



Account Opening Form
Saving / Fixed Deposit A / C

CUSTOMER NO.
A/ C NO.

Form boxes for Customer No. and A/C No.

DATE

Form box for Date

DD MM YY

PAN / GIR No. of first applicant :

Form box for PAN / GIR No.

To,
Chief Executive
Abu Dhabi Commercial Bank
Mumbai / Bangalore Branch
India

[] I / We request you to open a Savings Account

[] I / We wish to place a fixed deposit with you for Rs. _____ Under Fixed / Reinvestment plan
for _____ (period)

[] I / We request for Cashlink (ATM) service
(Please fill up separate form for ATM service)

Table with 4 columns: FULL NAME(s) OF APPLICANTS, NATIONALITY, OCCUPATION, DATE OF BIRTH. Rows 1-4.

ADDRESS OF THE 1ST APPLICANT

ADDRESS FOR CORRESPONDENCE

Form lines for address of the 1st applicant.

Form lines for address for correspondence.

Tel. No. Off. : _____

Res.: _____

E – mail Address: _____

MODE OF OPERATIONS (SAVINGS A/C)

- Singly
 Any two jointly
 Both or Survivor

DISPOSAL INSTRUCTIONS (FIXED DEPOSIT A/C)

- Either or survivor
 Former / Latter or Survivor
 Others (Please Specify)

Please offer specific instructions by choosing one option

NOMINATION FACILITY (OPTIONAL)

Please fill up form DA – 1 on page no. 4 of this form, if nomination facility is required

INTRODUCTION

I certify that I have known _____ since the past _____

Months / years and confirm his / her / their identity, occupation and address as stated in this application.

Name: _____

A/C No. : _____

Signature of Introducer
Verified the above signature

Authorised Signatory

STATEMENT DETAILS

To be collected personally/ thru' messenger (Authority letter to be given in case statements are to be delivered through messenger)

To be mailed

DECLARATION FOR MINORS A/ C

I hereby declare that the date of birth of the above minor account holder who is my _____

is _____ and I am his / her natural and lawful guardian / guardian appointed by court vide the court order dt. _____ (Copy enclosed). I shall represent the said minor for the purpose of this account relationship until

he/ she attains majority. I shall conduct the operations of the account for the benefit of the minor and I indemnify the bank against any from the above minor for any transactions made by me in his / her account.

Signature of guardian

REGISTRATION FOR INTERNET BANKING

I / We request the Bank to make available the ADCBNETLINK service.

My /Our e- mail id is _____

(Applicable in case of joint accounts)

I / We authorise Mr / Ms _____ (primary account holder) to
operate as USER of ADCBNETLINK

(The terms and conditions for ADCBNETLINK are available on demand or on our website – www.adcbindia.com)

OTHER DETAILS / DOCUMENTS (AS APPLICABLE)

I /We enclose the certified copies of following (as applicable) and declare

1. Certificate of date of birth (in case of minors) 2. Passport/ Identity Card/ Ration card
3. Power of Attorney / Mandate (seperate card enclosed, original P/A to verified by bank)
4. Board Resolution/ Trust deed/ Registration Certificate / Byelaws (in case of trust and societies / non – profit Association) / Articles of Association/ Memorandum of Association
1. Declaration – (applicable for Public/ Pvt Ltd Co.)“We agree to inform the Bank whenever any change occurs in the Memorandum and Articles of Association or in the Board/ Authorised officials of Company
2. I/ We hereby declare that all Foreign Exchange transactions as may be entrusted by me/ us to the Bank from time to time shall not be designed for the purpose of any contravention or evasion of the provisions of Foreign Exchange Management Act 1999 or of any rule, regulation, notification, direction or order made thereunder
3. I / We have read and understood the terms and conditions applicable to ADCBNETLINK (Internet Banking Service) and agree to bind myself / ourselves with the same
4. I / We do not have PAN/ GIR no. and hence append Form 60.

Your faithfully,

Name (s)

Signature (s)

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

FOR OFFICE USE ONLY

Applicants / interviewed by _____ on _____

Comments if any _____

Letter of thanks sent to customer on _____

Letter of thanks sent to introducer on _____

Approved

Application examined,
account may be opened

Manager

Authorised Signatory

Account opened on _____

SPECIMEN SIGNATURE / S
(TO BE CAPTURED USING SCANNER – PLEASE USE BLACK INK)

Account no.

Operating Instructions _____

Photograph

NAME _____
SIGNATURE _____

Photograph

NAME _____
SIGNATURE _____

Photograph

NAME _____
SIGNATURE _____

Photograph

NAME _____
SIGNATURE _____

Signature (s) verified

Authorised Signature

FORM DA1
Nomination under section 45za of the banking Regulation Act. 1949 and rule 2 (1)
Of the Banking Companies (Nomination) Rule 1985 in respect of Bank deposits

I/ We _____
(Name and address of depositor)

nominate the following person to whom in the event of my / our / minor's death the amount of the deposit, particulars whereof are given below, may be returned by ABU DHABI COMMERCIAL BANK _____

NAME & ADDRESSES OF BRANCH/ OFFICES IN WHICH DEPOSIT IS HELD)

Nature of deposit	Distinguishing No.	Additional details,if any	Name and address Of nominee	Age	If nominee is minor, her/ his date of birth
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** 2. As the nominee is a minor on this date, I/ We appoint Shri / Smt. /Kum

(Name, address and age)

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

Place:

Date:

Names (s), Signature (s) and
impressions (s)
Address (es) of witness (es) @

* Signature (s) / Thumb
Of depositor

* Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

** Strike out if nominee is not minor

@ Thumb impression (s) shall be attested by two witnesses

Nomination register details: (For office use only)

Reg. Entry Ref. No. _____ dated _____

Authorised Signature

"FORM NO. 60"

[See third provision to rule 114B]

Form of Declaration to be filled by a person who does not have either a permanent account number or general Index register Number and who makes payment in cash in respect of transaction specified in clauses (a) to (h) of rule 114B

1. Full name and address of the declarant _____

2. Particulars of transaction
3. Amount of transaction
4. Are you assessed to tax? YES / NO
5. If Yes,
(1) Details of Ward / Circle / Range where the last return of Income was filed
(2) Reasons for not having permanent account number / General Index Register Number ?
6. Details of the document being produced in support of address in column (1)

Verification

I, _____
what is stated above is true to the best of my knowledge and belief.

do hereby declare that

Verified today the _____ day of _____

Date:

Place:

Signature of declarant

Instructions : Documents which can be produced in support of the address are :

- a) Ration Card
- b) Passport
- c) Driving Licence
- d) Identity Card issued by any institution
- e) Copy of the electricity bill or telephone bill showing residential address.
- f) Any document or communication issued by any authority of Central Government, State Government or Local bodies showing residential address.
- g) Any other documentary evidence in support of his address given in the declaration