



BANK OF INDIA (TANZANIA) LTD DAR ES SALAAM/ZANAKI STREET BRANCH ACCOUNT OPENING FORM

Customer ID No. / CIF No.

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Date _____ 20____

Account No

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Name:	
Signature:	
R	H
H	T
T	I

Name:	
Signature:	
R	H
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Name:	
Signature:	
R	H
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Name:	
Signature:	
R	H
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|-------------------------------------|-------------------------------------|--|------------------------------------|----------------------------------|--|
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> PROPRIETOR | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> SAVING | <input type="checkbox"/> CURRENT | <input type="checkbox"/> FIXED DEPOSIT |
| <input type="checkbox"/> JOINT | <input type="checkbox"/> COMPANY | <input type="checkbox"/> SOCIETY/TRUST | <input type="checkbox"/> OVERDRAFT | <input type="checkbox"/> LOAN | <input type="checkbox"/> ANY OTHER |

TITLE OF ACCOUNT/ FULL NAME : _____ _____	BUSINESS/ OCCUPATION: _____
ADDRESS: Postal:	CONTACT DETAILS: Telephone: _____ Mobile: _____ E- Mail: _____ Co. TIN No. _____ Co. Regd. No. _____
Physical:	

	Name	SPECIMEN SIGNATURE
1		
2		
3		
4		

Introduction Details : I/We hereby confirm that I/ We know Mr./Ms/_____ since last _____ months/ Years and confirm his/ her/ their occupation/ residential address and business address	Name of Introducer: _____ Account No _____ Signature _____
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A/C Opened by: _____ Signature: _____ Date: _____	A/C Verified by: _____ Signature: _____ Date: _____	A/C Approved by: _____ Signature: _____ Date: _____
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DETAILS OF UNIQUE IDENTIFICATION

INCORPORATION/ REGISTRATION for Corporate Accounts:

S. NO	INCORPORATION/ BUSINESS REGISTRATION NUMBER	DATE OF INCORPORATION / REGISTRARION	PLACE OF INCORPORATION / REGISTRARION	ISSUING AUTHORITY
1				
2				

IN CASE OF MINOR:

	NAME OF MINOR	NAME OF NATURAL GUARDIAN/ GUARDIAN	DATE OF BIRTH	ATTAINS MAJORITY ON
1				
2				

DECLARATION BY NATURAL GUARDIAN/ GUARDIAN:

I hereby declare date of birth ___/___/_____ of the minor who is my _____ and I am his/ her natural guardian. I indemnify bank against the claim of the above minor for any withdrawal/ transactions made by withdrawal/ transaction made by me in his/ her account.

Signature of Guardian

OPERATING INSTRUCTIONS:

<input type="checkbox"/> SINGLE / SELF OPERATED	<input type="checkbox"/> EITHER OR SURVIVORS	<input type="checkbox"/> ANYONE OR SURVIVOR	<input type="checkbox"/> FORMER OR SURVIVOR
<input type="checkbox"/> ANYONE SINGLY	<input type="checkbox"/> ANY TWO JOINTLY	<input type="checkbox"/> JOINTLY BY ALL	<input type="checkbox"/> ANY OTHER COMBINATION

REFERENCES:

Name: Address: Contact No:	Name: Address: Contact No:
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To
The Manager,
Bank of India (Tanzania) Ltd. Dar es Salaam, Zanaki Street Branch

I/ We request you to open an account with you as per details given above . I/ We agree to provide any documents required by you according to account requested. I/ we further agree to inform any changes in the information provided in this form or in related documents submitted and abide by the rules for the conduct of the account.

8	Local Address , if different, from the above		8	
	Mailing Address:			
	Physical Address			
9	Contact Details	Mobile No		9
		Telephone No		
		E- mail Address		
		Fax No		
10	Residential Status	<input type="checkbox"/> Ownership	<input type="checkbox"/> Rented	10
		<input type="checkbox"/> Employer provided	<input type="checkbox"/> House	
			<input type="checkbox"/> Others	
11	Employment Status	<input type="checkbox"/> Employed		11
		<input type="checkbox"/> Self Employed		
		<input type="checkbox"/> Others		
12	Occupation/ Business			12
13	Employers Name and Address Or Business address, if self employed			13
		Mobile No		
		Telephone No		
		E- mail Address		
		Fax No		
14	Date of joining employment/ Business			14
15	Gross Monthly salary/ Gross Business turnover, if self employment	<input type="checkbox"/> < TZS 1.50 Mn or Equivalent	<input type="checkbox"/> >TZS 1.50 Mn to TZS 3.00 Mn or Equivalent	15
		<input type="checkbox"/> >TZS 3.00Mn to TZS 7.50 Mn or Equivalent	<input type="checkbox"/> >TZS 7.50Mn to TZS 15.00 Mn or Equivalent	
		<input type="checkbox"/> >TZS 15.000 Mn or Equivalent		
16	Details of Existing Bankers, If any			16
a)	Name of Bank			a)
b)	Branch name			b)
c)	Address			c)
d)	Type of account			d)
e)	Account No			e)
f)	Contact Details of Bank	Mobile No		f)
		Telephone No		
		E- mail Address		
		Fax No		
17	Special Instructions			17

I / we undertake to abide by the terms and conditions of the bank applicable for the type of account requested for I/we confirm that the information given above in connection with this application is complete and true.

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