



# The Nasik Merchants' Co-op Bank Ltd., Nashik (Multi-State Scheduled Bank)

Administrative Office, A/16 Babubhai Rathi Chowk, Industrial Estate, Netaji Subhashchandra Bose Marg, Satpur, Nashik-422007

Branch Name: \_\_\_\_\_ Date:

Customer No.

Account No.

## ACCOUNT OPENING FORM FOR FIRM/TRUST/CORPORATE/SOCIETES/HUF ACCOUNTS

Short Name

Pan No.

Member Ship No.

### CURRENT ACCOUNT

(Fill in Block Letters)

#### Personal Details

Title:  FIRM  TRUST  CORPORATE  SOCIETIES  HUF ACCOUNTS

Name

#### Business Address :

City  Pin  State

Tel. No:  Fax No:  Mob No:

Tel. No:  Email ID:

#### Constitution:

- Sole Proprietorship
- Partnership Firm
- HUF
- Private / Public Trust
- Private / Public Ltd.
- Society
- Co-Op Bank
- Scheduled Co-op Bank
- Dist. Central Co-op Bank
- Other Bank
- Club / Association
- Educational Institution
- Others

#### Attested Documents Attached:

- Bye-laws of Society
- Resolutions
- Memorandum & Articles of Association
- Trust Deed
- Copy of Regn. Certificate
- Certification of Incorporation
- Regd. Partnership Deed

#### Please Offer Us:

- Cheque Book
- Tele Banking
- Internet Banking
- ATM Card

#### Statement Frequency:

- Weekly
- Monthly
- Quarterly
- On Email Yes / 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 Instruction: \_\_\_\_\_

No. of Partners/ Trustees / Directors / Office Bearers \_\_\_\_\_

(Customer information forms for each official is enclosed)

Date:-

Place:- \_\_\_\_\_

Signature of Authorized Signatory

**We declare that:**

- 1] We are not enjoy any credit facilities with any Bank:
- 2] We enjoy the following credit facilities with other Bankers 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 (as amended from time to time) for the conduct of such account.

We authorized the Bank to collect bills, cheques, etc. for and on behalf of us and undertake to abide & be bound by the terms & conditions in this behalf, mentioned below-

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 to collect the proceeds of the instruments lodged by the Account holder and as such agents appointed shall be the agents of the account holder to collect such instruments.
3. Recover proceeds of instruments lodged by the account holder by way of the 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 the account holder.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Letter of declaration from Proprietorship Concern:**

**The Nasik Merchants' Co-op Bank Ltd., Nashik**

Branch: \_\_\_\_\_

Date:-

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:

I, the undersigned is the sole proprietor of the concern and is solely responsible for liabilities 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 obligations shall have been liquidated.

Personal Signature

Name: \_\_\_\_\_

Yours Faithfully,

Signature on behalf of the Concern

**Letter of declaration from Partnership Firm:**

**The Nasik Merchants' Co-op Bank Ltd., Nashik**

Branch: \_\_\_\_\_

Date:-

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 responsible for liabilities thereof. We shall advise you in writing of any change that take 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 the receipts of such notice and until all such obligations shall have been liquidated.

We declare that the Partnership is registered.

**Full Name of all the Partners / Trustee/ Director**

**Individual Signatures**

**Signatures on behalf of the Firm**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Introducer Details:**

Introduction's Name..... Customer No:

Branch :..... Type of Account ..... Account No:

I know the applicant/s for the last..... months / years. I confirm the identify, Occupation and Address of the applicant/s.

Date:-

Signature Verified by:

Introducer Signature:

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

Date:-

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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 .....  
..... 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 said ..... resolved  
that as account for the Company / Society / Trust be opened with **The Nasik Merchants Co-op Bank Ltd., Nashik**..... Branch  
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

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SECRETARY



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CHAIRMAN OF THE MEETING

**For Banks USE Only:**

Introducer Customer No: 

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Address of the applicants has been confirmed on the basis of ..... photographs  
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.

**KYC Certification**

I Have met Mr/Mrs..... in person as his/her residence/office/others .....  
.....(please specify) and hereby confirm the identity and the address provided in the  
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

D	D	M	M	Y	Y	Y	Y
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Signature of Bank Official.....



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(Multi-State Scheduled Bank)

Administrative Office: A/16 Babubhai-Rathi Chowk, Industrial Estate, Netaji Subhashchandra Bose Marg, Satpur, Nashik-422007

Branch Name: \_\_\_\_\_

शाखा नांव

## Specimen signature form

सहीचा नमुना फॉर्म

Account No. \_\_\_\_\_

खाते क्र.

Customer ID No.

Date: दिनांक

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(For Bank use only)

Please fill in the form in CAPITAL / BLOCK letters and boxes wherever applicable (Signature black ink only)

Whose name account to be opened (ज्या नावाने खाते उघडावयाचे त्याचे नांव / संयुक्त किंवा वैयक्तिक)

Mr. / Mrs. / Ms. / Mas. \_\_\_\_\_

(In Case of individual / Joint Accounts Only)

Name Of individual / Joint in whose name account to be opened (वैयक्तिक संपूर्ण नांव अथवा संयुक्त)	Specimen Signature / s (सहीचा नमुना)	Photo / s (छायाचित्र)
1. _____	1. _____	
2. _____	2. _____	
3. _____	3. _____	
4. _____	4. _____	

*For use by banks officials only* (फक्त कार्यालयीन कामकाजासाठी)

We confirm that the account is opened in the Branch .The account details are verified by us along with the signature's & the original records are maintained with us.

Signature of the Officer: \_\_\_\_\_

Signature of the Branch Head : \_\_\_\_\_

Employee No. : \_\_\_\_\_

Employee No. : \_\_\_\_\_

Date : \_\_\_\_\_

Date : \_\_\_\_\_

Scanned by Employee No. \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

\* सदर फॉर्मवर फक्त खाते चालविण्याचा अधिकार असलेल्या व्यक्तींच्या सह्या व फोटो घेण्यात यावे