

## **APPLICATION FOR OPENING BUSINESS ACCOUNT**

The Branch Manager,	FOR OFFICE USE:			
Branch:	Customer ID:			
	Account No. : GBP:			
Dear Sir/Madam,	USD:			
I/We request you to open a business account styled as:	EURO:			
1. Sole proprietor	Proof of Identity and address obtained:			
2. Partnership		٦		
3. Limited Company	Officer's Signature:	Date:		
4. Any other (pl. specify)		-		
	Manager's Signature:	Date:		
Pl. ✓ tick relevant box. Pl. use capitals.				
1. GENERAL ACCOUNT DETAILS				
I. GENERAL ACCOUNT DETAILS				
1. Full title of your business (Please write in capital)				
2. Currency of the account (Pls. ✓ tick)				
GBP USD EUR				
3. Name of the sole proprietor/partners/Directors/Trustee/Members:				
Sir Name		Designition		
1.				
2.				
3.				
4.				
5.				
In case of more names attach separate sheet.				
4. Operating instructions (PIs. ✓ tick)				
	. $\square$			
Self Any one of the Directors/Partners Jointly				
Others (PI. specify):				
1				

2. DETAILS OF YOUR BUSINESS	
2.1 All business types to complete:	Correspondence address of the business:
Full title of your business:	(if different from business trading address)
Your expected annual turnover:	Post Code:  Business contact numbers including area dialing codes:
Principal business activity:	Telephone:  Mobile:
Date business started:	Fax:
	VAT Registration No.:
Current Balance Sheet attached: Yes No	
N. 5111	Name of your accountant:
Your full business trading address:	
Post Code: Email:	Telephone:
Citiali.	Email: Accountant address:
Length of time at this business?	Accountant address.
Date / Month / Year	
	Post Code:
If Limited Company or Limited Liability Partnership proceed to Section	າ 2.2
2.2 For Limited Companies and Limited Liability Partnerships only	Registered office address of the business
Account title (if different from full name of your business)	(if different from business trading address)
	Post Code:
Company/Limited Liability Partnership registration number:	Date of incorporation/ registration

2.3 Nature of business and details of goods and services offered				
2.4 If this is a	new set up, your business a	activities prior to this busine	ss	
2.5. Number of	f employees			
2.6. Expected	turnover: £	of which	:	
• Cash £				
Cheques/inlar	nd transfers £			
International f	und transfers £			
• From which co	ountries?			
	Amount	Frequency per month		
Country 1				
Country 2				
Country 3				
• Average value	e of transactions			
<ul> <li>Frequency of</li> </ul>				
2.7. Names of	major suppliers and countr	ry of their residence		
1				
2				
3				
2.8. Names of	major customers and coun	try of their residence		
1				
2				
3				
<ul><li>7. Payments a</li><li>To which cour</li></ul>				
	Amount	Frequency per month		
Country 1				
Country 2				
Country 3				
	│ shareholder and % age of c	ownership.		
4		Name		% of ownership
2				
3				
4				
5				
6				
7				
8				
, • ı				1



Bank of Baroda (UK) Limited 32 City Road London EC1Y 2BD

Dear Sir,		
Please accept this letter as confirmation that I,		*
Total share capital:		
Name Of Shareholder	Number Of Shares	Percentage
Yours sincerely		
Director		
Name:		
For and on behalf of*		
Address:		
*Insert name of the company		

3. PARTIES TO THE ACCOUNT	
(to be filled separately by each signatories/beneficial owners having more	Date of birth:
than 25% controlling/ beneficial ownership in the business)	
	Place of birth:
Details of Sole Proprietor/ Partner/ Director:	
Position in business:	Nationality:
1. Sole Proprietor	
2. Partner	Other nationality held:
3. Director	,
4. Member (LLPs)	Passport Number:
5. Beneficial Owner	
Mandatee / Authorised Signatory	Date of issue:
Your Full Name:	
Tour Full Parity.	Date of expiry:
	/ / / / / / / / / / / / / / / / / / /
Date of birth:	Tax residency during last 2 years:
Date of birth.	Tax residency during last 2 years.
Address:	Personal Pank dataila
Address:	Personal Bank details:
	Sort code:
	Account number:
	Very and a sector O (along the full date !!-)
	Your personal assets £ (please give full details)
Tel Number/s:	
Home:	Liabilities £ (please give details)
Business:	
Mobile:	Your annual income £
Email:	Source of this income £
Percentage share in the business:	
• I confirm that the details on this form are accurate and authorize you to ma	ake enquiries to check this information
I agree that the Bank may obtain information about me from credit reference	ce agencies to verify my identity, obtain information about me from fraud
prevention agencies and pass on my information to fraud prevention agenci	
I would prefer not to receive marketing material from you about your banks	
Please note that if you tick this box we will be unable to notify you about any	
Thease note that if you tak this box we will be thable to notify you about any	Thew products of services that may be of benefit to you.
Vous eigenture	
Your signature:	
Date:	
_	_

