



## PRODUCT APPLICATION FORM FOR RESIDENT INDIVIDUALS

For office use only  Please fill the form in <b>BLOCK LETTERS</b> only.						
Branch Name Branch Code						
Customer ID Account No.						
Date D M M Y Y Y Y						
ACCOUNT DETAILS						
Account to be opened at Branch						
Please open my/our account (More than one type of account can be opened if all the applicants including the primary applicant remain the same.)						
Applicant's Name: Mr./Mrs./Ms. FIRST NAME MIDDLE NAME LAST NAME						
Mother's Maiden Name :						
Father / Spouse Name :						
Existing Customer Yes No Email ID:						
Date of Birth D M M Y Y Y Y P Place / City of Birth Place   City o						
Education Nationality Occupation						
Gender Male Transgender						
Marritial Status Married Unmarried						
Income: Below INR 5 Lacs p.a. Below INR 10 Lacs p.a. Below INR 20 Lacs p.a. Above INR 20 Lacs p.a.						
PAN No. Form 60						
Account Type						
Saving Account Regular Salary Reimbursement Account Others						
Current Account Regular Others						
Deposit Fixed Deposit Re- investment Deposit Recurring Deposit Others						
COMMUNICATION ADDRESS Communication to be sent to this address						
City: State:						
Country: Postal / Zip Code:						
Tel. (Office)						
Mobile: Fax Fax						
RESIDENT ADDRESS Communication to be sent to this address Same as Communication Address						
City: State:						
Country: Postal / Zip Code:						
Tel. (Office)						
Mobile : Fax						
PERMANENT ADDRESS Communication to be sent to this address Same as Communication / Resident Address						
City: State:						
Country: Postal / Zip Code:						
Tel. (Office)						
Mobile: Fax Fax						

## 2nd APPLICANT PERSONAL DETAILS Second Applicant: Mr./Mrs./Ms. Mother's Maiden Name: Father / Spouse Name: **Existing Customer** No Email ID: Date of Birth Place / City of Birth Nationality Education Occupation Gender Male Female Transgender Maritial Status Married Unmarried Below INR 10 Lacs p.a. Below INR 20 Lacs p.a. Below INR 5 Lacs p.a. Above INR 20 Lacs p.a. Income: PAN No. Form 60 COMMUNICATION ADDRESS City: State: Postal / Zip Code: Country: Tel. (Office) Tel. (Res.) Mobile: Fax RESIDENT ADDRESS City: State: Postal / Zip Code: Country: Tel. (Office) Tel. (Res.) Mobile: Fax PERMANENT ADDRESS City: State: Postal / Zip Code: Country: Tel. (Office) Tel. (Res.) Mobile: Fax **3rd APPLICANT PERSONAL DETAILS** Third Applicant: Mr./Mrs./Ms. Mother's Maiden Name: Father / Spouse Name: **Existing Customer** No Email ID: Yes Date of Birth Place / City of Birth Education Nationality Occupation Female Gender Male Transgender Maritial Status Married Unmarried Below INR 5 Lacs p.a. Below INR 10 Lacs p.a. Below INR 20 Lacs p.a. Above INR 20 Lacs p.a. Income: PAN No. Form 60

COMMUNICATION	ADDRESS				
City:			State:		
Country:			Postal / Zip Code :		
Tel. (Office)			Tel. (Res.)		
Mobile :			Fax		
RESIDENT ADDRE	SS				
City:			State:		
Country:		$\overline{}$	Postal / Zip Code :		
Tel. (Office)			Tel. (Res.)		
Mobile :			Fax		
PERMANENT ADD	RESS				
City:			State:		
Country:			Postal / Zip Code :		
Tel. (Office)			Tel. (Res.)		
Mobile :			Fax		
Widdlic .					
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  Interest Payment Maturity Instructions Maturity Instructions Renew Principal plus interest Renew Principal & pay interest Payment Mode Banker's Cheque  Banker's Cheque					
Credit to SB/Cur	rent A/c No				
		ranch	2 / 2/20		
	Bank		BranchA/c No		
IFSC					
CHANNEL REGISTRATION DETAILS					
Service Holder	Name on Card		Debit Internet Card ☑ Banking ☑		
First Applicant					
Second Applicant					
Third Applicant					
	be sent to primary applicant's mobile n				

