

21/2/2012



The Commercial Co-operative Bank Ltd; Jamnagar

Registered Office: 6th Floor, Anjaria Chambers, K. V. Road, Jamnagar – 361 001.

Account Opening Form for ORGANIZATION Current / Hypothecation / Secured Overdraft

Title of Account : _____

Account No :

0	0	0	0	0	0	0	0				
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Date : / / 20



..... BRANCH

GENERAL :

COMMON DETAILS :

Details			
CI No.			Group Customer ID
Title of A/c.			
Address -1			
2			
3			
Pin			District
Status	Proprietorship / Partnership / Pvt. Ltd. / Ltd. / Trust		
Phone with STD Code			
Mobile -1			
E-mail Id			
Mobile -2 / Fax			
PAN No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
State / Country / Nationality	GUJARAT / INDIA / INDIAN		Introducer Y / N

Corporate Details :

Constitution	4 Trust 23 Organization 45 Association	5 Society 24 Joint Account Others -	16 Proprietor 26 Private Ltd. Co.	20 Partnership Firm 27 Limited Co.
No. of Branches			Business Type	
Date of Establishment			Commencement Date	
Place of Establishment			Member No.	
Registration No.			Date Since Constitution	
Consortium	Y / N		AML Rating	
			Credit Rating	
Address				
Pin Code			Phone No.	
Mobile No.	1)	2)	3)	

Corporate Finance Details :

Other Bankers 1	
Branch 1	
Other Br. Acct. Id	
Other Bankers 2	
Branch 2	
Other Br. Acct. Id	
Credit Card No.	
Valid Up to	

Corporate Finance Details :

Document furnished :

Other Accounts :

Document - 1		Other Account - 1	
Document - 2		Other Account - 2	
Document - 3		Other Account - 3	
Document - 4			
Document	1 By law for Society / Club 2 copy of Board Resolution 3 H U F 4 Memorandum Articles of Association	5 Partnership Deed 7 Trust Deed 8 Proprietor 9 Shop Act License 10 Others	

Introducer Details :

Introducer	Y / N	Introducer Customer No.	
Introducer Signature.			
If Original Document Produced by person than NOT necessary			

GENERAL - FOR PROPRIETOR / PARTNER(S) / DIRECTOR / TRUSTEE (I. E. INDIVIDUAL) :

Details	Proprietor / Partner- 1 / Director - 1	Partner- 2 / Director - 2
CI No.		
Last Name - Surname		
First Name		
Middle Name		
Adhar Card No. - UID		
Flat No./ Bldg Name		
Road No.		
Land Mark		
Area		
City / Village		
Takula		
Pin		
District		
State / Country / Nationality	GUJARAT / INDIA / INDIAN	GUJARAT / INDIA / INDIAN
Phone No. with STD Code		
Mobile - 1		
Mobile - 2 / Fax		
E-mail Id		

Common Details :

Group Customer ID		
PAN No. / 60		
Introducer	Y / N	Introducer customer
TDS	Yes	Rate

Individual Details :

Gender / Date of Birth	M / F Date :	M / F Date :
Resident	Y / N	Y / N
Passport No. / va lid up to	No. Dt.	No. Dt.
Share holder / No.	Y / N - No. :	Y / N - No. :

Proof Details :

Photo Submitted	Y / N	No. Of Photos :	Y / N	No. Of Photos :
Proof of Identity				
Proof of Address				

Information Sheet :

