ธนาคาร อินเดียน โอเวอร์ซีส์



สาขากรุงเทพฯ

คำขอเปิดบัญชีเงินฝาก-ส่วนบุคคล

โทรสาร(Tel) 0-2224-5411-4
โทรสาร(Fax) 0-2224-5405

ACCOUNT OPENING FORM - PERSONAL

ndian Overseas Bank, Bangkok Branch เลขที่บัญชี / Account No.					
ประเภทเงินฝากที่ขอเปิดบัญชี Nature of Account					
🗌 กระแสรายวัน Current 🗌 ออมทรัพย์ Savings 🔲 ฝากป	ระจำ Fixed Deposit []	8		
รายละเอียดผู้ขอเปิดบัญชี Personal Details	· ·				
ชื่อบัญชี Full Name (s)		หนังสือสำคัญประจำตัวเล	ขที่ Identification No.		
สัญชาติ Nationality □ไทย Thai □	· · · · · · · · · · · · · · · · · · ·	วัน / เดือน/ปีเกิด Date of Birth			
สถานะถิ่นที่อยู่ Residential Status		อาชีพ Occupation	7/2		
□ มีถิ่นที่อยู่ในประเทศไทย Resident □ ไม่มีถิ่นที่อยู่ในประเ	ทศไทย Non Resident	สถานที่ทำงาน Office			
รายละเอียด เงินฝาก Account Details			,1		
เงื่อนไขพิเศษในการสั่งจ่าย Special Signing Condition		คต่อ Mailing Documents			
□ คนเดียว Singly □ ทุกคน Jointly □ คนใดคนหนึ่ง Ar	nyone 🛮 🗆 ทางไปรษณีย์	Mail			
	นเอง Collect				
ที่อยู่ปัจจุบัน / สถานที่ติดต่อ โทรศัพท์ (บ้าน) Home Tel No					
Present Address / Mailing Address					
โทรศัพท์ (ที่ทำงาน) Office Tel No					
ข้อตกลง Agreement					
ข้าพเจ้าได้ทราบและได้รับข้อกำหนดและเงื่อนไขการเปิดบัญชีเงินฝา			10 12 10 10 10 10 10 10 10 10 10 10 10 10 10		
เพิ่มเติมใด ๆ ซึ่งธนาคารอาจกระทำเป็นครั้งคราว โดยไม่จำเป็นต้องเ		บคตามขยา เหนตและเงยนเร	INDIANTE IN A STAN IN THE CALL WILLIAM		
I/We have received and read a copy of the Bank's Terms and Conditions relating to the Account and I/We Jointly and severally agreed to abide					
and be bound by them and any amendments, alterations and additions thereto as may from time to time be made without written notice.					
ลงชื่อ Signature (s)ผู้ขอเปิดบัญชี Applicant (s)					
วันที่ (Date)					
สำหรับเจ้าหน้าที่ธนาคารกรอก For Bank Use					
หมายเหตุ Remarks	ผู้รับเปิดบัญชี Attended b	y ผู้อนุมัติ Authorised by	ผู้ตรวจ Input checked by		

