



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

Customer ID No. / CIF No.

Date \_\_\_\_\_ 20\_\_\_\_

Account No

Name: _____	Name: _____	Name: _____	Name: _____
Signature: _____	Signature: _____	Signature: _____	Signature: _____
R H T I	R H T I	R H T I	R H T I

- INDIVIDUAL
- PROPRIETOR
- PARTNERSHIP
- SAVING
- CURRENT
- FIXED DEPOSIT
- JOINT
- COMPANY
- SOCIETY/TRUST
- OVERDRAFT
- LOAN
- ANY OTHER

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

	Name	SPECIMEN SIGNATURE
1		
2		
3		
4		

<b>Introduction Details :</b> 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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<b>A/C Opened by:</b> _____  Signature: _____ Date: _____	<b>A/C Verified by:</b> _____  Signature: _____ Date: _____	<b>A/C Approved by:</b> _____  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:**

<b>Name:</b> .....	<b>Name:</b> .....
<b>Address:</b> .....	<b>Address:</b> .....
<b>Contact No:</b> .....	<b>Contact No:</b> .....

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.

Date \_\_\_\_\_ 20\_\_\_\_

Customer ID No. / CIF No.:

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Account No:

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### DATA SHEET

**FOR INDIVIDUAL DEPOSITOR/ PROPRIETOR/ EACH JOINT ACCOUNT HOLDER/ EACH PARTNER/ EACH DIRECTOR/  
EACH AUTHORISED SIGNATORY/EACH TRUSTEE/ EACH POWER OF ATTORNEY HOLDER, IF ANY**

Name:	

Name:	

To  
The Manager,  
Bank of India ( Tanzania) Ltd.

I/ we hereby request Bank of India (Tanzania) Ltd to open **Savings / Current / Fixed/ Over-draft/ Loan / Others** account in **TZS/ USD/ GBP/ EURO** currency and for this purpose I/ we submit the required information as under:

FIRST APPLICANT

SECOND APPLICANT

	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Others			<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Others
1				1	
2	Name	Fore name		2	Fore name
		Surname			Surname
3	Birth Details	Date of Birth		3	Date of Birth
		Place of Birth			Place of Birth
4	Passport/ National ID details	Number		4	Number
		Date of Issue			Date of Issue
		Date of Expiry			Date of Expiry
		Place of Issue			Place of Issue
		Nationality			Nationality
5	Resident Permit Details	Number		5	Number
		Valid upto			Valid upto
6	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		6	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
7	<b>Home address in the country of Permanent residence</b>			7	
	Mailing Address:				
	Physical Address				

