

I am a tax resident of India and not resident of any other country OR I am a tax resident of country/ies mentioned in the table below :

Please indicate the country/ies in which the entity is a resident for tax purpose and the associated Tax ID Number below :

Place / City of Birth ISO 3166 Country Code of Birth

Address for Tax Purpose Indian Address Overseas Address **Address Type** Residential Business / Office

ISO 3166 Country Code of Jurisdiction of Residence*	Tax Identification No. or equivalent (If issued by jurisdiction)*	Identification Type (TIN or other*, please specify)	TIN Issuing Country	Documents provided (copy of certificate of tax residence or copy of TIN or others)	Date upto which the documentary evidence is valid
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To also include USA, where the individual is a citizen/green card holder of the USA.
* In case "Tax Identification Number" is not available, kindly provide its functional equivalent

Instructions :-

- i. The applicant should provide the documentary evidence of Certificate of Tax Residence issued by authorized government body or Valid identification issued by authorized government body to establish the residence(s) for tax purposes. Authorized government body includes Government or agency thereof or a municipality.
- ii. In case the applicant is tax resident of more than three countries then it should provide the requisite details by a separate annexure alongwith appropriate documentary evidence.

MODE OF ACCOUNT OPERATION

Self Either or Survivor Former/Latter or Survivor Anyone or Survivor Jointly by all Minor account (operated by guardian) Other : _____

INITIAL DEPOSIT DETAILS

Amount ₹ Currency _____ Amount (in words) _____

Cheque No / DD Dated a. Purpose of account _____ b. Source of Account funding _____

Drawn on Bank Name Branch

Wire Transfer / Telegraphic Transfer No. _____ Dated _____ from _____ (remitting Bank Name and Address)

Debit NRE SB / NRE CA Account No.

The Cheque should be issued from another NRE A/c crossed A/c payee and drawn payable to "Doha Bank Q.P.S.C. A/c - < Customer Name>"

CHANNEL REGISTRATION DETAILS – (FOR NON PGK A/C's)

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

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

Please contact the branch staff and fill up the mandate for Debit Card / Internet Banking in case of Joint account holder.

NOMINATION

- I /We do not wish to make a nomination for above account.
FORM DA 1Nomination 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 nominate the following person to whom in the event of my/our/minors death the amount of deposits in the above account may be returned by Doha Bank Q.P.S.C., _____ branch.
- I/We give my/our consent to display Nominee Name on Passbook / Account Statement and Fixed Deposit Receipt : YES / NO

Nature of Deposit	Distinguishing No.	Additional details, if any
<input type="text"/>	<input type="text"/>	<input type="text"/>

Title	Name of the Nominee	Age	Relationship with the Depositor, if any	Date of Birth, If nominee is minor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Nominee Address

To be filled only in case the nominee is a minor

As the nominee is a minor on this date, I/We appoint the following person 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 the nominee.

Title	Name	Age	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Witness Name _____ Witness Address _____

Date

Place _____ _____ _____
Witness Signature Signature/Thumb Impression(s) of Depositor/s

Signature Primary Applicant Signature Joint Applicant

APPLICANT DECLARATION

C-KYC: My Personal/KYC details may be shared with Central KYC Registry. I hereby give consent to receive information from Central KYC registry through SMS/e mail on the above registered number/e mail address.

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresentating, I/We am/are aware that I/We may be held liable for it.

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 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/we agree that the Bank may debit my account for service charges as applicable form time to time.

I/We am/are Non residents / PIO / OCI Card Holders. As per prevailing Reserve Bank of India Guidelines, any account with no customer induced transaction for a period of 24 months is categorized as a "Dormant Account". Once an account is classified as Dormant, no debit transactions will be allowed in the account and the customer is required to visit an Doha Bank Q.P.S.C. branch with a valid indentification & Signature proof.

I/We hereby declare that I am/we are Non Resident Indian (s) of Indian origin. I/We further confirm that myself/ourselves/parents/grandparents was/were citizens of India by virtue of constitution of India or Citizen ship Act 1955 (57 of 1955). I/We hereby declare that I am/We are Non Resident Indian (s) ("NRI") as defined under the Foreign Exchange Management Act, 1999, and the Rules and Regulations made there under (herein after referred to as "FEMA"). I/We understand that the above account will be opened on the basis of the statement/declarations made by me/usand I/We also agree that if any of the statements/declarations made herein is found to be not correct or false in material particulars, the Bank is not bound to pay any interest on any deposit made by me/usand the Bank may close the account immediately without reference to me/us.

