

## ACCOUNT OPENING FORM FOR NON-INDIVIDUAL ENTITY

<b>For Bank Use Only</b> <b>BANK OF BARODA (GUYANA) INC.</b>	Customer Id <input style="width: 100%;" type="text"/>
Name & Code of the Branch <b>GEORGETOWN/ MON REPOS</b>	A/c No. <input style="width: 100%;" type="text"/>

I/ We request you to open my/ our deposit account with your Bank/ Branch as under: [Tick (√) relevant type of account]

Type of Account	Scheme Name (if any)	Type of Account	Scheme Name (if any)
Savings Bank A/c		Term Deposit A/c	
Business Checking A/c		Other A/c	

TITLE OF THE ACCOUNT (IN BLOCK LETTERS)

CONSTITUTION:

- |                        |                             |                                        |
|------------------------|-----------------------------|----------------------------------------|
| 1. Sole Proprietorship | 5. Institution              | 9. Bank                                |
| 2. Partnership         | 6. Society                  | 10. Government/ Semi Government Entity |
| 3. Private Ltd Co.     | 7. Financial Institution    | 11. Local Bodies                       |
| 4. Public Ltd Co.      | 8. Association/ Trust/ Club | 12. Others (specify): _____            |

Nature/ Activity of Business: \_\_\_\_\_

Date of Incorporation/ Establishment Date: \_\_\_\_\_

TIN (copy enclosed)

VAT (copy enclosed)

Particulars	Address of Registered Office	Address of Godown/ Workshop etc.	Other Address (if any)
House No./ Name :			
Street No./ Name:			
Village/ City			
Region			
Landmark			
PIN/ ZIP code			
Telephone/ Landline no.			
Mobile/ Cell no.			
e-mail Id			

Proof of Address (As per the list given) copy enclosed: \_\_\_\_\_

Name of Authorised Officials** (Details as per attached form/s)	Sl.	Name in Block	Designation	Identification Document Name & Number
	1			
	2			
	3			
	4			

Signature/ Thumb Impression of:

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First Authorised Signatory

Second Authorised Signatory

Third Authorised Signatory

Forth Authorised Signatory

\*\* The Authorised Officials must fill up a their individual KYC form/s

## ACCOUNT OPENING FORM FOR NON-INDIVIDUAL ENTITY

**Introduction:**

Name of the introducer

Customer ID 



 Account No

I/ we know Mr/ Ms/ M/s \_\_\_\_\_ for the past \_\_\_\_\_ months/ years at the address given above. I refer him/ her/ them to open the requested account with your Bank.

Date \_\_\_\_\_ Signature of the introducer \_\_\_\_\_ Signature Verified by me, Signature of Bank Officer, SS No. \_\_\_\_\_

Annual Turnover/ Income GYD \_\_\_\_\_

Expected Annual Turnover/ Income in the A/c GYD \_\_\_\_\_

**Instruction for Operation (by):** 1. Self (in case of Proprietary Firm) 2. All Jointly 3. Mandate 4. Power of Attorney Holder  
7. Any other (please specify) \_\_\_\_\_

I/ We \_\_\_\_\_, do hereby declare that what is stated above is true to the best of my/ our knowledge and belief. The documents (copy enclosed) produced by me/ us for verification are genuine.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Specimen Signature/ Thumb Impression (with official stamp) of:

Affix Passport Size Photo	Name:	Affix Passport Size Photo	Name:
Affix Passport Size Photo	Name:	Affix Passport Size Photo	Name:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Request for add on/s\* (some of them presently not available, may be made available in future. Presently, we will provide the existing services only. Please make discreet inquiry before opening of the account):-

Sl. No.	Product	Your response
1.	e-Statement of Account	Yes/ No
2.	Cheque Book	Yes/ No
3.	ATM cum Debit Card	Yes/ No
4..	Internet Baking	Yes/ No
5.	Sms alert on Mobile/ Cell No.	Yes/ No
6.	Mobile Banking	Yes/ No
7.	Others	Yes/ No

\* Subject to terms and conditions



**TERMS & CONDITIONS & DECLARATION (Please mark • in appropriate boxes):**

I/We have read, understood and agree to abide by the Bank's rules relating to the conduct of the above accounts / services/ products / Fee & charges which are Displayed on the website www.bankofbaroda.gy contained in the brochures of the Bank from time to time.