Personal Information/ KYC Form							
Name	Middle Name		Sur	namo			
	Iame Middle Name iitle □ Mr. □ Mrs. □ Ms. □ Other (Please specify) Gende		Gender □		Female		
The state of the s	e Married Divorced V		ochaci 🗅	Maic =	Terridie		
		1,4-4,7-4					
Date of Birth (dd/mm,	/уууу)	Country of birth		Natio	onality		
ID Card/ Passport No							
Contact Address		n Residential Address	in Home	□ Contac	ct Addre	ess in Thailand	
		y(For Foreigner)					
	in Home Country (For			5 11			
Foreigner) Name of Place		No					
Street Address		Street					
City/District		Sub- District					S10160000000000000000000000000000000000
State/City/Province		District/Amphur					
Country		Province					
Postal Code		Postal Code					
F		*					
Phone Number (Mobi	le) (l	Home)	Е-Мо	ail			
Occupation/Workpla	ce						
□ Company	□ Professional	□ Student	□ Polit	ician		□ State Enterp	rise
Employee/Partner						Employee	
☐ Government office	□ business Owner(S)	□ Employee	□ Reti			☐ Housewife	
□ Military/ Police	□ Commission-based	□ Not working	□ Oth	ers (Please s	specify)		
	Income						
Company/School Na	mo	Type of Business		D/	osition		
Income per month (TI	me	Type of Business		гс	33111011		
□ 1-15,000	□ 15,001-30,000	□30,001-50,000	□ 50.0	01- 75,000		□75,001-100,00	20
□100,001- 150,000	□ 150,001-300,000	□300,001-750,0000		0,000,1-1,000,0		□ 1,000,001-M	
	try/ies where you pay you	Van		7001 1,000,0	,00	_ 1,000,001 141	510
	Others (Please Specify) _	meeme rax ar prese	,				
Other Information:							
Purpose of Account		□ Saving	□ Invest	ment 🗆	Salary	□ Ove	rseas
(You may tick ✓ more	than one box)			,		Fund T	ransfer
		□ Loan/Goods Ser	vice Repayı	ment 🗆	Other (p	olease specify)
Source of Fund/Weal		Country of source	□ Thailand	b	□ Off	ner please spe	cify
(You may tick ✓ more	than one box)	of funds					
		□ Saving □ Self-emple					
						□ Other (please	
Lhereby certify that the c	Redemption specify) hereby certify that the copy of my supporting document and the above information are true and correct as required for the opening of				ening of		
an account with India Overseas Bank. In case of any change in the future, the Bank shall be informed.							
Applicant's Signature							

())				
Date							
For Rank's Use							
C	ustomer CIF No.	and against the same!		/ 3 / excep		avo ovemine d	1
Application has been checked against the sanction list / required documents have examined				1			
Received By Verified by							
Employee ID No			Employe	e ID No.			

TERMS AND CONDITIONS:

PDPA: To the extent permitted by law. I/We, at any time, agree and consent that the Bank, including the Bank's employees and/or agents, are entitled to keep, collect, use, provide, accept and deliver, disclose, and access to personal data, information relating the credit facility/services, records, and status of any other electronic information, including, other information, relevant to me/us, as the Bank deems appropriate, to the Bank's parent company, associated company, subsidiary company, group company, affiliated company and branches of such foregoing entities, whether located domestically or overseas, including their respective directors, employees, contractors, representatives, agents, auditors, appraisers, and professional advisers of such foregoing entities, assignee, government agency and regulatory body having authority over the bank, or any person who has a legal relationship with the Bank or me/us, for the purpose of considering to grant any credit facility, debt restructuring, renewal, credit review and/or credit data processing or other purposes as required by law, including for the operation and management of all businesses of the Bank, notice/demand for payment, demand of debt, assignment of rights and obligations, including any other services with the purpose to render the Bank able to fairly and continuously provide services to me/us.

I/We, at any time, agree and consent that the Bank, including the Bank's employees and/or agents, are entitled to keep, collect, use provide, accept and deliver, disclose, and access to personal data, information relating the credit facility/services, records, and status of any other electronic information, including, other information, relevant to me/us, for the purpose of proposing of products and services of the Bank. I/We have given the foregoing consent with the purpose to render any and all activities as mentioned above in compliance with the applicable laws without any requirement to obtain any further consent or document for the purpose of obtaining any further consent, from me/us

AMLO: I/We hereby confirm that I/we am/ are the sole and true owner of the account and that I/we not an agent to use the account for other person's benefit. I hereby confirm and acknowledge that "opening and selling accounts for hire shall be subject to penalty by laws". I/We agree that the specimens shown below shall have a binding effect fully upon me/us and/ or persons related to me/us in regard to the request for use and/or receipt of the service under this Application. I/We acknowledge that if I/we allow other person to use my/our account or dishonestly use the account for receiving incoming fund transfer and/ or money withdrawal, I/ We shall be accountable for the damage and accept all legal consequences caused by such acts. I/We agree and consent that the bank may discontinue or suspend or refuse to proceed with any transaction that comes within the restriction of Laws governing Anti-Money Laundering and Counter-Terrorism Financing and the like.

