

Branch _____

Date :

Account No.

ACCOUNT OPENING FORM FOR FIRM / TRUST / CORPORATE / SOCIETIES / HUF ACCOUNTS

Please open an account as per details given below - (whichever is applicable)

CURRENT ACCOUNT / SAVINGS ACCOUNT / TERM DEPOSIT (For Particulars please refer attached sheet)

Pan No. :

Title of Account: (Fill in Block letters)

Address :

City : **Pin Code :** **State :**

Telephone : _____ **Fax No :** _____ **Mobile No:** _____

Email:- _____ **Activity:-** _____

Constitution :

- | | | |
|---|---|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> HUF | <input type="checkbox"/> Private / Public Trust |
| <input type="checkbox"/> Private / Public Ltd. Co | <input type="checkbox"/> Govt. / Semi. Govt. Body | <input type="checkbox"/> Partnership Firm |
| <input type="checkbox"/> Autonomous Body | <input type="checkbox"/> Scheduled Co-op.Bank | <input type="checkbox"/> Non-Scheduled Co-op.Bank |
| <input type="checkbox"/> Dist. Central Co-Op. Bank Ltd. | <input type="checkbox"/> Other Bank | <input type="checkbox"/> Society |
| <input type="checkbox"/> Club / Association | <input type="checkbox"/> Others. | <input type="checkbox"/> Educational Institution |

Attested Documents Attached :

- | | | |
|---|--|---|
| <input type="checkbox"/> Bye-laws of Society | <input type="checkbox"/> Trust Deed | <input type="checkbox"/> Certification of Incorporation |
| <input type="checkbox"/> Resolutions | <input type="checkbox"/> Copy of Regn. Certificate | <input type="checkbox"/> Regd. Partnership Deed |
| <input type="checkbox"/> Memorandum & Articles of Association | | |

Please offer us :

- Cheque Book ATM Card SMS Banking Mobile No: _____

Declaration of ATM :

I / We declare that the above information is correct and I/we have read and hereby accept the ATM CARD Terms and conditions and to the amendments thereof. I/We hereby request the Bank to issue us an ATM CARD as requested and authorize the Bank to debit my/our above mentioned Account for all withdrawals to be made using the card and also to recover the Bank's charges / fees as applicable from time to time.

Name to be embossed on ATM Card :

Operating Instructions : _____

No. of Partners / Trustees / Directors / Office Bearers _____
(Customer information forms for each official is enclosed)

Date :

Place :

Signature of Authorised Signatory

We declare that :

- a) We do not enjoy any credit facilities with any Bank.
- b) We enjoy the following credit facilities with other Banks at present.

	<u>Name of the Bank</u>	<u>Nature of facility</u>	<u>Amount</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

I / We agree to comply with and be bound by the Bank's Rules for the time being in force for the conduct of such account.

We authorize the bank to collect bills, cheques, etc. for and on behalf of us and undertake to abide by and be bound by the Terms and conditions in this behalf.

Terms and conditions regarding collection of Cheques / Bills & other Instruments.

The Bank at its option but at the risk & responsibility of the account holder may -

1. Collect proceeds of the instruments lodged by the Account holder from time to time.
2. Appoint an agent/s to collect the proceeds of the instruments lodged by the Account holder and as such agent's appointed shall be the agent/s of the Account holder to collect such instruments.
3. Recover proceeds of instruments lodged by the Account holder by way of Bank Drafts / Cheques or any other mandate in lieu of cash.
4. Take action / steps as deemed necessary to have proceeds of the instruments lodged.
5. The Bank is hereby empowered to recover the various charges, if any, by debiting the same to the Account holder.

Please affix a photograph
with Signature Across

Please affix a photograph
with Signature Across

Please affix a photograph
with Signature Across

Specimen Signature

Specimen Signature

Specimen Signature



Name: _____

Name: _____

Name: _____

Please affix a photograph
with Signature Across

Please affix a photograph
with Signature Across

Please affix a photograph
with Signature Across

Specimen Signature

Specimen Signature

Specimen Signature



Name: _____

Name: _____

Name: _____

Resolution of a Company / Society / Trust etc. for opening a Bank Account

Date :

A certified copy of Extract from the minutes of the meeting of the Board of Directors / Committee of Management of the Society / Trust of _____ duly convened , at which a proper quorum was present held on _____ at _____

We hereby certify that the following resolution of the Board of Directors / the Committee of Management of the Society / Trust _____ was passed at the meeting of the Board / the Committee held on _____ and has been duly recorded in the minute book of the said _____

Resolved that an account for the Company / Society / Trust be opened with the Mogaveera Co-operative Bank Ltd. Branch and that the said Bank be and is hereby authorised to honour Cheque / Draft /any other Mandate drawn by Company / Society / Trust and to act upon any instructions so given relating to the account whether the same be overdrawn or not relating to the transactions of the Company / Society / Trust.

CERTIFIED TRUE COPY.

SECRETARY

CHAIRMAN OF THE MEETING

INTRODUCTION DETAILS :

Introducer's Name : _____ Branch : _____

Type of Account : _____ Account No.

I know the applicant/s for the last _____ months / years, I confirm the identity, Occupation and

Address of the applicant/s.

Date :

Introducer's Signature : _____

Signature verified by: _____

FOR BANK'S USE ONLY

Account No.

Address of the applicant/s has been confirmed on the basis of _____
Photograph/s has / have been affixed and signed in my presence.

Applicant / Introducer has / have signed in my presence _____

Introduction confirmation letter sent to the Introducer on _____

Signature of Branch Official

Confirmation received on _____ & Signature on confirmation letter verified.

Signature of Branch Official