul> <p><b>Trust</b></p> <ul style="list-style-type: none"> <li>• Registered Trust Deed / Basic Charter / Trust <input type="checkbox"/></li> <li>• In any other case, Trust Deed with valid existence Proof. <input type="checkbox"/></li> <li>• Indemnity letter on requisite stamp paper signed by all Trustees (in Bank's Prescribe format) <input type="checkbox"/></li> <li>• Resolution to open and operate the account (format available with Bank) <input type="checkbox"/></li> <li>• Photo ID Proof of the Trustees authorised to operate the a/c. <input type="checkbox"/></li> </ul> <p><b>Identification proof Documents</b></p> <ul style="list-style-type: none"> <li>• Permanent and valid driving license <input type="checkbox"/></li> <li>• Passport <input type="checkbox"/></li> <li>• Voter Card <input type="checkbox"/></li> <li>• PAN (Income tax) card <input type="checkbox"/></li> <li>• Aadhar Card <input type="checkbox"/></li> </ul> <p><b>Address proof Documents</b></p> <ul style="list-style-type: none"> <li>• Passport <input type="checkbox"/></li> <li>• Registered leave &amp; license Agreement - Applicable for tenants <input type="checkbox"/></li> <li>• Ration card <input type="checkbox"/></li> <li>• Utility bill (electricity/telephone/mobile/piped gas) - Should not be older than 3 months <input type="checkbox"/></li> </ul>
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## INDICATIVE CHECKLIST

### Limited Liability Partnership

- Copy of the LLP agreement.
- Copy of the Incorporation document and DPIN of the designated partners.
- Copy of the certificate of Registration issued by the ROC concerned.
- Copy of LLP-IN issued by the ROC.
- Copy of the Resolution to open an account and list of authorized person/s with the specimen signatures to operate the account duly attested by Designated Partners.
- Copy of PAN allotment letter