COMMUNICATION AT ADDRESS: To the extent permitted by law, notices sent to me/ us as may be required by the agreement via registered mail with returned receipt to the address or contact place specified in this application or to such other address as declared via the latest change of address notice, shall be deemed duly sent and received by me/ us. Communication, general notice, notice of approved credit line, invoice, billing statement, receipt, news, general document demand for repayment that specifies outstanding balance, whether sent by the Bank or person assigned by the Bank, mail or email or such others electronic media given to the Bank, or sent to home address, office address or the address as informed to the Bank through the latest change of address notice or such other address as appears in this Application or other application or in the national registration, shall be deemed to have been duly sent to and received by me/ us.

CHANGE OF ADDRESS/CONTACT NUMBER: I/We acknowledge that any change in the address/contact details should be informed to the Bank immediately in writing along with supporting documents.

TAX DEDUCTION: Where the Bank is required by the law to deduct withholding tax from the aggregate deposit interest payment and the tax amount is greater than the interest amount due and payable upon any interest payment date at which the aggregate taxable interest income threshold is reached, I hereby grant consent to the Bank to deduct the tax due and payable from the balance of deposit standing to the credit of my/our account to account for the tax due and payable on such aggregate interest income.

CARD READER: I/We am/are glad to allow the Bank to verify the true identification card or any card issued by government service for proving my authentication through the card reader program which the Bank is allowed to use.

POSSESSION OF PASSBOOK: I/We acknowledge that passbook of the account is the evidence showing deposit transaction movement between the Bank and the customer (s). If the passbook is in possession of whom, the Bank may assume that he/ she is authorized by the account holder to request for issuing a new passbook when the pages of passbook are fully printed with account transaction entries. Thus, it is the account holder's responsibility in immediately notify the Bank in person or via proxy bearing duly executed power-of-attorney supported by certified copies of ID cards of the authorized person and the account holder (s).

INTIMATION FOR LARGE CASH WITHDRAWL: I/We acknowledge that Requirement of Large cash withdrawal of THB 1 Mio or above should be informed to the branch at least two days in advance

I/We confirm and acknowledge the following service Charges applicable on the account

- Savings/Current account shall be classified as inactive in case it is not operated for more than a year and Dormant in case not operated
 for more than two years. In both cases fresh KYC forms has to be submitted and personal presence is required to make the account
 active.
- If the balance of account falls below the required **minimum Balance** as prescribed by Bank, the Bank will charge account maintenance fee pursuant to the relevant rules and at the rate announced during then by the Bank.
- If the account is **closed within 3 months** of opening the Bank will charge account maintenance fee pursuant to the relevant rules and at the rate announced during then by the Bank
- Service charges above and others applicable is available on the Bank's website.

ANNOUNCEMENT OF SERVICE CHARGES: Rates of fees and service charges are based on the Bank's Announcements which are made and announced according to the Bank of Thailand's regulations. The Bank may change the rates which will be announced 30 days in advance by posting them at the Bank's Branches and on the Bank's website. (www.iob.co.th).

I/We confirm that I/we have the full capacity at the time when performing this juristic act and that I/we am/are not a person of unsound mind, quasi incompetent or incompetent, subject to interim or absolute receivership order, bankrupt or in process of business rehabilitation, and shall inform the Bank forthwith of change of my/our status hereafter. I/We agree that the Bank may suspend all my/our transactions promptly upon change of my/our status and certify that the above mentioned information is true and correct.

