

ACCOUNT OPENING FORM FOR PROPRIETOR/PARTNERSHIP FIRM TRUST/CORPORATE/SOCIETIES/HUF



NKGsb Bank
NKGsb Co-op. Bank Ltd.

(Please fill up the form in block letters only)

Application Docket No.

Branch _____ CBS Code Date: _____

New Customer ID _____ Account Number _____

Select the account type Savings Current (Scheme) Term Deposit (Scheme)

Term Deposit: Period: _____ Day/s _____ Month/s _____ Year/s _____ Rol (%) _____ Amt (Rs.) _____

Maturity Instruction (Please tick any one box)

Renew with interest. Renew principle & Transfer interest to my / our _____ A/c. No. _____ with _____ Br.
 Transfer proceeds to my / our _____ A/c. No. _____ with _____ Br.

Title of Account : _____ (Name of Organization)

Present Address: _____ (Address of Organization)

_____ PIN Code _____ State _____

Regd. Address : _____

_____ PIN Code _____ State _____

Contact details : Telephone No. _____ Fax No. _____ Mobile No.

(with city code) E-mail ID _____

Company PAN :

Constitution

HUF Private/Public Trust Govt/Semi Govt. Body Partnership Firm Proprietorship Non-Scheduled Co-op. Bank

Pvt/Public Ltd. Co. Registered Soc. Club/Association Other (Specify) _____

Mode of account operations : Karta Either or Survivor Former or Survivor All jointly As per Resolution

Proprietor Any one of us Any other instruction (Please Specify) _____

Add-on Services : VISA Debit Card RuPay Debit Card SMS Banking Mobile Banking Internet Banking Cheque Book*

Name as desired on Debit Card: (Max. 10 characters)

Debit Card facility for Karta/ Proprietor only

Preferred Mobile No. for SMS Banking Preferred E-mail ID _____

LIST OF OVD - OFFICILLY VALID DOCUMENTS (Kindly tick on the documents submitted by you)

Organization's Identity & Address Proof	DOCUMENTS
COMPANY Name of the company Principal place of business Present address of the company Telephone/Fax Number	(i) Certificate of Incorporation (ii) Memorandum & Articles of Association (iii) A resolution from the Board of Directors and power of attorney granted to its managers, officers or employees to transact on its behalf, if any (iv) An officially valid document (OVD) in respect of all those having authority to operate the account viz. directors and managers, officers or employees holding an attorney to transact on its behalf (v) Latest Telephone / Electricity Bill in the name of the company (vi) Copy of PAN Card / PAN allotment letter in the name of the company
PARTNERSHIP FIRM Legal name Address of firm & partners	(i) Registration Certificate (ii) Partnership Deed (iii) An officially valid document (OVD) in respect of the person holding an attorney to transact on its behalf (iv) Power of Attorney granted to a partner or an employee of the firm to transact business on its behalf (v) Latest Telephone bill in the name of the firm / partners, if any (vi) Copy of PAN Card / PAN allotment letter in the name of the firm
TRUST AND FOUNDATION Names of trustees, settlers, beneficiaries and signatories Names and addresses of the founder, the managers/directors and the beneficiaries Telephone/fax numbers	(i) Certificate of registration (ii) Trust Deed (iii) An officially valid document (OVD) in respect of the person holding a Power of attorney to transact on its behalf (iv) Power of Attorney granted to transact business on its behalf. (v) Telephone Bill. (vi) Copy of PAN Card / PAN allotment letter in the name of Trust / Foundation
HUF (Hindu Undivided Family) Identity Proof & Address Proof Business activity proof	(i) HUF Deed, if existing (ii) An officially valid document (OVD) in respect of the Karta and those holding Power of Attorney to transact of its behalf. (iii) List of coparceners (iv) Latest Telephone Bill (v) Copy of PAN Card / PAN allotment letter in the name of HUF (vi) Declaration of coparceners
PROPRIETORSHIP Identity Proof & Address Proof Business Activity proof (Any 2 documents in the name of the proprietary concern)	(i) Certificate / License issued by the Municipal authorities under Shop and Establishment Act in the name of the proprietary concern, (ii) Sales Tax returns in the name of the proprietary concern (iii) CST/VAT certificate in the name of the proprietary concern (iv) Certificate / Registration document issued by Sales Tax / Service Tax / Professional Tax authorities (v) License issued by the Registering authority in the name of the proprietor like Certificate of Practice issued by Institute of Chartered Accountants of India, Institute of Company Secretaries of India, Institute of Cost Accountants of India, Indian Medical Council, Food and Drug Control Authorities (vi) Registration / Licensing document issued in the name of the proprietary concern by the Central Government or State Government Authority / Department (vii) IEC (Importer Exporter Code) issued to the proprietary concern by the office of DGFT (viii) Income Tax return duly authenticated / acknowledged by the income Tax Authorities (not just the acknowledgement) in the name of the proprietor where income from the proprietary concern is reflected. (ix) Latest utility bills such as electricity, water, or landline telephone bills in the name of the proprietary concern (x) An officially valid document (OVD) in respect of the Proprietor
INDIVIDUAL (Identity & Address proof)	The form pertains to organization profile & hence you are requested to fill up individual KYC form.