Details	Sole / 1 st Holder	2 nd Holder																																																
Full Name																																																		
Father / Husband's Name																																																		
Occupation	1 Salaried 2 Housewife 3 Agriculture & Allied 6 Self employed / Professional : a) Doctor b) Lawyer c) Engineer d) Businessman e) CA f) Others 8 Student 11 Business 16 Retired 99 Others (Specify)	1 Salaried 2 Housewife 3 Agriculture & Allied 6 Self employed / Professional : a) Doctor b) Lawyer c) Engineer d) Businessman e) CA f) Others 8 Student 11 Business 16 Retired 99 Others (Specify)																																																
Source of Fund																																																		
Monthly Income	1 Up to Rs. 20,000/- 2 From Rs. 20,001 to Rs. 50,000/- 3 From Rs. 50,001 to Rs. 1,00,000/- 4 From Rs. 1,00,001 to Rs. 10,00,000/- 5 Above Rs. 10,00,000/-	1 Up to Rs. 20,000/- 2 From Rs. 20,001 to Rs. 50,000/- 3 From Rs. 50,001 to Rs. 1,00,000/- 4 From Rs. 1,00,001 to Rs. 10,00,000/- 5 Above Rs. 10,00,000/-																																																
Annual Turnover																																																		
Personal	Birth Date : / /	Birth Date : / /																																																
Marital Status	Married / Unmarried	Married / Unmarried																																																
Your Education Qualification	1 Up to HSC 2 Graduate 3 Post-Graduate 4 Professional	1 Up to HSC 2 Graduate 3 Post-Graduate 4 Professional																																																
Your Spouse's Education Qualification																																																		
Family Members	<table border="1"> <thead> <tr> <th>Years-></th> <th>Up to 10</th> <th>11 to 20</th> <th>21 to 45</th> </tr> </thead> <tbody> <tr> <td>Males</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Females</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Years-></td> <td>46 to 60</td> <td>Above 61</td> <td>TOTAL</td> </tr> <tr> <td>Males</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Females</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Years->	Up to 10	11 to 20	21 to 45	Males				Females				Years->	46 to 60	Above 61	TOTAL	Males				Females				<table border="1"> <thead> <tr> <th>Years-></th> <th>Up to 10</th> <th>11 to 20</th> <th>21 to 45</th> </tr> </thead> <tbody> <tr> <td>Males</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Females</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Years-></td> <td>46 to 60</td> <td>Above 61</td> <td>TOTAL</td> </tr> <tr> <td>Males</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Females</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Years->	Up to 10	11 to 20	21 to 45	Males				Females				Years->	46 to 60	Above 61	TOTAL	Males				Females			
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Any relatives settled abroad : Yes / No If yes, please mention their names and address																																																		
1 Name : _____ Address : _____																																																		
2 Name : _____ Address : _____																																																		
3 Name : _____ Address : _____																																																		
How many times you have been abroad in last three years : Never / 1 to 5 times / above 5 times																																																		
Do you have a credit card : 1st Holder: Yes / No If yes, please mention Bank's Name : _____																																																		
2nd Holder: Yes / No If yes, please mention Bank's Name : _____																																																		
Dealing with Other Banks : Yes / No If yes,																																																		
Name of the Bank & Branch : 1 _____ 2 _____																																																		
Type of account / facilities : 1 _____ 2 _____																																																		
Existing Credit Facilities, If any : 1 _____ 2 _____																																																		
Sole / 1st Holder		2nd Holder																																																
Loans :		Loans :																																																
1 Car Y / N 2 Housing Y / N		1 Car Y / N 2 Housing Y / N																																																
3 Consumer Y / N 4 Against Security Y / N		3 Consumer Y / N 4 Against Security Y / N																																																
5 Credit Cards Y / N 6 Education Y / N		5 Credit Cards Y / N 6 Education Y / N																																																
7 Business Y / N 8 Others Y / N		7 Business Y / N 8 Others Y / N																																																
Assets :		Assets :																																																
Total Rs. _____ (approximate)		Total Rs. _____ (approximate)																																																
Vehicle : Car / Two Wheeler / Others / None		Vehicle : Car / Two Wheeler / Others / None																																																
House : Owned / Rented / Family / Employer		House : Owned / Rented / Family / Employer																																																
Life Policy for : Up to Rs. 1 lacs / 2 Lacs / 5 Lacs		Life Policy for : Up to Rs. 1 lacs / 2 Lacs / 5 Lacs																																																
Other Invt's : Up to Rs. 1 lacs / 2 Lacs / 5 Lacs		Other Invt's : Up to Rs. 1 lacs / 2 Lacs / 5 Lacs																																																
Any other Assets : _____		Any other Assets : _____																																																
Place : _____		Place : _____																																																
Date : _____		Date : _____																																																
Signature 1 st Holder		Signature 2 nd Holder																																																

Corporate Facilities :

Phone Banking		Password Assigned	
Levy Charges		PC Banking	
PC Password Assigned		Levy Charges	
Dispatch Instruction			

Account Master :**A/c. Type - A/c. Status :**

1 Normal / Operative	9 Minor	24 Joint Account
4 Trust	11 Association	98 Others
5 Society	16 Proprietorship	100 Individual
8 HUF	20 Partnership	

Mode of Operation :

1 Self	5 Any One	14 Power of Attorney
2 Either or Survivor	8 All Jointly	16 Karta of HUF
3 Former or Survivor	13 Proprietor	112 Others-Special Instruction

Estd. Date		Account Category	
Pay in Account No.	A/c Type :	Member No.	
Cheque Book	Y / N	A/c. No.	
PLR Link	Y / N	Other Branch Transfer A/c.	Y / N
TDS	Y / N	ATM	Y / N
Statement of A/c. Freq.	Monthly/Quarterly/Yearly	Email day in Freq.	

As the firms have dealing with the bank. I / We beg to inform you that, I / We the undersigned am / are sole Proprietor / Partners of the said firm. I am / We are responsible to the bank for the liabilities of the firm with the bank. The bank may recover its claims from my / our estate.

