



THE CHEMBUR NAGARIK SAHAKARI BANK LTD.

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

Branch _____

Date / /20

Customer ID No. _____ Account No. _____ Account Type _____

Title of Account :

PAN NO. _____

Address :

City : _____ Pin Code _____ State _____

Telephone No. _____ 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"/> Schedule Co-op. Bank | <input type="checkbox"/> Non - Schdule 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 |
- Any other instruction _____

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 | <input type="checkbox"/> Photo of authorized person | <input type="checkbox"/> PAN card |
| <input type="checkbox"/> Ration card zerox or | <input type="checkbox"/> Passport zerox | <input type="checkbox"/> Telephone Bill |
| <input type="checkbox"/> Election commission card zerox | <input type="checkbox"/> Electricity Bill | <input type="checkbox"/> Aadhar Card |

Please offer me / us

- | | | | |
|--------------------------------------|---------------------------------------------|----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Cheque Book | <input type="checkbox"/> ATM Cum Debit Card | <input type="checkbox"/> Phone Banking | <input type="checkbox"/> Internet Banking |
|--------------------------------------|---------------------------------------------|----------------------------------------|-------------------------------------------|
- Statement Frequency - Daily / Weekly / Fortnightly / Monthly / Quarterly on Email Y / N

Declaration for ATM CUM DEBIT CARD :

I / We declare that the above information is correct and I / We have read and hereby accept the ATM CUM DEBIT CARD terms and conditions and to the amendments thereof. I / We hereby request the Bank to issue me / us an ATM CUM DEBIT 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 Cum Debit Card :

Operating Instructions : _____

No. of Partners / Trustees / Directors / Office Bearers _____

(Customer information forms for each official is enclosed)

Date : _____

Place : _____

Signatures of Authorised Signatories



Letter of declaration from Proprietorship Concern

Date : _____

The Chembur Nagarik Sahakari Bank Ltd.

Branch _____

Place : _____

Dear Sir,

Re: Opening of a new account in the name of _____

We refer to the captioned account opened by you and declare as under :

I, the undersigned, am the sole proprietor of the Concern and am solely responsible for liability thereof.

I, shall advise you in writing of any change that take 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 concern in your books on the date of the receipt of such notice and until all such obligation shall have been liquidated.

Yours faithfully

Personal Signature _____

Name _____

Signature on behalf of the concern

Res. Address _____

NOMINATION FORM DA 1 (only in case of proprietary concern)

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

I _____
(Name & Address)

nominate the following person to whom in the event of my death the amount of deposit in the account, particulars whereof are given below, may be returned by **THE CHEMBUR NAGARIK SAHAKARI BANK LTD.** _____ Branch.

Nature of Deposit & Number	Name & Address of Nominee	Relationship with Depositor, if any	Age	If nominee is a minor his date of birth

* As the nominee is a minor on this date. I appoint _____ (Name, Address & Age) to receive the amount of the deposit in the Account on behalf of the nominee in the event of my death during the minority of the nominee.

Place : _____

Date : _____

** Signature(s) / # Thumb impression(s) of Depositor

Signature of witness No. 1 _____ Signature of witness No. 2 _____

Name (s) _____ Name (s) _____

Address (es) _____ Address (es) _____

** 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. # Thumb impressions shall be attested by two witnesses

Nomination Registration No. _____

Date _____

Signature & code no. of Branch official

Letter of declaration from Patnership Firm

The Chembur Nagarik Sahakari Bank Ltd.

Branch _____

Date : _____

Place : _____

Dear Sir,

Re: Opening of a new account in the name of _____

We refer to the captioned account opened by you and declare as under :

We, the understand, are the only Partners. We shall advise you writing of any change that take place in the constitution of the concern and I will be liable to you for any obligations which may be standing in the name of concern in your books on the date of the receipt of such notice and until all such obligations shall have been liquidates.

We declare that the Partnership is registered.

Full name of the Partners

Individual Signatures

Signature on behalf of the firm

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Terms and condition regarding collection of Cheques / Bill & Other Instrument.

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 instrument lodged by the account holder and as such agent/s appointed shall be the agent/s of the Account holder to collect such instruments lodged.
3. Recover proceeds of instruments lodged by the Account holder by way of bank of Bank Draft / 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 Account holder.

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

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 _____ Date _____ 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 Chembur Nagarik Sahakari 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 transactions of the Company / Society / Trust.

CERTIFIED TRUE COPY

SECRETARY

CHAIRMAN OF THE MEETING

We declare that :

- i) We do not enjoy any credit facilities with any Bank.
- ii) We enjoy the following credit facilities with other Bank at Present

	Name of the Bank	Nature of facility	Amount
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 amount. I/We authorised the bank to collect bills, cheques etc. for and behalf of me / us and undertake to abide by and be bound by the Terms and conditions in this behalf.

INTRODUCTION DETAILS :

Introducers Account No. _____ Type of Account : _____ Branch : _____

I know the applicant/s for the last _____ Months / Years. I confirm the Identity, Occupation and Address of the applicant/s. I recommend that the Bank may consider to open the Account.

Introducer's Name _____ Introducer's Signature : _____

Date : ____ / ____ /20____

Photos / Signature of authorised persons



Specimen Signature



Specimen Signature



Specimen Signature



Specimen Signature



Specimen Signature



Specimen Signature

Personal Information Sheet of Authorised persons of Company / Society / Trust (Proprietors / Partners / Directors Trustees ect.)