I/We confirm that the Non-Resident accounts (NRE/NRO) opened with the Bank shall be operated and maintained for the purpose of conducting bona fide transactions in Rupees and permissible currencies (as may be designated by Reserve Bank from time to time) in accordance with the provisions of the Foreign Exchange Management Act, 1999 ('Act') and the rules and regulations made there under and that such opening, operation and maintenance shall not in any manner contravene or violate the provisions of the Act and the rules and regulations made there under,

I/We understand, it is my/our responsibility to comply with tax laws and accordingly I/We would comply with the worldwide tax reporting and filing obligation as applicable.

I hereby agree to Doha Bank Q.P.S.C./Subsidiaries/Affiliates/Agents contacting me for various other product updates, marketing promotions, special offers or any such information from time to time through E-mail, SMS, Phone call.

The Average Monthly / Quarterly / Half Yearly Balance required to be maintained for this account is ₹ Product : _____

I/We have understood that non-maintenance of the above Average Monthly / Quarterly / Half Yearly Balance will attract charges. These charges have been explained to me for the respective Product. I/We understand the detailed charging structure for non-maintenance and the same is available on Doha bank's Website.

Please tick as applicable :-

- I/We hereby voluntarily give my / our consent to Seed my / our Aadhaar / UID number issued by UIDAI, Government of India in my name with my / our aforesaid account.
- I/We hereby confirm we do not hold Aadhaar Card as we are not eligible to enrol for Aadhaar under Aadhaar Act.

FATCA/ CRS DECLARATION

1. I / We hereby certify that I / we have declared my/our status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No. DBR.AML.BC.No.36/14.01.001/2015-16 dated 28 August 2015 in this regard.
2. I/We understand and acknowledge that as per the provisions of Income Tax Act, 1961 Rules made thereunder and the guidelines issued by the RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of our account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter-Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and or any other similar arrangements.
3. I / We certify that the information provided by me/us above as applicable to me/us and signed by me/us as well as in the documentary evidence provided by me/us are, to the best of my/our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment / categorization of my account as a US Reportable Account or Other Reportable Account or otherwise.
4. I / We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided above as well as in the documentary evidence provided by me/us or if any certification becomes incorrect and to provide fresh and valid self-certification along with documentary evidence.
5. I / We also agree that my/our failure to disclose any material fact known to me/us, now or in future, may invalidate me from transacting in the account and Doha Bank Q.P.S.C. would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GO) /RBI for the purpose or take any other action as may be deemed appropriate by Doha Bank Q.P.S.C., under the guidelines issued by CBDT/RBI from time to time, if the deficiency is not remedied by me/us within the stipulated period.
6. I/We also agree to furnish and intimate to Doha Bank Q.P.S.C. any other particulars that are called upon me/ us to provide on account of any change in law either in India or abroad in the subject matter herein.
7. I/We shall indemnify Doha Bank Q.P.S.C. for any loss that may be caused to Doha Bank Q.P.S.C. on account of providing incorrect or incomplete information by me/us.

PRIMARY APPLICANT	PHOTO	Signature Applicant 1	JOINT APPLICANT	PHOTO	Signature Applicant 2
	Customer ID <input type="text"/>	Place : Date :		Customer ID <input type="text"/>	Place : Date :

Signature Primary Applicant

Signature Joint Applicant

OVERSEAS OFFICE / BRANCH DECLARATION

- I confirm having met the customer and verified the original with the document proof.
- Signature Authenticated by a Bank / Indian Embassy / High Commission / Consulate / Notary Public or a person known to the Bank.
- Signature verification not required as the customer has account with _____ Branch, Account No. _____

Date : _____ Branch Staff Signature _____

Branch Staff Emp Name _____ Emp Code _____

Branch Staff Emp Designation _____ Branch Name _____

- I hereby confirm having done the due diligence. I hereby certify that his account opening form is complete in all respects and relevant documents have been obtained.

Designated Officer Emp Name _____

Designated Officer Emp Code _____

Designated Officer Signature _____

FOR OFFICE USE ONLY

Checked by	Entered by	Authorised by	Approved by
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Date :

Branch :

FATCA DECLARATION – Individual Customers

Customer Name :

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 Q.P.S.C. 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 Q.P.S.C. 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.

Know Your Customer (CKYC) Application Form | Individual | Related Person

1. DETAILS OF RELATED PERSON (Please refer to annexure)

Addition of Related Person Deletion of Related Person CKYC Number of Related Person (if available)

Related Person Type Guardian of Minor Assignee / Nominee Authorized Representative / Power of Attorney

Name*

Prefix First Name Middle Name Last Name

If CKYC number and name are provided, below details of section 1 are optional)

PROOF OF IDENTITY (PoI) OF RELATED PERSON (Please refer to annexure)

A- Passport Number Passport Expiry Date

B- Voter ID Card Passport Place of Issue

C- PAN Card

D- Driving Licence Driving Licence Expiry Date

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

S- Simplified Measures Account - Document Type code Identification Number

2. APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Date : Place :

Signature / Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code Emp. Designation Emp. Branch