BUSINESS BANK

CURRENT ACCOUNT FORM

THE BUSINESS CO-OPERATIVE BANK LTD

H.O: Rajan Complex Arcade, Dattamandir Circle, Nasik Road - 422101. Ph.: 0253-2406100, 2469545, 2467604.

Office Use Only / Branch Name फक्त कार्यालयीन कामकाजाकरीता Date :				
Customer No. 15 Digit Account No.				
ACCOUNT OPENING FORM FOR FIRM / TRUST / CORPORATE / SOCIETIES / HUF ACCOUNTS				
Account No. PAN No. CKYC No. if available				
Aadhar No. Member Regular Nominal Member Ship No.				
(Fill in Block Letters) CURRENT ACCOUNT				
Personal Details				
Title FIRM TRUST CORPORATE SOCIETIES HUF ACCOUNTS				
Name				
Business Address :				
City Pin State				
Tel. No: Mob No.				
Tel. No. Email ID:				
Constitution: Sole Proprietorship Society Club / Association / Foundation Partnership Firm Co-Op. Bank Educational Institution HUF Scheduled Co-op. Bank Others Private / Public Trust Dist. Central Co-op. Bank NBFC Private / Public Ltd Other Bank Attested Documents Attached: Bye-laws of Society Trust Copy of Regn. Certificate Regd. Partnership Deed PAN Card				
☐ Memorandum & Articles of Association ☐ Shop Act ☐ Light Bill of Shop ☐ TAN Card ☐ Rent Agreement				
Please offer Us: Cheque Book Internet Banking ATM Card SMS Banking				
Statement Frequency : Weekly				
Declaration of ATM :				
I/We declare that the above information is correct and I/We have read and hereby accept the Rupay ATM Debit Card Terms and conditions and to the amendments thereof. I/We hereby request the bank to issue us an Rupay ATM 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 Card:				
Operating Instruction :				
No. of Partners / Trustees / Directors / Office Bearers ———————————————————————————————————				
Date : (Customer information forms for each official is enclosed				
Place :Signature of Authorized Signatory				

We declare t		- Park i		
	enjoy any credit facilities with a			
2) W enjoy the	e following credit facilities with o	ulei balikeis at present		
Name of the E	ank	Nature of Facility	Amount	
,				
			The state of the s	
		s's Rules (as amended from time to time		
authorized the Ba	ank to collect bills, cheques, etc	for and on behalf of us and undertake	to abide & be bound by the terms &	conditions in
	s regarding collection of cheque	s / Bills & other Instruments.		
	n but at the risk & responsibility			
Collect proceeds of	of the instruments lodged by the	Account holder from time to time		
Appoint an agent t	o collect the proceeds of the inst	ruments lodged by the Account holder ar	nd as such agents appointed shall be	e the agents of
account holder to	collect such instruments.			
Recover proceeds	of instrument lodged by the acc	ount holder by way of the Bank Draft / Cl	neques or any other Mandate III lieu	UI Casii
Take action / steps	s as deemed necessary to have	proceeds of the instruments lodged. ious charges, if any, by debiting the sam	e to the account holder.	
The Bank is nered	y empowered to recover the var	lous charges, it arry, by accounty are		
	Nama	Name :	Name :	
Name :	Name			
		1/2/2		
		10.00		

Letter of declaration from Proprietorship Concern:			
The Business Co-Operative Bank Ltd., Nashik Road	Date :		
Branch :	Place		
Dear sir,			
Re: Operating of a new account in the name of	We refer to the captioned		
I, the undersigned is the sole proprietor of the concern and is solely responsible for lia that take place in the constitution of the concern and I will be liable to you for any obl your books on the date of the receipt of such notice and until all such obligations shall	igation which may be standing in the name of concern in have been liquidated.		
Personal Signature	Your's Faithfully.		
Name :	Signature on behalf of the Concern		
Letter of Declaration from Partnership Firm.			
The Business Co-Operative Bank Ltd., Nashik Road	Date :		
Branch:	Place		
Dear sir, Re: Operating of a new account in the name of	We refer to the captioned		
account opened by you and declare as under. We, the undersigned are the only partners in the firm and are jointly and severally response.			
of any change that takes place in the partnership and, all the present partners will be lia firm's name in your books on the date of the receipt of such notice and until all such oblice. We declare that the Partnership is registered. Full Name of all the Partners / Trustee / Director Individual Signature:	igations shall have been liquidated.		
Introducer Details :			
Introduction's Name	Account No.		
Signature Verified by:	Introducer Signature		

Resolution of 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
duly convened, at which a proper quorum was present held on
At
the Board of Directors / the Committee of Management of the Society / Trust
passed at the meeting of the saidresolved
that as account for the Company / Society / Trust be opened with The Business Co-operative Bank Ltd., Nashik Road
and that the said Bank be and is hereby authorized to honour Cheque / Draft / any other Mandate drawn by company / Society / Trust and to act upon any
instructions so give relating to the account whether the same be overdrawn or not relating to the transactions of the Company / Society / Trust.
CERTIFIED TRUE COPY
Common Seal
SECRETARY CHAIRMAN OF THE MEETING
For Banks USE Only:
Introducer Customer No :
Address of the applicants has been confirmed on the basis of
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
on signature on confirmation letter verified
KYC Certification
I Have met Mr/Mrs
relationship form having verified the copy of documents against the originals as produced by the applicant.
Name of the Bank Official sourcing the Account
Date Signature of Book Const.
Date Signature of Bank Official