

Customer ID Number																				
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(For office use)

A/c. No.																				
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(Please fill in block letters only)

CERTIFICATE OF DEPOSIT ACCOUNT APPLICATION FOR EXISTING CUSTOMERS – INDIVIDUALS				
Name of Customer/(s) -				
I/ We request you to open my /our Certificate of Deposit account with your branch for the amounts and period as indicated below.				
Amount – (USD) _____ Period _____ (months)				
Mode of operations – check one				
<input type="checkbox"/> Single <input type="checkbox"/> Either or survivor <input type="checkbox"/> Any one of us (more than two applicants) <input type="checkbox"/> Jointly <input type="checkbox"/> Former or survivor or survivors <input type="checkbox"/> Any other (please specify)				
Source of funds (check all applicable items) Proof to be provided if applicable	<input type="checkbox"/> Current Income / Wages <input type="checkbox"/> Past savings <input type="checkbox"/> Pension / S.S. Benefits <input type="checkbox"/> Rent Income <input type="checkbox"/> Inheritance <input type="checkbox"/> Sale of property <input type="checkbox"/> Liquidation of investment <input type="checkbox"/> Others (please specify)			
	Annual Household Income (USD)			
Mode of deposit (funding for certificate of deposit)	<input type="checkbox"/> cash	<input type="checkbox"/> Personal Check number _____ dated _____ drawn on Bank _____ / Branch _____	<input type="checkbox"/> Official Check number _____ dated _____ drawn on Bank _____ / Branch _____	<input type="checkbox"/> Others (please specify)
I/We have read and understood the terms on which Certificate of Deposits are being offered. I/We acknowledge the receipt of interest rate chart applicable for Certificate of Deposits.				
Signature of Depositors				
	1 st applicant	2 nd applicant	3 rd applicant	
Specimen Signature				
Full Signature				
Name:				
Place :				
Date :				

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**Designation of Beneficiary /Payable on Death (POD)
Supplemental Agreement to Accompany Signature Card**

- I/ We wish to designate the Beneficiary (ies) as detailed below for all my account numbers with this customer identification number, including result from rollover of those account(s).
- We understand that:
A Payable on Death account is an account payable to the Account Holders during their lifetimes, and upon the death, of the last Account Holder, ownership passes to the named POD payee(s). The POD payee(s) have no present right of withdrawal.

The account will be subject to the Multiple Party Deposit Account Act, all other laws, regulations and rules of the Bank, the United States government and State of New York, and changes in any of the foregoing that may in the near future become effective.

- Where there are two or more Account Holders, each Account Holder has a right to payment from the account. Each Account Holder owns his or her net contribution. In the absence of proof of net contribution and unless the Account Holders have specifically otherwise agreed, each Account Holder will own an equal share of the account during his or her lifetime. Upon death of an Account Holder, the surviving Account Holders will continue to own his or her proportionate share of the account. The share owned by the deceased party will be shared equally by the surviving Account Holders. Upon the death of the sole surviving Account Holder, the account will belong to the POD payee(s).
- Where there are two or more POD payee(s), the account will belong to the payee(s) who survive all Account Holders. Unless otherwise specifically stated in the account by the Account Holders, each surviving POD payee will own an equal share of the account. Unless specifically stated in the account by the Account Holders, upon the death of a surviving POD payee, the remaining POD payee(s) will not own any portion of the deceased payee's share of the account.

- If an account Holder wants to change the form of this account, the Account Holder must notify the Bank in writing.

Designated beneficiaries are as follows

	1 st Primary beneficiary	2 nd Beneficiary (optional)
Name (in block letters)		
SSN		
Relationship		
Percentage share		
Date of Birth		
Address		

- I/we understand that Bank is expressly relying on information given herein above and shall have no liability or responsibility whatsoever, for any claims arising from the Bank's actions hereunder and the Bank shall be fully indemnified for any or all losses, damages, costs etc. This release and indemnity shall be binding on my/ our respective estates as well.
- I / we understand that this designation of beneficiary (payable on death) will be effective on the date of receipt by Bank of Baroda and will supersede any previous designation of beneficiary that I/we might have made. I/we have the right to change this designation and designate new beneficiary at any time by writing to Bank of Baroda, New York branch.

