





**COMMUNICATION ADDRESS**

City :										State :									
Country :										Postal / Zip Code :									
Tel. (Office)										Tel. (Res.)									
Mobile :										Fax									

**RESIDENT ADDRESS**

City :										State :									
Country :										Postal / Zip Code :									
Tel. (Office)										Tel. (Res.)									
Mobile :										Fax									

**PERMANENT ADDRESS**

City :										State :									
Country :										Postal / Zip Code :									
Tel. (Office)										Tel. (Res.)									
Mobile :										Fax									

**MODE OF ACCOUNT OPERATION**

Singly   
 Either or Survivor   
 Jointly   
 Former / Latter or Survivor   
 Anyone or Survivor   
 Minor A/c (Operated by Guardian)

Statement Cycle   
 Monthly   
 Quarterly   
Statement Mode   
 Email   
 Passbook

**FIXED DEPOSIT / RECURRING DEPOSIT DETAILS**

Deposit Amount / Installment Amount  Tenure : \_\_\_\_\_ Months \_\_\_\_\_ Days  
Amount (in words) \_\_\_\_\_ Rate of Interest \_\_\_\_\_ p.a.  
Senior Citizen  Yes  No (Please attach document showing proof of age)  Please send the Fixed Deposit advice by courier

**INTEREST PAYMENT & MATURITY INSTRUCTION**

<b>Interest Payment</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<b>Maturity Instructions</b> <input type="checkbox"/> Renew Principal plus interest <input type="checkbox"/> Renew Principal & pay interest <input type="checkbox"/> Auto Renewal <input type="checkbox"/> Do not renew
<b>Payment Mode</b> <input type="checkbox"/> Banker's Cheque <input type="checkbox"/> Credit to SB/Current A/c No _____ <input type="checkbox"/> Draft Payable at _____ Branch <input type="checkbox"/> NEFT / RTGS : Bank _____ Branch _____ A/c No. _____ IFSC _____	

**CHANNEL REGISTRATION DETAILS**

Service Holder	Name on Card	Debit Card <input checked="" type="checkbox"/>	Internet Banking <input checked="" type="checkbox"/>
First Applicant		<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant		<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant		<input type="checkbox"/>	<input type="checkbox"/>

Note : Mobile Alert will be sent to primary applicant's mobile number.



## DECLARATION (MINOR ACCOUNT)

Type of Guardian  Father  Mother  Court Appointed

### Minor Declaration

I \_\_\_\_\_ hereby declare that the date of birth of \_\_\_\_\_ (name of the minor), who is my \_\_\_\_\_ (relationship) is \_\_\_\_\_ and I am his/her natural/lawful guardian appointed by the court order dated \_\_\_\_\_ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I agree to indemnify the bank against any claim of the above minor for any transaction/ withdrawal made by me in his/her account.

Date

\_\_\_\_\_  
Signature of the Guardian

## CUSTOMER DECLARATION

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.

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 accept the terms and conditions attached

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.

Date

\_\_\_\_\_  
First Applicant  
Signature

\_\_\_\_\_  
Second Applicant  
Signature

\_\_\_\_\_  
Third Applicant  
Signature

## BRANCH DECLARATION

I confirm having met the customer and verified the original with the document proof.

Emp. No. \_\_\_\_\_

Emp Name \_\_\_\_\_

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.

Designated Officer Emp. No. \_\_\_\_\_

Designated Officer Emp Name \_\_\_\_\_

Designated Officer Signature \_\_\_\_\_

PHOTO
Applicant 1

PHOTO
Applicant 2

PHOTO
Applicant 3

Specimen Signature

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## FOR OFFICE USE ONLY

Checked by

Entered by

Authorised by

Approved by

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# FATCA DECLARATION – Individual Customers

## SECTION A

**1. Please indicate if you are a US Citizen or Green Card Holder?** Yes  No

If "Yes", please provide

i) Copy of US Passport / Green Card

ii) Form W9

iii) Taxpayer Identification Number (TIN)

If "No" please proceed to SECTION B.

## SECTION B

**2. Please indicate if your place of birth is in USA?** Yes  No

If "Yes", please provide copy of Certificate of Loss of Nationality (if applicable)

**3. Please indicate if you have a current US address or telephone number?** Yes  No

(Including Home, Mailing, P.O. Box, "Care Of" or "Hold Mail")

If "Yes", please provide the applicable details:

Street Address :  Zip Code :

City :  State :

Residence No.:  Mobile No.:

If Question (2) or (3) is answered "Yes", please provide Form W8 BEN

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**

**Branch Authorised Signatory**

Note: In case of Joint Accounts a separate FATCA declaration is required from each account holder.

## CHECKLIST - For Resident Individuals Form

### MANDATORY DOCUMENTS :

PAN Card **OR**  Form 60

### INDICATIVE LIST OF DOCUMENTS THAT CAN BE PROVIDED WHILE OPENING THE BANK ACCOUNT

Identification proof for each applicant (Any One)	Address proof for each applicant (Any One)
• Permanent and valid driving license <input type="checkbox"/>	• Valid Passport copy <input type="checkbox"/>
• Passport <input type="checkbox"/>	• Valid Driving License <input type="checkbox"/>
• Voter Card <input type="checkbox"/>	• Aadhaar card / letter issued by UIDAI <input type="checkbox"/>
• PAN (Income tax) card <input type="checkbox"/>	• Valid Voter's Identity Card <input type="checkbox"/>
• Aadhar Card <input type="checkbox"/>	

In case of non availability of any of the above documents, please contact the Bank Officials for a complete list of acceptable documents.