(Signature of Account Holder/(s))



FATCA&CRS 01: FATCA/CRS Self-Certification Form

For Individual Customer

Date//		Account No			
			lationality(ies) lease specify all nationalities that you hold.		
Identification No. / Passport No					
Place of Birth	City	Country		~	
Part 1	Status of Custome	er: FATCA Individua	l Self-C	Certification	on ·
Please select the approp	riate boxes corresponding to your status				
	U.S. P	erson			
(If you select "yes" in ar	ny one box, please complete Form W-9)	I .			
1. Are you a U.S. Citizer			☐ Ye	S	□ No
You must answer "Yes" if y	rou are a U.S. citizen even though you reside ou rou hold multiple citizenships, one of which is U. rou were born in the U.S. (or U.S. Territory) and	S. Citizenship.	ed U.S. Cit	izenship.	
	ny U.S. Permanent Resident Card (e.g. Gre		☐ Ye		□ No
	he U.S. Citizenship and Immigration Service (US		nanent Re	sident Card to	you, regardless of
You should answer "No" if	as expired on the date you complete and sign the such card has been officially abandoned, revoke	his form. d, or relinquished as of the			plete this form.
	nt for U.S. tax purposes?		☐ Ye	•	□ No
	J.S. resident if you meet the "Substantial Physica days. For more details, please refer to the information in the information i				
	Additional				
(1) A copy of Thai Citizen I	one box, please complete Form W-8BEN and pro D card (or passport in case you are not a Thai c ss of Nationality of the United States In case of	itizen which indicate that yo	u are not	a US Person)	and
1. Were you born in the citizenship?	U.S. (or U.S. Territory) but have legally su	rrendered U.S.	□ Ye	S	□´No
	instructions to transfer funds from the account maintained in the U.S.?	ount opened or held	□ Ye	S	□ No
3. Do you have a power	of attorney or signatory authority for the ank granted to person with U.S. address?	account opened or held	□ Ye	s	□ No
	nail or in care of address as the sole addres	ss for the account	□ Ye	S	□ No
5. Do you have a curren	t U.S. residence address or U.S. mailing ac	ddress for the account	□ Ye	S	□ No
opened or held with companies in Indian Overseas Bank? 6. Do you have a current U.S. residence address or U.S. mailing address for the account					□ No
Part 2		laration of All Tax F	?esiden	CV	
Do you have tax residence in countries other than the U.S.?					
"tax residence" means particular jurisdictions in which you are liable to pay income tax by reason of domicile, residence, number of days you stay in that country in each year or any other criterion. You must answer "Yes" if you have tax residence in countries other than Thailand and the U.S. and specify your country of tax residence and TIN in the table below.					
Country of Tax Resider	sidence TIN If no TIN available, enter Reason A, B		er	er Please explain why you unable to obtain a TIN i	
	or C select Reason B				
If a TIN is unavailable i	ndicate which of the following reason is an	I Inlicable:			
If a TIN is unavailable, indicate which of the following reason is applicable: Reason (A) – The jurisdiction where the account holder is a tax resident does not issue TINs to its residents.					
Reason (B) – The Account Holder is otherwise unable to obtain a TIN. (Note: Please explain why you are unable to obtain a TIN.)					
Reason (C) - TIN is not	required. (Note: Only select this reason or				
the collection of TIN issu	the collection of TIN issued by such jurisdiction.)				

Confirmation and Change of Status

You confirm that the above information is true, complete, accurate and current.

- 1. You acknowledge and agree that if the information provided on this form or Form W-9 is false, inaccurate or incomplete, Indian Overseas Bank shall be entitled to terminate, at its sole discretion, the entire banking/business relationship with you or part of such relationship as Indian Overseas Bank may deem appropriate.
- 2. You agree to notify and provide relevant documents to Indian Overseas Bank within 30 days after any change in circumstances that causes the information provided in this form to be incorrect, incomplete or not current.
- 3. You acknowledge and agree that failure to comply with item 2 above, or provision of any false, inaccurate or incomplete information as to your status, shall be entitled Indian Overseas Bank to terminate, at its sole discretion, the entire banking/business relationship with you or part of such relationship as Indian Overseas Bank may deem appropriate.

