

DATE / /20

ACCOUNT NO.

I/We, by signing below against the respective name/s, undertake, declare and request you to open a Current Deposit Account in you Branch as mentioned below :

NAME (BLOCK LETTERS)	Name in Which A/c. to be opened																
Account details	Nature of Business	Business Address															
	Registration particulars (Encl :- Certified Latest Copy)	E-mail Address															
	Phone/Mobile/Fax No.															
	Pan No															
Common declarations /undertaking (*Strike off whichever is inapplicable)	<p>I/We undertake and declare that :</p> <p>(a) I/We have read your Current A/c. Rules relating to the Account to be opened and accept them as binding upon me/us.</p> <p>(b) Notwithstanding any change in the constitution of the Firm/HUF/Company, all acts purporting to be done on its behalf before your Bank shall have received such notice, shall be binding & continue to be binding on us as contained in this letter until all liabilities in respect of such acts shall have been discharged.</p> <p>(c) *I/We do not have any advance or other credit/banking facility from any other Branch of your Bank or from any other bank/ society/ ies and undertake that I/We shall obtain your prior written consent for availing of any such facility.</p> <p style="text-align: center;">OR</p> <p>*I/We have the following banking / borrowing facilities :</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Bank/Branch/Society</th> <th style="width: 40%;">Particulars of facilities/share-holdings</th> <th style="width: 30%;">Limits Rs</th> </tr> </thead> <tbody> <tr><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td></tr> </tbody> </table>		Bank/Branch/Society	Particulars of facilities/share-holdings	Limits Rs
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.....															
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<p>(d) I/We also unconditionally accept the maintaining sufficient balance in our Account with your Bank is our joint and several responsibility and that therefore, if any cheque issued or order made by our Firm/Company is passed/obeyed by your Bank without sufficient balance in our Account, that itself shall amount to our request for overdrawings and acknowledgment of debt created by me/us in your Bank.</p> <p>(e) I/We confirm and declare that the above particulars are as at present and undertake to furnish to you promptly details of any changes in the above particulars.</p>																	
Nominations only for A/cs in Individual names/s (*Cancel Inapplicable)	<p>*This being as account in the name/s of individuals, I/We want to make nomination on the A/c. for which please give us the prescribed format.</p> <p style="text-align: center;">OR</p> <p>*I/We am/are aware of the Nomination facility extended by your Bank, which I/We do not want to avail of for my/our personal reasons.</p>																

Undertakings /Declarations as per constitution of the firm (Separate undertaking declarations for Trust etc. To be attached)

Partition to be Scanned by Branch for Specimen Signature On Computer

We are the PARTNERS/DIRECTORS of the Firm/ Company mentioned above, in the name of which we have hereby requested you to open the account, which shall be operated upon, cheques & orders to pay shall be drawn upon and signed by ANY ONE ONE OF US/.....
In the capacity as the PARTNERS/DIRECTORS, unless **all of us jointly give you written instructions to the contrary** signed in the same capacity We declare that all of us shall be liable to you jointly and severally on any obligations which may be standing in the Firm/Company's name in your book till such obligations are liquidated. We undertake to immediately inform you in writing under signature of all the partners/directors, change in the constitution/authority in this regard. In case, we fail to do so or till receipt by your Bank of such communication from us, we accept the responsibility of joint and several liability/ies, including interest, other charges as per your rules to your Bank as claimed from us till the relevant date and till we are discharged by your Bank in that regard irrespective or registration status of our Firm/Company. This declaration/undertaking is irrevocably and unconditionally binding on me/us, my/our heirs, estates, administrators, executors, assigns etc., Including those partners/directors, who have not signed this form.

OR

I am the solve **PROPRIETOR** of the Firm, in the name of which I have hereby requested you to open the account, which shall be operated upon, cheques & orders to pay shall be drawn upon and signed by me singly in the capacity as the Proprietor, Unless I give you written instructions to the contrary signed in the same manner.

Name

Address

Full Signature
(within Rubber stamp
firm/company A/c.)

Name

Address

Full Signature
(within Rubber stamp
firm/company A/c.)

Name

Address

Full Signature
(within Rubber stamp
firm/company A/c.)