- [ ] I/We wish to be informed about the various features/ products and promotional offers made by the Bank from time to time.
- [ ] Please do not call/ contact me/us for various features/ products and promotional offers made by the Bank from time to time.
- Please issue cheque book and recover charges from my/our account as per norms of the bank
- Account will be operated and balance along with interest payable as per operational instructions given above.
- I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority.
- I will indemnify the Bank against the claim of the above minor of any withdrawal/transactions made by me in his/her account.
- " I/We understand that in case of term deposits with operating instructions "either or survivor " or " former or survivor", premature termination/ payment without any penal charges will be allowed to the survivor in the event of the death of the either of the depositors or former as the case may be on submission of death certificate of the deceased depositor along with application without obtaining consent of the legal heirs of the deceased depositor."
- I / We also agree to maintain the minimum / quarterly average balance which the Bank may prescribe as the minimum / quarterly average balance to be maintained to avail the facilities and agree to pay the charges if minimum/ quarterly average balance is not maintained and any other charges stipulated by the Bank. I/We understand that any change in this respect will be notified by the Bank on its website www.bankofbaroda.gy and also will be displayed on the notice board of the branches one month in advance.
- I /we shall fill up separate pay-in-slips prescribed by the Bank for various time deposit schemes. I/we understand that the Term deposit shall be under auto-renewal scheme of the Bank unless otherwise specified by me/us.
- I/ We authorize Bank of Baroda/ its Group Companies or its/ their agents to make references and enquiries as may be deemed necessary in their discretion with regard to the information furnished in this application. Bank of Baroda and its Group entities/companies are empowered to exchange, share or part with all the information, data or documents relating to my/our application inter se among themselves or to other Banks/ Financial Institutions/ Credit Bureaus/ Agencies/ Statutory Bodies/ such other entities/ persons as may be deemed necessary or appropriate or as may be required for processing of such information / data by such person/s or for furnishing of the processed information/ data/ products thereof to other Banks/ Financial Institutions/ Credit Bureaus/ Agencies/ users registered with such agencies.
- I know that my account will become inoperative if it will not operated by me for a period of two years. Once the account become inoperative, only credit will be allowed in the account, for debit transactions I will be required to submit fresh KYC documents and request bank to activate the account.
- I/ we authorized the Bank to recovery any dues or charge due, towards Locker/ Loan & Advances, ATM or any other services, on me/ us from this account.

**For Debit cum ATM Card to be issued in the operative deposit account:**

- I/We have read and understood the terms & conditions governing the usage of the Debit Card. I/We accept to be bound by the said terms & conditions and to any changes made therein from time to time by the Bank at its sole discretion. I/We authorize Bank of Baroda to issue a Debit cum ATM Card to the person/s as name mentioned in the application of account opening form. I confirm that I am the sole account holder or have the required mandate to operate the account singly linked to the Debit Card. I/We further unconditionally and irrevocably authorize you to debit my/our account annually for Debit Card fees/charges if any stipulated by the bank.
- I/ We understand and undertake that the usage of the Debit Card shall be strictly in accordance with the Exchange Control Regulations and in the event of any failure to do so; I/We will be liable for action under the relevant Laws.

I/ We accept full responsibility for my/ our Debit Card and agree not to make any claims against Bank of Baroda in respect thereto.

**For Internet Banking**

I/ We have read the terms and conditions applicable to Bank of Baroda e-Banking Retail services and agree to them. I /We am/are aware that the usage of Bank of Baroda e-Banking is governed by terms and conditions which are displayed on <https://intl.bobibanking.com> the site maintained by Bank of Baroda and I/We have reviewed the contents of the same. Further I/We accept the terms and conditions governing internet banking of Bank of Baroda applicable for bank accounts as displayed on bank's website. I/We accept and agree that I/We are aware of the contents of the terms and conditions and that all my/ our rights and liabilities would be governed by the said terms and conditions by my/our act of accessing on < <https://intl.bobibanking.com> > I/we thereby agree to be subject to and comply with all provisions had been set forth in full herein.

I/ we understand that I/ we, am/ are fully responsible for the maintenance of secrecy of user id., password, customer id, account number, ATM cum Debit Card number or any other information pertaining to my/ our account or the services thereon.

ATM cum Debit Card/ Internet Banking facility is provided only in accounts where mode of operation is self/ either or survivor/ anyone or survivor. If these service/ s are provided to us then our above instruction of Jointly Operation stands cancelled. (In case more than one signatory requires access over the internet, please use separate form for each signatory).

Additional information for Internet Banking:

1. Preferred User-id for internet banking: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Signature/ Thumb Impression of:

First Authorised Signatory

Second Authorised Signatory

Third Authorised Signatory

Forth Authorised Signatory

Date: \_\_\_\_\_

Place: \_\_\_\_\_

### KYC of the Individual related to Non-individual Entity

For Bank Use Only <b>BANK OF BARODA (GUYANA) INC.</b>	Customer Id																
Name & Code of the Branch <b>GEORGETOWN/ MON REPOS</b>	A/c No.																