INITIAL DEPOSIT DETAILS						
Amount Rs.	Amount (in words)					
	Dated DDMMYYYY					
Drawn on Bank Name	Branch					
Debit SB / CA Account No.						
The Cheque should be crossed A/c payee and drawn payable to "Doha Bank	 C.P.S.C. A/c - < Customer Name>"					
FOR SALARY ACCOUNTS						
Applicant's Employee No.						
Name of Employer						
	Signature with Company seal					
NOMINATION						
	ulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination)					
Rules 1985 in respect of bank deposits	our/minors death the amount of deposits in the above account may be					
returned by Doha Bank Q.P.S.C., branc						
I /We do not wish to make a nomination for above account.						
I/We give my/our consent to display Nominee Name on Passbo	ok / Account Statement and Fixed Deposit Receipt : YES / NO					
Nature of Deposit Disting	nishing No. Additional details, if any					
Title Name of the Nominee Ag						
	if any If nominee is minor					
Nominee Address						
Nothine Address						
To be filled only in case the nominee is a minor						
elicita en trata de la catalidade en esta comunicada propesta se esta entre al esta en esta en esta en el en el esta el esta en el	erson to receive the amount of deposit in the account on behalf of the					
nominee in the event of my/our/minor's death during the minority of						
Title Name Ag	ge Address					
Date DDMMYYYY						
Place	Signature/Thumb Impression(s) of Applicant(s)					
	Signature/ mumb impression(s) of Applicant(s)					
Name & Signature of the first witnesses  Name & Signature of the second witnesses						
Name :	Name :					
Address :	Address :					
Place :	Place :					
ridge .	1100.					
Signature:	Signature :					
#Thumb impression(s) shall be attested by two witnesses, otherwise it shall be attentionable at the shall be attentionable at t	hall be attested by one witness.					
STANDING INSTRUCTION FOR RECURRING DEPOSIT						
I/We authorize Doha Bank Q.P.S.C. to debit Monthly Installment of R	S					
from my/our Operative Account No.						

Signature/Thumb Impression(s) of Applicant(s)

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 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 D M M Y Y	YY		Signature of the Guardian				
CUSTOMER DECLARA	TION						
I / We, the undersigned, being customers of Doha Bank Q.P.S.C., 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 Q.P.S.C. 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 Q.P.S.C. 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 Q.P.S.C. 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.  I/we hereby agree to Doha Bank Q.P.S.C. /Subsidiaries/Affiliates/Agents contacting me for various other products updates, marketing promotions, special offers or any such information from time to time through E-mail, SMS, Phone Call or any other mode of communication suitable to bank.							
Date D D M M Y Y	First Applicant Signature	Second Appli Signature					
BRANCH DECLARATIO	N .						
with the document p  Emp. No  Emp Name		certify that the respects and Designated	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							
FOR OFFICE USE ONLY							
Checked by	Entered by	Authorised	Approved by				

## **FATCA DECLARATION – Individual Customers**

## SECTION A

1. Please indicate if you are	a US Citizen or Gre	een Card Holder?	Yes	No
If "Yes", please provide				
i) Copy of US Passport / Gree	n Card			
ii) Form W9				
iii) Taxpayer Identification Nun	nber (TIN)			
If "No" please proceed to SEC	TION B.			
SECTION B				
2. Please indicate if your pla	ce of birth is in US	A?	Yes	No 🗍
If "Yes", please provide copy of				
3. Please indicate if you hav	e a current US add	ress or telephone number?	Yes	No 🗌
(Including Home, Mailing, P.O.	Box, "Care Of" or "F	Hold Mail")		
If "Yes", please provide the ap	plicable details:			
Street Address :		Zip Code :		
City:		State :		
Residence No.:		Mobile No.:		
If Question (2) or (3) is answer	red "Ves" nlease nro	ovide Form W8 BEN		
Quodini (2) di (0) io anono		71100101111100001		
applicant takes all responsibili against any damages, claims o noted declarations the custome	r demands that may	arise in the future. Should ther	re be any subsequent cha within thirty (30) days of o	nge to the above
Note: In case of Joint Accounts a separate FA	ATCA declaration is requir	red from each account holder.		
CHECKLIST - For Resident Individ	uals Form			
MANDATORY DOCUMENTS :				
	m 60			
INDICATIVE LIST OF DOCUMENTS THA		WHILE OPENING THE BANK ACCO	OUNT	
Identification proof for each a	oplicant (Any One)	Address proof fo	or each applicant (Any C	One)
Permanent and valid driving lid	ense	Valid Passport of	сору	
Passport		Valid Driving Lice	cense	
Voter Card		Aadhaar card / I	letter issued by UIDAI	
PAN (Income tax) card		Valid Voter's Ide	entity Card	
Aadhar Card		valid votel s lde	Sinity Card	

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