Declaration on facility with other Bank/s

i) I/We declare that we enjoy credit facilities with other bank : Yes No

ii) If yes, Bank Name _____ Type of Facility _____ Amount (in lacs) _____
a) _____
b) _____

Letter of declaration from Proprietorship Concern Date :

Dear Sir,
Re : Opening of a new account in the name of M/s. _____

I, the undersigned, am the sole proprietor of the concern and am solely responsible for liabilities thereof. I shall advise you in writing of any change that takes place in the constitution of the concern and I will be liable to you for any obligation which may be standing in the name of the concern in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.

Personal Signature _____

Name _____ Signature on behalf of the Concern with Co. Seal



Letter of declaration from Partnership Firm

Date :

Dear Sir,
Re : Opening of a new account in the name of M/s. _____
We the undersigned are the only partners in the firm and are jointly and severally responsible for liabilities thereof, we shall advise you in writing of any change that takes place in the partnership and, all the present partners will be liable to you on any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.
We declare that the Partnership is registered u/s 58 of Indian Partnership Act 1932.

Full name of all the Partners	Individual Signatures	Signatures on behalf of the Firm with seal
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Date :

A certified copy of the Extract from the minutes of the meeting of the Board of Directors / Committee of Management of the Society / Trust of _____ Name of Entity _____ duly convened, at which a proper quorum was present held on DD / MM / YY at _____ Place _____ 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 DD / MM / YY and has been duly recorded in the minute book. Resolved that an account for the Company / Society / Trust be opened with NKGSB Co-op. Bank Ltd _____ Branch and that the said Bank be and is hereby authorised to honor 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 / COMMITTEE MEMBER



CHAIRMAN OF THE MEETING

Nomination Details (Form DA 1) (Applicable for HUF & Proprietorship concern)

Nomination u/s 45 ZA read with section 56 of the Banking Regulation Act 1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rules 1985, in respect of the Bank deposits.

I/We _____ nominate the following person/s to whom in the event of my / our death the amount of deposit in the above account, may be returned by NKGSB Bank Ltd. _____ Branch

Name & address of nominee	Relationship with proprietor/karta	Age	* DOB of nominee if minor

* As the Nominee is minor on this date, I/We appoint _____ Guardian's Name _____, _____ Guardian's Address _____ PIN Code _____ State _____ to receive the amount of the deposit in the account on behalf of the nominee in the event of my/our/ minor's death during the minority of the nominee.
Date _____ **Signature/s or #thumb impression of depositor/s

Witness

Name _____ Address _____
_____ PIN Code _____ State _____
Sign _____

**Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

Only thumb impression should be attested by witness.

* Cheque book will be sent to your present address as per bank record.

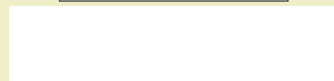
Debit Card Declaration

I have read and understood the terms and conditions applicable for Debit Card. I accept and agree to be bound by the said Terms and Conditions including those excluding/limiting the Bank's liability. I understand that the Bank may, at its absolute discretion, discontinue any of the service completely or partially without any notice to me. I agree that the Bank may debit my account towards service charges as applicable for time to time.

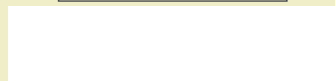
General Banking Declaration

I/We have read the terms and conditions of the Bank pertaining to the accounts and add-on services such as SMS Banking, Tele Banking, Internet Banking and Mobile Banking. I/We have understood the same and agree to abide by such/any other terms and conditions that may be in force from time to time. I/We have also read the Bank's 'Schedule of charges' for the respective and agree to abide by the same. I/We have also understood that terms & conditions and the service charges are subject to change without any prior notice. The information furnished/declaration given by me/us in this form is true and I/We shall be held responsible for the same at all times. For the purpose of providing certain services, the bank is/may be required to engage the services of specialized and the other service providers/agents. I/We agree that the bank may/would be required to furnish any information regarding my/our account to these service providers/agents. I/We also understand that the continuation of the accounts is at the Bank's sole discretion, and in case of dissatisfaction with the conduct of the account, the bank has right to close the account after giving suitable notice or withdraw some/all services/concessions granted to me/us.

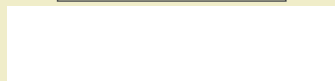
I/We hereby declare that the information and declaration/s furnished above is/are true and correct to the best of my/our knowledge.



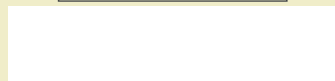
Sign with Company Seal



Sign with Company Seal



Sign with Company Seal



Sign with Company Seal

Checked by

(Name and Signature of the Branch Official alongwith Employee Code)

Authorised by

(Name and Signature of the Branch Official alongwith Employee Code, Branch Seal/Stamp)