1. Name in Full (Mr/ Ms)

2. Mother/ Father/ Husband/ Guardian Name

3. Address: \_\_\_\_\_

Particulars	Permanent Address	Residential/ Communication Address	Business Address
House No./ Name :			
Street No./ Name:			
Village/ City			
Region			
Landmark			
PIN/ ZIP code			
Telephone/ Landline no.			
Mobile/ Cell no.			
e-mail Id			

4. Sex: Male/ Female/ Transgender 5. Date of Birth: 6. Nationality:

7. Occupation-: Minor: Student: Service: Business: Retired: Housewife: Professional: Agriculture: Others (Please specify)

8. TIN (Taxpayer Identification No.) copy enclosed \_\_\_\_\_

9. Income per annum:

10. Educational Qualification:

11. KYC Document:

a. Identification Proof (As per the list 1 given) copy enclosed

Sl. No.	Name of the Document	Document number	Date of Issue	Date of Expiry	Place/ Office of issue	Issuing Authority
1.	Passport					
2.	Guyana Identification Card					
3.	Driving License					
4.						

b. Address Proof (As per the list 2 given) copy enclosed: \_\_\_\_\_

I, the above named and undersigned person, am acting as proprietor/ partner/ director/ others (specify) \_\_\_\_\_ of the Firm/ Company/ others (specify) \_\_\_\_\_, \_\_\_\_\_ and am jointly and severally responsible for all the acts, deeds and liabilities of the said entity.

Signature/ Thumb Impression of above named Joint Applicant: =>

Date: \_\_\_\_\_

Place: \_\_\_\_\_

### KYC of the Individual related to Non-individual Entity

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Name & Code of the Branch <b>GEORGETOWN/ MON REPOS</b>	A/c No. <input style="width: 100%;" type="text"/>

5. Name in Full (Mr/ Ms)

6. Mother/ Father/ Husband/ Guardian Name

7. Address: \_\_\_\_\_

Particulars	Permanent Address	Residential/ Communication Address	Business Address
House No./ Name :			
Street No./ Name:			
Village/ City			
Region			
Landmark			
PIN/ ZIP code			
Telephone/ Landline no.			
Mobile/ Cell no.			
e-mail Id			

4. Sex: Male/ Female/ Transgender 5. Date of Birth: 6. Nationality:

7. Occupation-: Minor: Student: Service: Business: Retired: Housewife: Professional: Agriculture: Others (Please specify)

8. TIN (Taxpayer Identification No.) copy enclosed \_\_\_\_\_

9. Income per annum:

10. Educational Qualification:

11. KYC Document:

a. Identification Proof (As per the list 1 given) copy enclosed

Sl. No.	Name of the Document	Document number	Date of Issue	Date of Expiry	Place/ Office of issue	Issuing Authority
1.	Passport					
2.	Guyana Identification Card					
3.	Driving License					
4.						

b. Address Proof (As per the list 2 given) copy enclosed: \_\_\_\_\_

I, the above named and undersigned person, am acting as proprietor/ partner/ director/ others (specify) \_\_\_\_\_ of the Firm/ Company/ others (specify) \_\_\_\_\_ and am jointly and severally responsible for all the acts, deeds and liabilities of the said entity.

Signature/ Thumb Impression of above named Joint Applicant: =>

Date: \_\_\_\_\_

Place: \_\_\_\_\_

## Additional Documents to be obtained

Constitution	Document to be submitted
Sole Proprietor Ship Firm	Sole Proprietorship Letter (included in terms and conditions in the form)
	Power of Attorney (if any) granted to any person to transact the business on its behalf.
	Registration Certificate
Partnership Firm	Letter of Partnership
	Registration Certificate
	Power of Attorney granted to partner or an employee of the firm to transact business on its behalf.
	Any document identifying the main partners and the person(s) holding power of attorney and their addresses
Limited Company (Public/ Pvt.)	Copy of Certificate of Incorporation.
	Copy of Certificate of commencement of Business in case of Public Limited Co
	Certified copy of Memorandum and Article of Association of the company made up to date
	A certified true copy of the resolution of the Board of Directors of Company, requesting the Bank to open an account in its name and specify the operating instructions and a list of authorized officials to operate the account.
	A list of present directors & their addresses, under the signature of chairman.
	Power of Attorney if granted to its manager, officer or employee to transact the business on its behalf.
Cooperative Societies, Association, Club etc.	Certificate of Registration of association, clubs etc of the societies/ association/ club if any.
	Certified copy of the Bylaws of the society etc.
	Resolution of the Management committee appointing the Bank at its Banker for opening of Account and stipulating the conditions for the conduct of account.
	List of members (with address) of managing committee with the copy of resolution electing them to the committee.
	Certificate of Registration, if registered.
Charitable/ Public Trust/ Foundations	Copy of Trust Deed / Constitution document.
	Power of attorney granted to persons to transact the business on its behalf
	Certified copy of the resolution signed by all the trustees in regard to the conduct of the account.
	Any document listing out the names and address of trusts, settlers, beneficiaries and those holding Power of Attorney and other key officials involved in day to day management of the trust / foundation to the satisfaction of Bank.
	Certificate from the Charity Commissioner in case of registered trust.