SECTION 4 – CERTIFICATE
I certify that:
WE HEREBY CERTIFY that, after considering Bank of Baroda (UK) Limited's General and Account Specific terms and conditions, placed before it Board of Directors/the Executive Committee/Trustees, passed the resolution set out in section 5 in a duly convened meeting, on at which quorum was present, and that such Resolution has been duly recorded in the Minute Book of the (Company/Trust/Charity/Association/Club/Charity)
The resolution set out in section was passed at a meeting at which quorum was present.  In respect of this application and any additional signatories page:
All signatures are genuine The information is correct and I have initialed all corrections.
Total number of authorized signatories in section on this form is
Signed by (Director or Secretary(for Company) / Chairman of the meeting and secretary (LLP partner/ trust/ Association/ club/Charity)
Signature:
Full Name:
Official position:
Date:
Signature:
Full Name:
Official position:
Date:

## SECTION 5 - RESOLUTION **RESOLVED:** 1. That an account or accounts be opened with Bank of Baroda (UK) Limited (the Bank) in the name of \_\_\_ (Company / Trust/ Association/ Charity/ Club) That the account shall be a general account and not a client account. 2. That the account shall be a general account and not a client account. 3. That the bank be provided with list of authorized signatories and signing rules applicable to the account/s. 4. THAT the said Bank be furnished with a a list of names of the persons authorized to sign on account/s and of their official positions; signing rules and that the said Bank may be informed in writing from time to time of any changes which may take place. 5. THAT the said Bank is hereby authorized: a. to honour cheques, orders, bills of exchange and promissory notes expressed to be drawn, signed, accepted or made by or on behalf of the (Company / Trust/ Association/ Charity/ Club), Drawn upon or made payable at the said Bank, whether the account or is or are in debit or overdrawn thereby or otherwise b. to honour any orders to withdraw any or all moneys on any deposit or other account or accounts with the said Bank or any or all securities, documents or other. From time to time in the possession of the said Bank. c. to act on any instructions with regard to any such account or accounts (whether in credit or in debit or overdrawn thereby) or any transactions of (Company / Trust/ Association/ Charity/ Club). d. To accept and rely upon and any indemnity or counter-indemnity, telecommunication mandate required by the said Bank from time to time. e. Provided that the same are signed on behalf of the Company / Trust/ Association/ Charity/ Club, in accordance with signing rules by the authorized signatory/es 6. THAT the authorized signatories may, in accordance with signing rules: a. sign facility arrangement letter for loans, overdrafts, trade finance or any other credit facilities b. sign agreements for electronic products, including payment systems, and appoint or remove administrators and operators of those 7. THAT this Resolution be communicated to the said Bank and remain in force until receipt by the said Bank of notice in writing signed by an authorized signatory on behalf of the and the said Bank shall be entitled to act on such notice whether the said resolution shall have been duly rescinded or not." 8. The Board/ Executive Committee/ Trustees further resolved that following individual/s sign account opening form/ mandate, execute documents/ indemnities/ counter indemnities/ telecommunication mandate and provide further information as required by the Bank to open the account/s.

SIGNING	G RULES:	
	k may act on the instructions, on behalf of the( he account:	Company/ LLP/ Trust/ Association/ Club/ Charity)
Any two	horized signatory:  authorized signatories:  er (please specify):	
Authoria	zed signatories*:	
Sir	Official position	signature
1.		
2.		
3.		
4.		
5.		
	ing you agree that the Bank may obtain information about you from credit reference agencies evention agencies and pass on your information to fraud prevention agencies, if false or inacced.	

SECTION 6 - TELEC	COMMUNICATIONS I	MANDATE			
This agreement is made the	his	day of	Two Thousand	d and	and between
Bank of Baroda (UK) Limit	ted ("the bank") and		("the customer") Our	General Terms and Co	onditions apply to this
service. We can provide you	u (the Customer) with addit	ional copies of our Gen	neral Terms and Conditions upo	on request.	
Introduction and Service	requested				
respect to accounts held wi B. At the request of the Cus the Bank and the Customer	th Bank. stomer, the Bank has agree from time to time on the Te	ed to act upon instructions of	ons received by FAX and any on this Mandate. (the Customer) with additional	other form of communic	cation agreed between
Terms and Conditions					
1. Meaning of words:					
In these Terms and Condition	ons a number of words or p	hrases have special me	eaning which is explained here:	:	
	successors. Mandate mear	ns the mandate(s) in for	with the Bank and it refers to a ce from time to time in respect of		
Customer under a Mandate	and which are received by	the telecommunication	to accept instructions from the n means set out above.  m the Customer or in accordan		-
3. These Terms and Conditi	ions are governed by the la	ws of England and Wal	les and we will communicate wi	ith you in English.	
Signature of the Customer:  Name of the customer:					
Address of the customer: _					
Land line No.:					
FAX No.:					
Mobile No.:					
E-mail ID:					
•					
(Name/address):					
Signature of witness:					
	ulated by the Financial Con	duct Authority (FCA) ar	er 10826803 at 32 City Road, L nd Prudential Regulatory Autho o www.fca.gov.uk		
SECTION 7 – UNDE	RTAKING TO BANK	OF BARODA (UK	) LIMITED		
Dear Sir, Re: Banking facilities with	yourselves				
company's assets to any of We further undertake and assets to any other bank/	other bank/ party. confirm that no debenture party without your prior per to carry out necessary cor	or any other form of floamission in writing.	ge has been given / agreed to be ating charge will be created by espect to this company and deb	the company over any	of the company's
Yours faithfully,					
For and on behalf of				_	
Authorised signatory/ies					