Whenever any change occurs in the constitution of the said firm. I / We undertake to inform the bank of the same in writing and my / our responsibility to the bank with continue until I / We receive from the bank an acknowledgement of that letter and until all my / our liabilities with bank are discharged.

In case of partnership Firm, Mr. _____ will operate Account.

SIGNATURE - > With Rubber Stamp		
SIGNATURE - > With Rubber Stamp		
SIGNATURE - > With Rubber Stamp		
SIGNATURE - > With Rubber Stamp		

Form DA-1 Nomination Form :

Nomination under section 45ZA to 45ZF of the Banking Regulation Act, 1949 and 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits, I / We nominate the following person to whom in the event of my / our / minor's death, the amount of the deposit, particulars whereof are given below may be returned by **THE COMMERCIAL CO-OPERATIVE BANK LTD, JAMNAGAR**

Name of Nominee				Age :
Relation with A/c Holder				
Address of Nominee				
Flat No./ Bldg Name		Road No.		
Land Mark		Area		
City / Village		Takula		
District		State	GUJARAT	
Pin		Country	INDIA	
Nationality	INDIAN	Phone		Mobile - 1

As the nominee is a minor on this date, I / We appoint Mr. / Mrs. / Ms. _____ Address _____ Age _____ to receive the amount of deposit on behalf of the nominee in the event of my / our / minors death during the minority of the nominee.

SIGNATURE of Depositor - >		
Signature of Witness Mobile No.		

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

Signature(s) of depositor(s) should be witness by one person, thumb impression(s) of depositor(s) should be witness by two person(s).

SMS Banking	Y / N		
ATM Card	Y / N	ATM Card No.	

Title of Account :

Person – 1 : _____

Person – 2 : _____

Person – 3 : _____

Person – 4 : _____

Person – 5 : _____

Person – 6 : _____

Person – 7 : _____

Person – 8 : _____

PHOTO - 1

PHOTO - 2

PHOTO - 3

PHOTO - 4

PHOTO - 5

PHOTO - 6

PHOTO - 7

PHOTO - 8

Title of Account :

No.	Name	Signature(s)
1	Person -1 - CI No.	
2	Person -2 - CI No.	
3	Person -3 - CI No.	
4	Person -4 - CI No.	
5	Person -5 - CI No.	
6	Person -6 - CI No.	
7	Person -7 - CI No.	
8	Person -8 - CI No.	

KYC Certification :

I have meet the account opener(s)

Mr. / Ms. _____ Mr./Ms. _____

Mr. / Ms. _____ Mr./Ms. _____

Mr. / Ms. _____ Mr./Ms. _____

Mr. / Ms. _____ & Mr./Ms. _____

in person and hereby confirm that KYC norms are fully complied with.

Date :

Officer

I have verified the documents submitted and confirm that KYC norms are fully complied with.
Account may be opened.

Date :

Manager

The Manager
The commercial Co-op. Bank Ltd.
.....Jamnagar.

Date.....20

Dear Sir,

As the firm of..... have dealings with the Bank, we beg to inform you that we the undersigned are the partners in the said firm We are jointly and severally responsible to the Bank for the liabilities of the firm with the Bank. The Bank may recover its claims and dues from any or all of the partners of the firm and the estate of any deceased partner.

Whenever any change occurs in our partnership we undertake to inform the Bank of the same in writing and our individual responsibility to the Bank will continue until we receive from the Bank an acknowledgement of that letter and until all our liabilities with the Bank are discharged.

The account of the firm may be operated upon by and under the signature of any one of the undersigned and all documents, promisory notes, cheques, etc, may be signed by any one of the undersigned in the name of the firm, and shares securities and valuables held by the Bank in any account whatsoever of the firm may be withdrawn by any of the undersigned on his passing receipt or discharge in the name of the firm, and all such acts and operations will be binding of the firm.

In the event of the death or retirement of any partner, the Bank shall be entitled as its discretion to deal with the surviving or continuing partner or partners, as the case may be and allow the surviving or continuing partner or partners to continue operation on the account of the partnership and overdraw moneys therefrom and make deposits therein also release the securities if any held by the Bank for its due to such surviving or continuing partner or partners against receipt of any such amount as it may in its description consider proper, without in any way affecting its right to recover the balance of its dues from the retiring partner or the heirs and legal representatives of the deceased partner and otherwise deal with the continuing or surviving partner or partners in respect of the affairs of the firm in such manner as the Bank thinks proper without reference of the heirs and legal representative of the deceased partner or the retiring partner and such heirs and legal representative or the retiring partner shall have no claim against the Bank in respect of such dealings.

Your faithfully