Name

Address

Full Signature
(within Rubber stamp
firm/company A/c.)

I/We, the undersigned, with due responsibility, confirm that the person/s, who is/are named and who has/have signed above is / are known to me/us personally for last.....years.

My Full Name

A/c No.

Signature

.....

Introduction

For Office Use

Form & Signatures checked by..... Sign
 A/c. No. Allotted/ Data entry & sign, Scanned by.....Sign
 Data checked / authorised by.....Sing
 1st Cheque book issued bySing

ACCOUNT TYPE

<input type="checkbox"/> DEPOSIT	<input type="checkbox"/> RECURRING DEPOSIT	FIXED DEPOSIT ACCOUNT NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> REINVESTMENT	<input type="checkbox"/> LINKED TO	
<input type="checkbox"/> FDQ	<input type="checkbox"/> SAVING	
<input type="checkbox"/> FDM	<input type="checkbox"/> CURRENT	
DATE		<input type="text"/> / <input type="text"/> /20

CUSTOMER INFORMATION

1ST APPLICANT* MR./MRS./MS. _____ <div style="display: flex; justify-content: space-between; width: 100%;"> SURNAME NAME FATHER/HUSBAND NAME </div>		
MAILING ADDRESS : _____ _____ _____	EXISTING ACCOUNT DETAILS <input type="checkbox"/> CURRENT <input type="checkbox"/> SAVING <input type="checkbox"/> Any Other ACCOUNTS NO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
OCCUPATION _____ DATE OF BIRTH _____ MONTHLY INCOME _____	* IF MINOR, NAME OF PARENT/GUARDIAN _____ _____ DATE OF BIRTH _____	
2ND APPLICANT* MR./MRS./MS. _____ <div style="display: flex; justify-content: space-between; width: 100%;"> SURNAME NAME FATHER/HUSBAND NAME </div>		
DATE OF BIRTH _____		
2ND APPLICANT* MR./MRS./MS. _____ <div style="display: flex; justify-content: space-between; width: 100%;"> SURNAME NAME FATHER/HUSBAND NAME </div>		
DATE OF BIRTH _____		
1	2	3
PHOTOGRAPH	PHOTOGRAPH	PHOTOGRAPH

INTRODUCTION DETAILS	INTRODUCER'S NAME, ADDRESS, A/c. No. [][][][][] SIGNATURE	BANKERS VERIFICATION (If Applicant is known to Bank) NAME OF OFFICIAL DESIGNATION SIGNATURE												
MODE OF OPERATION	<input type="checkbox"/> SINGLE <input type="checkbox"/> JOINT <input type="checkbox"/> EITHER OR SURVIVOR <input type="checkbox"/> ANY OTHER <input type="checkbox"/> (Specify) _____													
DEPOSIT DETAILS	Period.....Rate of Interest%p.a.Rs..... Interest Payment <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Reinvest <input type="checkbox"/> Credit my / Our A/c. No. [][][][][] <input type="checkbox"/> Remit to me / us by Draft / Bankers Cheque at my / our mailing address													
NOMINATION	Nomination under Section 45ZA of the Banking Regulation Act, 1949 and the Rule 2(1) of the Banking Companies (Nomination) Rules, 1985, in respect of Bank Deposits. I/We named overleaf nominate the following person to whom in the event of my/our/minor's death, the amount of the deposit covered by this account may be returned by THE BUSINESS CO-OP.BANK LTD., Nashik Road. <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:70%;">Nominee</th> <th style="width:10%;">Relationship</th> <th style="width:20%;">Age</th> </tr> </thead> <tbody> <tr> <td>NAME,</td> <td></td> <td></td> </tr> <tr> <td>ADDRESS,</td> <td></td> <td></td> </tr> <tr> <td>.....</td> <td></td> <td></td> </tr> </tbody> </table> As the nominee is minor on this date, _____ will receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee. _____ NAME		Nominee	Relationship	Age	NAME,			ADDRESS,				
Nominee	Relationship	Age												
NAME,														
ADDRESS,														
.....														
DECLARATION	WITNESS : NAME, ADDRESS, DATE [][][] [][][] SIGNATURE													
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