Signature and names		
1 st applicant	2 nd applicant	3 rd applicant
Signature		
Name		
Date	Place	

Truth in Savings - Annexure-III
TIME DEPOSIT ACCOUNT

Interest Rate	:
Annual percentage Yield	:
Term	:
Maturity	:
Initial Deposit Amount	:

BALANCE TO OPEN AND TO EARN INTEREST:

The minimum balance required to open your account is \$1,000. You must also maintain this minimum balance in your account each day to obtain the disclosed Annual percentage Yield.

Deposits and withdrawals may not be permitted during the term of the Time Deposit. Additional deposits may be made on the account on the maturity date, at which they become part of the principal amount for the new term.

INTEREST RATE:

The Interest Rate earned on your Time Deposit account will be guaranteed Fixed rate for the term of the account. The rate is determined by the Bank, based on market conditions at the time the account is opened or renewed. The Interest Rate, Term and Maturity Date for your account are shown above.

ANNUAL PERCENTAGE YIELD (APY):

Any stated Annual Percentage Yield is based upon the hypothetical assumption that the Interest rate remain unchanged, and the balance on deposit together with all interest earned is not withdrawn for the entire term. Account closing before maturity will reduce earnings. The Annual Percentage Yield for our account is shown above.

INTEREST ACCRUAL:

At New York branch, interest begins to accrue no later than the business day on which the branch receives credit for the deposit of non-cash items, such as checks.

INTEREST COMPUTATION:

Interest on your account is accrued daily as simple interest and credited at maturity.

INTEREST PAYMENT METHOD:

Earned interest will be added to the account at which time it will be available for withdrawal. If requested in writing, we will send you a check for the interest amount or transfer the amount to your other account.

EARLY WITHDRAWAL PENALTY:

You have agreed to maintain your certificate of deposit with Bank of Baroda until the maturity date.

Principal may not be withdrawn, in whole or part, before the account matures unless the Bank consents to the withdrawal. It has been our practice to permit such withdrawals for reasons of need (purchase of a home or car, payment of medical bills, etc.). This practice is in no way binding on the Bank in the future and the Bank reserves the right to refuse such withdrawals. The Bank does not permit partial withdrawals from Certificate of deposits, you may incur a penalty. The amount of interest payable in such case may be 1% less than the applicable rate for which the deposit was actually maintained. Please note that each request for early withdrawal with or without penalty may be evaluated and considered by the bank on case to case basis.

A minimum penalty equal to seven days' interest at the contract rate will be imposed if the account is closed within six days of opening.

These Bank's penalties will not be charged if an owner of a Time Deposit account dies or is declared legally incompetent. If a withdrawal is made for either of these reasons, we will credit and pay any accrued interest to the account, up to the closing date.

AUTOMATIC RENEWALS :

This account will renew automatically at maturity. We will send you a Maturity Notice, if the deposit is placed for a period of more than one month.

If we do not hear from you we will automatically renew the account for a term similar to the prior term at the maximum rate offered for that term on the renewal date. Upon account renewal all credited interest remaining in the account will automatically become part of the principal for the new account term.

You will have 10 days after maturity to make withdrawals in any amount without incurring a premature withdrawal penalty described in this disclosure. If a withdrawal is made during the period, you will not earn any interest on the amount withdrawn from maturity date through the withdrawal date.

Time Deposit accounts that mature on Saturdays, Sundays or legal holidays (non-banking days) will be available to you for withdrawal on the next business day. We will credit and pay to the account any interest accrued between the maturity day and the next business day.

ANNEXURE-IV A – copy of computer generated letter that will be sent to you for renewal

Ref:	CD Number.	:
	Principal amount	:
	Maturity Date	:
	Current Interest Date	:
	Interest Amount on Maturity	:
	Term	:

We appreciate that you decided to maintain the captioned deposit with us which matures for payment as indicated above. We shall be glad to have your instructions at least one working day before the due date. Please note to return to us the original certificate of Deposit Receipt for renewal/payment. Rate applicable for renewal of deposit could be obtained on the maturity date. You may call 212-578-4550 for rates.

In case we do not hear from you, the matured amount with interest will be renewed automatically for a term similar to the prior term at the prevailing rate of interest and original Certificate of Deposit Receipt will stand cancelled.

Regards,

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BOB US Operations

This is a computer-generated letter and needs no signature.