

Trequest for services requ	ired in Saving/Time deposit	account	
CIF/Act No:	Account Name		
General Rule: Please tick the approp	priate box (es), wherever applicable and	give the information in the s	pace provided
Reason: [] New []Add-or ATM Usage: [] Domestic	Name as would appear on the card I [] Lost [] Stolen [] Dama [] International. g internet banking. Si	ged [] Expired	
[] Blocking of ATM Card	Card No:	Reason:[] Lost	[] Stolen
[] Issue new ATM Pin	Card No:		
[] Please courier Chq Bo	ook No of Cheque Books: ok to the correspondence ac ng account with existing CIF	ldress as per the ban	
 	s per ID document	CIF No	ССҮ
1 st	o per 12 document	0.1.110	
2 nd			
3 rd			
	[]Self []Either or Survivor [lAnyone or survivor] Jointly
[] Closure of Account R	eason:		
Pay the balance amou	int by: [] Cash [] Cashier Ord	der [] TT Transfer	
[] [A	E		
[] E-Account Statement	E-mail ID		
[] Internet Banking []\M	/ithout Transaction Rights	[] With Transaction	Diahta
	d and agree to be bound b	•	
•	e Bank of India, Hong Kong	·	-
= =	orrect and complete and auti		
from any source it may d	eem jii.		
1 st Applicant's Signature Date:	2 nd Applicant's Signature	3 rd Applicant's Sig	 gnature