	First	Second	Third
Educational Qualification	<input type="checkbox"/> Non - Matric <input type="checkbox"/> HSC / SSC <input type="checkbox"/> Under - Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post - Graduate	<input type="checkbox"/> Non - Matric <input type="checkbox"/> HSC / SSC <input type="checkbox"/> Under - Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post - Graduate	<input type="checkbox"/> Non - Matric <input type="checkbox"/> HSC / SSC <input type="checkbox"/> Under - Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post - Graduate
Income Details (Annual)	<input type="checkbox"/> Up to Rs. 60,000 <input type="checkbox"/> 60,001 to 1.2 Lakhs <input type="checkbox"/> 1.21 Lakhs to 1.80 Lakhs <input type="checkbox"/> 1.81 Lakhs to 3.00 Lakhs <input type="checkbox"/> 3.01 Lakhs to 5.00 Lakhs <input type="checkbox"/> Above 5 Lakhs	<input type="checkbox"/> Up to Rs. 60,000 <input type="checkbox"/> 60,001 to 1.2 Lakhs <input type="checkbox"/> 1.21 Lakhs to 1.80 Lakhs <input type="checkbox"/> 1.81 Lakhs to 3.00 Lakhs <input type="checkbox"/> 3.01 Lakhs to 5.00 Lakhs <input type="checkbox"/> Above 5 Lakhs	<input type="checkbox"/> Up to Rs. 60,000 <input type="checkbox"/> 60,001 to 1.2 Lakhs <input type="checkbox"/> 1.21 Lakhs to 1.80 Lakhs <input type="checkbox"/> 1.81 Lakhs to 3.00 Lakhs <input type="checkbox"/> 3.01 Lakhs to 5.00 Lakhs <input type="checkbox"/> Above 5 Lakhs
In case of Current Account Annual Turnover (Rs.)	_____	_____	_____
Type of Accommodation	<input type="checkbox"/> Owned <input type="checkbox"/> Office Provided <input type="checkbox"/> Rented <input type="checkbox"/> Others	<input type="checkbox"/> Owned <input type="checkbox"/> Office Provided <input type="checkbox"/> Rented <input type="checkbox"/> Others	<input type="checkbox"/> Owned <input type="checkbox"/> Office Provided <input type="checkbox"/> Rented <input type="checkbox"/> Others
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Un - Married	<input type="checkbox"/> Married <input type="checkbox"/> Un - Married	<input type="checkbox"/> Married <input type="checkbox"/> Un - Married
Number of Dependents	<input type="checkbox"/> Children <input type="checkbox"/> Others	<input type="checkbox"/> Children <input type="checkbox"/> Others	<input type="checkbox"/> Children <input type="checkbox"/> Others
Nature of Business			
Name of Employee			
Religion			
Category	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> Others	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> Others	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> Others
Blood Group			
Name of Spouse			
Education of Spouse			
Occupation of the Spouse			
Existing Bank (Name)			
Name of Branch			
Movable / Immovable Property	<input type="checkbox"/> House <input type="checkbox"/> Two - Wheeler <input type="checkbox"/> Car <input type="checkbox"/> Computer <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Cell Phone	<input type="checkbox"/> House <input type="checkbox"/> Two - Wheeler <input type="checkbox"/> Car <input type="checkbox"/> Computer <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Cell Phone	<input type="checkbox"/> House <input type="checkbox"/> Two - Wheeler <input type="checkbox"/> Car <input type="checkbox"/> Computer <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Cell Phone
Type of Loans	Loan Facilities whether available 1. Car <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Housing <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Consumer Durable <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Business <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Loan against shares <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Insurance Policy <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Travel Abroad <input type="checkbox"/> Yes <input type="checkbox"/> No 8. Education Loan <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of years since you last availed the loan 1 <input type="checkbox"/> 2 <input type="checkbox"/> > 2 1 <input type="checkbox"/> 2 <input type="checkbox"/> > 2 1 <input type="checkbox"/> 2 <input type="checkbox"/> > 2 1 <input type="checkbox"/> 2 <input type="checkbox"/> > 2 1 <input type="checkbox"/> 2 <input type="checkbox"/> > 2 1 <input type="checkbox"/> 2 <input type="checkbox"/> > 2	In the next 6 months do you intend availing any of these loans 1 <input type="checkbox"/> Yes <input type="checkbox"/> No 2 <input type="checkbox"/> Yes <input type="checkbox"/> No 3 <input type="checkbox"/> Yes <input type="checkbox"/> No 4 <input type="checkbox"/> Yes <input type="checkbox"/> No 5 <input type="checkbox"/> Yes <input type="checkbox"/> No 6 <input type="checkbox"/> Yes <input type="checkbox"/> No 7 <input type="checkbox"/> Yes <input type="checkbox"/> No 8 <input type="checkbox"/> Yes <input type="checkbox"/> No
Whether customer is Shareholder of the Bank	Membership No. _____ Date _____	Membership No. _____ Date _____	Membership No. _____ Date _____
Signature	First Applicant	Second Applicant	Third Applicant

FOR BANK'S USE ONLY

Introducer's Customer 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 _____

Confirmation received on _____ Signature on confirmation letter verified.

Master Entered _____ Initial

Master Authorized _____ Initial

Signature & Code no. of Branch Off.