



**BANK OF INDIA**

**CD ACCOUNT APPLICATION**

The Manager  
Bank of India  
277 Park Avenue  
New York, N.Y 10172

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

Dear Sir,

I / We request you to open a time deposit account for the amount of  
\$ \_\_\_\_\_)Dollars \_\_\_\_\_  
\_\_\_\_\_)  
for the period of \_\_\_\_\_ days Months.

I / We enclose check for the amount indicated. The time deposit account should be opened as soon as the funds are collected by you and at the rate of interest prevailing on the day of receipt of funds.

NAME(S) IN WHICH DEPOSIT CONFIRMATION IS TO BE ISSUED:

\_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

(In case of joint accounts the above will be the Social Security number of the first named depositor).

PHONE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I / We note that the time deposit will be issued in accordance with the Bank's rules and conditions stated in the time deposit confirmation.

Introduction by  
or  
Photo ID enclosed

Signature(s) \_\_\_\_\_  
\_\_\_\_\_

- NOTE:
1. In the case of Corporations a Board Resolution is required for opening the account
  2. If the deposit is in the name of minor, please give the date of birth of the minor.
  3. If u do not have an account with us already, please notarize you signature.

A/C opened by  
signature \_\_\_\_\_  
Code No. \_\_\_\_\_

VERIFIED BY  
Code No. \_\_\_\_\_

Please read the following instructions before filling up this form:

1. Please note to fill in your Social Security Number correctly. Your account should be introduced by any of our existing account holders or you should submit current and valid photocopy of either your passport or driving license.

2. You may send the funds by your Personal check, banker's check or Cashier's check in favor of Bank of India. Banker's check or Cashier's check are put on hold for one working day, while personal check will be put on 3 to 7 working days hold depending upon the location on which it is drawn and also the amount involved.

3. You are required to fill in and submit duly signed either W-8 (Certificate of Foreign Status) or W-9 (request for Taxpayer Identification Number and Certification)

4. Please do not change the size of the format i.e. 8.5" x 11"

## INFORMATION REGARDING CERTIFICATE OF DEPOSIT ACCOUNT

i)	ACCOUNT NAME	:			
ii)	ADDRESS	:			
iii)	ANNUAL INCOME OF COMPANY INDIVIDUAL	:	<input type="checkbox"/> <25,000 <input type="checkbox"/> 50,000-100,000 <input type="checkbox"/> 150,000-250,000	<input type="checkbox"/> 25,000 - 50,000 <input type="checkbox"/> 100,000-150,000 <input type="checkbox"/> >250,000	
iv)	MODE OF OPERATION	:	<input type="checkbox"/> Self <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Either or Survivor <input type="checkbox"/> Joint or Survivor	
v)	PURPOSE OF ACCOUNT	:	<input type="checkbox"/> Savings <input type="checkbox"/> Other (specify)		
vi)	EXPECTED VOLUME OF DEPOSIT IN A YEAR	:	<input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$25,000-50,000 <input type="checkbox"/> \$100,000-150,000	<input type="checkbox"/> \$10,000-25,000 <input type="checkbox"/> \$50,000-100,000 <input type="checkbox"/> >\$150,000	
vii)	SOURCE OF FUNDS	:	<input type="checkbox"/> Current income/wages <input type="checkbox"/> Pension/SS benefits <input type="checkbox"/> Liquidation of Investments <input type="checkbox"/> Sale of property <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Past savings <input type="checkbox"/> Rent	
viii)	MODE OF DEPOSIT	:			
ix)	EXPECTED NUMBER OF DEPOSITS IN A YEAR	:	<input type="checkbox"/> upto 5 <input type="checkbox"/> Above 20	<input type="checkbox"/> upto 10	<input type="checkbox"/> upto 20
x)	EXPECTED AMOUNT OF EACH DEPOSIT	:	<input type="checkbox"/> upto \$ 10,000 <input type="checkbox"/> upto \$ 50,000	<input type="checkbox"/> upto \$25,000 <input type="checkbox"/> Above \$ 50,000	

Customers Signature :

Date :