Part 4

Disclosure of information and authorization for debiting funds in account

You hereby irrevocably agree as follows:

- 1. Indian Overseas Bank will disclose to the Indian Overseas Bank (including other entities related to financial products you receive service from), for the benefit of FATCA / CRS / OECD compliance, domestic and/or foreign tax authorities, including the U.S. Internal Revenue Service (IRS), your name, address, taxpayer identification number, account number, FATCA compliance status (compliant or recalcitrant), account balance or value, the payments made into or from the account, account statements, the amount of money, the type and value of financial products and/or other assets held with Indian Overseas Bank, as well as the amount of revenue and income and any other information regarding the banking/business relationship which may be requested or required by the companies under Indian Overseas Bank, domestic and/or foreign tax authorities, including the IRS; and
- 2. You authorize Indian Overseas Bank to debit funds withhold from your account and/or the income derived from or though Indian Overseas Bank in the amount as required by the domestic and/or foreign tax authorities, including the IRS, pursuant to the laws and/or regulations, and any agreements between Indian Overseas Bank and such tax authorities.
- 3. If you fail to provide the information required to determine whether you are a U.S. person, Reportable Person, or to provide the information required to be reported to Indian Overseas Bank, or if you fail to provide a waiver of a law that would prevent reporting, Indian Overseas Bank shall be entitled to terminate, at its sole discretion, the entire banking/business relationship with you or part of such relationship as Indian Overseas Bank may deem appropriate.

By signing in the space below, I hereby acknowledge and agree to the terms and conditions specified herein, which include acknowledging the disclosure on information, and authorizing the Indian Overseas Bank to debit funds in account and/or terminate banking/business relationship.

Signature	of	App	licant
Signature	u	MPP	ııcaııc

Date

For Indian Overseas Bank use only				
Signature of Officer who receives the document Date	Attachment (if any) W-9 W-8 BEN A copy of Thai Citizen ID card or Passport Certificate of Loss of Nationality of the United States, A copy of Certificate of Loss of Nationality. (in case "Yes" in Additional Questions point 1.) Supporting Document (specify)	Authorized Person Date		

INDIAN OVERSEAS BANK LETTER OF CONSENT FOR CUSTOMERS

Full name (Block letter)

Date

Please read the **Privacy Notice for Customers** before giving consent to the Bank to collect your Personal Data.

Pursuant to the Personal Data Protection Act B.E. 2562 and other related laws, including any further amendments thereof ("PDPA"), INDIAN OVERSEAS BANK (the "Bank") seeks to obtain your consent to collect Personal Data to use and disclose according to the objectives and details stipulated in the Privacy Notice for Customers. Nonetheless, after you have given your consent, you may withdraw your consent at any time. The withdrawal of your consent shall not affect any Personal Data which has already been processed prior to you withdrawing vour consent. ☐ I have read and I understand the details and objectives of the Privacy Notice for Customers In the case that obtaining consent is legally required, I, as the data subject, having the status of O Individual Customer / O Relevant Person of Individual Customer or Corporate Customer____ (please specify the relevance e.g. director, employee, representative, etc.) hereby give consent to the Bank to collect my Personal Data for the following purposes: ☐ The Bank can collect my Sensitive Personal Data as appeared on the copy of identification card or other identity documents for receiving Bank's services. I consent that the Bank can collect my Sensitive Personal Data, e.g. religion, blood group as appeared on the copy of the identification card or other identity documents, ethnicity origin and disclose to third parties, e.g. head office of the Bank in India, for receiving the Bank services such as opening bank accounts. (In the event that you do not give consent for the collection of religion and blood group data on the copy of identification card or other identity documents, please cross out such data before sending the documents to the Bank) ☐ The Bank can collect my copy of identification card and disclose it to the delivery agents for identifying the receiver of goods. I consent that the Bank can collect copy of my identification card and disclose it to the delivery agents for identifying myself and my authority as the receiver of goods of the Bank. (Please cross out the religion and blood group data on the copy of identification card before sending the documents to the Bank. However, in case you do not give consent to the Bank for the collection, the delivery agents may request for your identify documents from you directly) I hereby sign this letter voluntarily and independently as evidence to allow the Bank to collect, use and disclose my Personal Data for the objectives stipulated in this Letter of Consent. Signature

%

SAVING

💨 Indian Overseas Bank

CONSTITUENT'S NAME

A C C O U N NUMBER

SPECIMEN SIGNATURE

VERIFICATION SIGNATURE

1,000 Sh. Manager For INDIAN OVERSEAS BANK SPECIAL INSTRUCTIONS F 54A όN S