Note: All Individuals who are proprietor/ partner/ Director / Authorized Signatory etc must provide separate identity and address proof in conformity with the details furnished in the application form and sign in both capacity as an individual as well as in official capacity.

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Resolution for opening Company account: (The Resolution should be somewhat in the following terms)

We hereby certify that the following Resolution of the Board of Directors of the \_\_\_\_\_

Company Ltd., was passed at a meeting of the Board held on the \_\_\_\_\_ and has been duly recorded in the Minute Book of the said Company.

Resolved that a banking account for the Company be opened with the Bank of Baroda (Guyana) Inc. and that the said Bank be and is hereby authorized to honour cheques, bills of exchange and Promissory notes drawn, accepted or made on behalf of the Company by \_\_\_\_\_

\_\_\_\_\_ and to act on any instructions so given

relating to the account whether the same be overdrawn or not or relating to the transaction of the Company.

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Secretary/ Managing Agents

\_\_\_\_\_  
Directors/ Managing Agent

**All alterations should be initialed**

It is necessary that the authority given by the Resolution shall be in accordance with the powers provided by the Articles of Association of the Company.

# LETTER OF MANDATE TO OPERATE ACCOUNT

THE BRANCH MANAGER  
BANK OF BARODA (GUYANA) INC.  
GEORGETOWN/ MON REPOS BRANCH  
GUYANA, SOUTH AMERICA

Dear Sir,

**Ref.: MY/ OUR BUSINESS CHECKING ACCOUNT No. \_\_\_\_\_ WITH YOU**

I/We hereby request you from time to time to pay and honour all cheques which may be drawn by Mr. \_\_\_\_\_ including cheques made out in his own favour, purporting to be drawn by him and on my/our account and to your books, notwithstanding that payment of such cheques may create an overdraft or increase it to any extent. Any operation by Mr. \_\_\_\_\_ on my/our Business Checking account will be binding on me/us and you are, therefore, requested to act on instructions received from him in connections with the said Business Checking account.

Mr. \_\_\_\_\_ will also make, draw and endorse and accept or otherwise sign bills of exchange, promissory notes, or other negotiable instruments and discount the same with your Bank or otherwise, and will also pay monies, cheques, notes, drafts, orders and all other documents to the credit of my/our Business Checking account and as and when needful endorse the same for me/us and will also certify the correctness of the balance of my/our Business Checking account, and will also acknowledge debt or debts from me/us so as to bind me/us all and will also receive notices on my/our behalf.

He will also endorse, pledge, deposit, withdraw, sell Government and other securities, shares, bills of lading, railway receipts and such other instruments and open letters of credit on my/our behalf, and give, vary and revoke instructions regarding my/our accounts in respect of all transactions and acts which he may do

for Applicable  
Firm Partnership

Upon the firm and the partners and perform, and all such acts shall be binding on me/us and my/our heirs executors and administrators thereof and the heirs, executors of any such partners, their and his successors and I/We shall always and at all times, allow, ratify and confirm all and whatever said Mr. \_\_\_\_\_ assigns and in the case of dissolution of our partnership, all acts done by the said

\_\_\_\_\_ shall do in relation to the said Business Checking account and/or under this mandate.

Individual For  
Proprietor Sole

Mr. \_\_\_\_\_ shall be binding upon the firm and each and every one of us and all other persons claiming from under or in trust for us or any of us unless notice in writing of such dissolution is previously received by you and we shall always and at all times allow ratify and confirm all and whatever the said Mr. \_\_\_\_\_ shall do in relation to the said Business Checking account and/or under this mandate.

This mandate if not revoked in my/our life time shall be binding upon my/our estate and effects and our legal representative until a written notice of my/our death is given to you.

**This mandate shall continue in force until you receive a notice in writing from me/us to the contrary.**

Specimen signature of

Yours faithfully,

Mr. \_\_\_\_\_

Signature of the Account Holder/s

Attested

Signature of the Account Holder/s

Date:  
Place: