



CD ACCOUNT APPLICATION

The Manager
Bank of India
277 Park Avenue
New York, NY 10172

Date: _____

Dear Sir,

I/We request you to open a time deposit account for the amount of

\$ _____ (Dollars _____)

for a 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 I/We declare that I/We are not political person/s or are not Related to any political person/s Signature(s) _____

NOTE: 1. In the case of Corporation of 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 you do not have an account with us already, please notarize you signature

A/C opened by
Signature _____
Code No. _____

VERIFY BY
Code No. _____

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"/> <25,000 <input type="checkbox"/> 50,000 – 100,000 <input type="checkbox"/> 150,000 – 250,000	<input type="checkbox"/> <25,000 <input type="checkbox"/> 50,000 – 100,000 <input type="checkbox"/> >150,000 – 250,000
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"/> upto 10	<input type="checkbox"/> upto 20 <input type="checkbox"/> above 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

Customer Signature:

Date: