

ACCOUNT OPENING FORM

FOR RESIDENT NON INDIVIDUALS

FOR SOLE PROPRIETOR/TRUST/FIRM/CORPORATE

(To be filled by applicant only)



MEMBERSHIP NO.

BRANCH:

Please open my following account at your Branch

Product Type: Savings ☐ Easy ☐ Regular ☐ Plus ☐ Salary ☐ Others (Please specify)
Current ☐ Silver ☐ Gold ☐ Platinum ☐ Others (Please specify)

(Please fill the form in BLOCK LETTERS only)

ACCOUNT TITLE

/

If the firm has an existing account with Adarsh Co-Operative Bank Ltd, please quote the firms Customer ID

PAN (If not available please fill attached Form 60/61) ☐ Form 60/61 attached

☐ Solé Proprietorship ☐ Partnership Firm ☐ Hindu Undivided Family ☐ Trusts/Clubs
☐ Society ☐ Public/Private Limited Company ☐ Banks/Mutual Funds/Insurance/Statutory Corporation
☐ Associations ☐ Non Profitable Organizations ☐ Limited Liability Partnership

Nature of Business ☐ Manufacturing ☐ Service Provider ☐ Agriculture ☐ Stock Broker ☐ Real Estate ☐ Trader ☐ Other (Please specify)

Details of Activity:

Date of Incorporation:

MAILING ADDRESS:

Office:
City: Pin: State:

Registered office: (If different from above):
City: Pin.: State:

Tel.(With STD Code) Res.: Office: Fax: *Mobile:

**Email ID:

*Your will receive your SMS alerts on this Number

Please send all communication to my ☐ Registered ☐ Office Address

Name of the Authorized Signatories

Customer ID

PAN

DOB

1.
2.
3.
4.
5.

MODE OF OPERATIONS (With limits, if any)

☐ Single ☐ Jointly ☐ As per Resolution ☐ Either/Survivor ☐ Other (Please Specify)

NOMINATION

I/We have been explained about the benefits of the nomination facility. I/We wish to ☐ I/We do not wish ☐ to appoint a Nominee for this Deposit.
(Please fill up the Nomination DA 1 form separately)

My Account No./POR No.

INITIAL PAYMENT

☐ Cash Rs. Rupees (In words) Date:
☐ Cheque no. Drawn on Bank for Rs. Rupees
☐ Debit my existing A/c For Rs. Rupees (In words)

I have been informed that I need to maintain an average balance of Rs. for the account type indicated above.
PAN mandatory for deposit amount of Rs.50,000/- & above.

Signature

Accounts with Other Banks

☐ I/We do not enjoy any credit facility with any other Bank

☐ I/We enjoy the following credit facilities

SNo.	Name & Address of the Bank	Nature of Credit Facility	Amount (Rs.)

Request for Other Services (Wherever applicable)

Statement of Account <input type="checkbox"/> By Post <input type="checkbox"/> By E-mail	Cash/ Cheque Pick up & Delivery <input type="checkbox"/> Regular <input type="checkbox"/> On call	Frequency of Statements (Pl. Check for applicable Charges) <input type="checkbox"/> Annually <input type="checkbox"/> Half Yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily
---	--	--

SMS Alerts: ☐ Yes ☐ No

<input type="checkbox"/> Bank Balance	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
<input type="checkbox"/> Credits in the account	As and when event occurs above an amount of Rs. _____ (Pls specify the amount)
<input type="checkbox"/> Cheque status	As and when event occurs above an amount of Rs. _____ (Pls specify the amount)
<input type="checkbox"/> Cheque dishonour	As and when event occurs above an amount of Rs. _____ (Pls specify the amount)

Declaration for Partnership Firms (To be signed by Partners without rubber stamp)

We, the undersigned, are carrying on business in Partnership in the name and style of _____

We declare that we, the undersigned, are the partners of the firm. The Bank may recover its claims from the estate of any or all the partners of the firm.

We hereby undertake that we will not change or vary the constitution of the firm without your prior approval in writing and our individual responsibility to the Bank will continue until we receive from the Bank an acknowledgment and until all our liabilities with the Bank are discharged. The document and its contents submitted at the time of opening of this account are true and correct.

We agree to indemnify and hold the Bank harmless in case of any loss suffered by the Bank, its customers or a third party or any claim or action brought by a third party which is in any way the results of availing of services by us under the above account title. We agree that all the information disclosed above is correct and agree to inform you of any change in the information provided in this form or in related documents.

We confirm having read the rules of the Bank regarding the conduct of the account and the rules and regulations pertaining to Phone Banking, Debit Card, Doorstep Banking, Anywhere Banking, Utilities Pay Facilities, Net Banking and Mobile Banking. We accept and agree to comply with the terms & Conditions or any rules of the Bank that may be in force from time to time. We acknowledge that it is our responsibility to obtain a copy and read the same.

In the event of the death, insolvency or withdrawal of any partner the surviving partner or partners shall have full control or any monies then and thereafter standing to the firm's credit and securities, pledged, hypothecated or held in the firms account with you. It is understood that all monies now or hereafter standing to the credit of the account of the firm or securities pledged, hypothecated or held in the account with you shall belong to the surviving partner in the event of any of us dying during the currency of the account. It is further understood that if anyone of us forbids operation on the account (which is not payable to all the partners jointly), the amount lying at credit shall not be payable except on the discharge of all the partners or the surviving partners as the case may be.

We authorized The partners as mentioned above to operate the account and confirm that each of us will be jointly/severally be bound by the transactions and/or any other acts done or authorized by these persons in conduct of the said account.

We have furnished to the Bank a Power of Attorney in favour of authorize signatory (ies) mentioned above who is/are not partners of the firm.

We have read the deposit rules annexed to this account opening form and agree to abide by the same.

Place: _____
Date: _____

Signature

Signature

Signature

DECLARATION FOR SOLE PROPRIETORSHIP FIRMS

I refer to the account open by you in the name of M/s. _____

_____ and declare as under:

I, The undersigned, am the sole proprietor of the firm and am solely responsible for the liability thereof. I shall advise you in writing of any change that takes place in the constitution of the firm and I will be liable to you for any obligation which may be standing the firm's. Name in your books on date of receipts of such notice and until all such obligation shall have been liquidated.

I declare that I have an existing account with CA/CC No. _____

with _____ bank in the name of _____ for the last _____ years.

I agree to indemnify and hold the bank harmless in case of any loss suffered by the bank, its customers or a third party of any and claim or action brought by a third party which is in anyway the results of availing of services by me.

I agree that all the information disclosed in this document is correct and agree to inform you any change in the information provided in this form or in related documents.

I have furnished to the bank the Power of Attorney authorizing the person(s) as indicated herein before for operating account.

I confirm having read the rules of the Bank regarding the conduct of the account as per deposit rules attached and this Citizens' Charter and Deposit policy of the Bank.

I confirm having read the rules of the Bank regarding the conduct of the account and the rules and regulation pertaining to Phone Banking, Debit Card, Doorstep Banking, Anywhere Banking, Net Banking, Mobile Banking and Utilities Pay Facilities. I accept and agree to comply with the terms and conditions or any rules of the Bank that may be in force time to time. I acknowledge that it is my responsibility to obtain a copy of and read the same. I have received the deposit rules annexed to this account opening form and agree to abide by the same.

Yours Faithfully,

Signature

DECLARATION OF HUF

As our HUF firm which is to open account with your bank in the said name _____

_____ we beg to say that the first signatory to this letter, i.e., _____ is the Karta of the joint family and others signatories and the adult co-parceners of the said family.

We further confirm that the business of the said joint family is carried on mainly by the said Karta as also by the other signatories hereto in the interest and for the benefits of the entire body of co-parceners of the joint family. We all undertake that claims due to the bank from the said family shall be recoverable personally from all or any of us and also for the entire family properties of which the first signatory is the Karta, including the share of Minor Co-parceners.

In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1952, we have not got our said firm registered under the said act.

We hereby undertake to inform the Bank of the death or birth of Co-parceners of any change of occurring at any time in the membership of our joint family during the currency of the account.

Name & Signature of Karta

1 _____ sd/- _____

Name & Signature of Adult Co-parceners

1 _____ sd/- _____

2 _____ sd/- _____

3 _____ sd/- _____

4 _____ sd/- _____

Name & Date of Birth of Minor Co-parceners

1 _____

2 _____

3 _____

D	D	M	M	Y	Y
D	D	M	M	Y	Y
D	D	M	M	Y	Y

Declaration for Public/Private Ltd. Firm (To be submitted on letter head)

A certified copy each of the Memorandum & Articles of Association, Certificates of Incorporation & Business, and Board Resolution authorizing opening of the account and authorized signatories mentioned above to operate the account are sent herewith. Any change in future in the authorized signatories will be through a Board Resolution a certified copy of which will be provided to you along with the request in change of authorized signatories.

Signature

Declaration for Trusts/Association/ Societies/ Clubs

The account will be operated by _____

Memorandum of Association/ Articles of Association / Trust Deed/ and Resolution No. _____ dated _____ who has / have been authorized by the Byelaws / of the Trustee / Director. A certified copy of the resolution signed by all Trustee / Director is attached herewith.

A copy of the Byelaws/ Trust Deed / Memorandum of Association and Articles of Association dated _____ duly certified is sent herewith. In future if any changes is required in the name of the operators of the account, it will be effected by a Resolution of the Board of Trustees and you will be informed accordingly in writing by all the Trustees and you will allow such person to operate upon the account.

We agree to comply with and be bound by Bank's rules now and from time to time in force for the conduct of such accounts. We have received deposit rules and annexed to this account opening form and agree to abide the same.

☐ We certify that this is the only FCRA Account opened and held by the Trust and that the Foreign contribution received by the Trust will be strictly in accordance with FCRA Act & Rules.

Name of Trustees

Signature

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

FORM NO. 60

(See second proviso to rule 114B)

Form of declaration to be filed by a person who does not have a permanent account number and who enters any transaction specified in rule 114B

- Full name and address of the declarant _____
- Particulars of transaction _____
- Amount of the Transaction _____
- Are you assessed to tax? ☐ Yes ☐ No
- If yes, (i) Details of Ward/Circle/Range where the last return of income was filed _____
(ii) Reasons for not having permanent account number: _____
- Details of the document being produced in support of address in column (1) _____

FORM No. 61

{See proviso to clause (a) of rule 114C(1)}

Form of declaration to be filed by a person who has agricultural income and is not in receipt of any other income chargeable to income-tax in respect of transactions specified rule 114B

- Full name and address of the declarant _____
- Particulars of transaction _____
- Details of the document being produced in support of address in column (1) ☐ Yes ☐ No
I hereby declare that my source of income is from agriculture and I am not required to pay income-tax on my other income, if any.
Date : _____
Place: _____ X _____
Signature of the declarant _____

VERIFICATION (To be filled along with form 60/61)

I, _____, do hereby declare that what is stated above is true to the best of my knowledge and belief, Verified today, the _____ day of _____, _____ Place: _____ Date: _____

Signature of the declarant

IN CASE OF FIXED DEPOSIT / RECURRING DEPOSIT

Customer ID No.: _____ Existing Bank Account Number (If any): _____
 Type of Deposit: ☐ Fixed Deposit ☐ Recurring Deposit ☐ Reinvestment ☐ Others (_____ Pls Specify _____)
 Period of Deposit: ☐ Year ☐ Months ☐ Days Rate of Interest: _____ % p.a.
 Mode of Operations: ☐ Single ☐ Jointly ☐ Either or survivor ☐ As per Resolution ☐ Others (_____ Pls Specify _____)
 Note: In case applicant proposes to open a Joint FD Account and fails to specify the mode of operation, the same shall be set as "Jointly"

Deposit Amount: Rs. _____ Rupees (In words)

Tax to be deducted at source: ☐ Yes ☐ No (if no, submit Form 15H / 15G separately/Member)

Payment Mode and-Details of Deposit: ☐ Cheque ☐ Cash ☐ Standing Debit Instructions

Debit Instruction:

- ☐ Fixed Deposit: I/We authorize Adarsh Bank to debit Rs. _____ From account no. _____ to open a Fixed Deposit
☐ Recurring Deposit: I/We authorize Adarsh Bank to debit monthly installment of Rs. _____ from account no. _____ towards Recurring Deposit Installment.

I/We have been explained about the benefits of the nomination facility. I/We wish to ☐; I/We do not wish ☐ to appoint a Nominee for this Deposit.
 (Please fill up the Nomination DA 1 form separately)

MONEY SAVER FACILITY

☐ I wish to avail of Money Saver Facility in my Savings/Current

A/c. No. _____

Against the above mentioned deposit.

☐ I wish to avail of this facility for Agricultural Purposes

SWEEP - IN INSTRUCTIONS

☐ I wish to avail sweep - in facility against the above mentioned deposit and in case of insufficient balance in my Savings/Current Account Number. _____

Please honour my cheque/allow withdrawal by transferring funds to my savings/current account by breaking units of my fixed deposit.

I/We have read understood Adarsh Co-operative Bank Ltd. Account Terms & Condition, copy of which I am in possession of. I/We accept and agree to be bound by the said Terms & Condition including those excluding/limiting your liability. I/We agree that the Bank may debit my/our account for service charges as applicable from time to time.

Please
Paste
PHOTOGRAPH
here

Authorized Signatory 1: _____
Date: _____

Please
Paste
PHOTOGRAPH
here

Authorized Signatory 3: _____
Date: _____

Please
Paste
PHOTOGRAPH
here

Authorized Signatory 2: _____
Date: _____

Please
Paste
PHOTOGRAPH
here

Authorized Signatory 4: _____
Date: _____

Sweep- In facility

• Link your Fixed Deposit to your Savings or Current Account and use it to fall back on in case of emergencies. A deficit in your Savings or Current Account is taken care of by using up an exact value from your Fixed

• In case of more than one deposit linked for Sweep-In, the system will first Sweep-In funds from the oldest deposit opened, i.e., the deposit which was first linked to the Savings Account on a FIFO (First-In-First-Out basis) Deposit (units of Re.1/-)

Please
Paste
PHOTOGRAPH
here

Authorized Signatory 5: _____
Date: _____

Money Saver/ Overdraft against Fixed Deposit facility

• Enjoy a high rate of interest along with the liquidity of a Savings Account by opting for a Super Saver/Facility on your savings account. Avail of an overdraft facility of up to 75% of the value of your Fixed Deposit

• For the amount withdrawn, the applicable rate is only 2.5% above the fixed deposit rate for the period that the money is used

DOCUMENTS REQUIRED

Mandatory:

- ☐ One Photograph (latest)
- ☐ Existence proof
- ☐ Address Proof of the entity if different from Registered Office
- ☐ PAN Card or in absence thereof, declarations in Form No. 60/61
- ☐ Any one document for proof of identity (refer list for acceptable documents)
- ☐ Any one document for address proof (refer list for acceptable documents)

Identity Proof *:

- ☐ PAN Card
- ☐ Passport
- ☐ Driving License
- ☐ Voter's/ Election Identity Card
- ☐ Bank Passbook with photograph from another Bank
- ☐ Letter of Introduction from another Bank

Address Proof

- ☐ Passport
- ☐ Voter's / Election Identity card
- ☐ Credit card statement
- ☐ Driving License
- ☐ Demat account statement
- ☐ Municipal Tax receipt
- ☐ Ration Card with Photograph
- ☐ Life Insurance policy accompanied by premium receipt
- ☐ Latest utility bills (Electricity, Water, Telephone, Post paid Mobile, Gas Connection)

Existence Proof : (Limited Companies/PVT Ltd. Companies/Partnership/Trust/Societies/Associations/Clubs/Proprietorship) as applicable

- ☐ Certificate of commencement of business
- ☐ Certificate of Incorporation
- ☐ Registered Partnership Deed
- ☐ Registration Certificate of Entity
- ☐ Any Utility Bill in name of the Entity
- ☐ Shop and Establishment License/Sales Tax Registration
- ☐ Any other Registration with local trade/Governing bodies

FOR BANK USE ONLY

A/C No.

Customer ID No.

Branch Code:
(Where Account is to be opened)

Product Code:

LC Code:

LG Code:

Branch Code:
(Where account is sourced)

Dept. Code:

Supervisor Code:

VALUE DATE	FUNDS PARKED	CSE SIGNATURE	DATE	BPU USE ONLY	
<input type="text"/>	<input type="text"/>			MAKER	
		APPROVED BY (BM/OM)		CHECKER	
				DATE	
		SOURCING BR CODE			