



CURRENT ACCOUNT OPENING FORM

(PROPRIETARY FIRM, HUF, PARTNERSHIP FIRMS, COMPANIES, ASSOCIATIONS, SOCIETYS, TRUST ETC.)

BRANCH : _____

ASSOCIATE CO-OPERATIVE BANK LTD.

H.O.: 1ST.FLOOR,VANKAR SANGH BUILDING OPP. RESHAMWALA MARKET, RING ROAD, SURAT-3. Ph. : 0261 - 2341534-35-36

To,
The Manager,
Associate Co-Operative Bank Ltd. SURAT.
PLEASE OPEN ONE (Tick any One)

TO BE GIVEN BY BANK											
ACCOUNT No.:	0	0	0	0	0	0	0	0	0	0	0
DATE :	D	D	M	M	Y	Y	Y	Y			

<input type="checkbox"/> CURRENT ACCOUNT	<input type="checkbox"/> OTHER (SPECIFY) _____
<input type="checkbox"/> CASH Rs. _____	<input type="checkbox"/> CHEQUE Rs. _____ CHQ No. _____ DATED _____
<input type="checkbox"/> DRAWN ON _____	IS ENCLOSED TOWARDS INITIAL DEPOSIT

FIRM NAME :	GSTIN NO.
	PAN NO.

NAME OF PROPRIETOR / PARTNERS / DIRECTOR / TRUSTEES ETC.	PAN NO.	C.R. NO.
1.		
2.		
3.		
4.		
5.		

OFFICE ADDRESS :	CELL NO.:
	PHONE NO.:
RESI. ADDRESS :	CELL NO.:
	PHONE NO.:

E-MAIL ID :	NATURE OF BUSINESS :
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CONSTITUTION	<input type="checkbox"/> PROPRIETARY FIRM	<input type="checkbox"/> TRUST/SOCIETY	<input type="checkbox"/> LIMITED COMPANY/PVT.LTD. COMPANY
	<input type="checkbox"/> PARTNERSHIP FIRM	<input type="checkbox"/> CLUB/ASSOCIATION	<input type="checkbox"/> OTHER _____

DOCUMENTS FURNISHED CERTIFIED TRUE COPIES)	<input type="checkbox"/> AGREEMENT / DEED / BYE-LAWS	<input type="checkbox"/> REGN / INCOPORATION CERTIFICATE	<input type="checkbox"/> ADDRESS PROFF
	<input type="checkbox"/> COMMON DECLARATION FORM	<input type="checkbox"/> CERTIFICATE FOR BUSINESS COMMENCEMENT	<input type="checkbox"/> PAN CARD/FORM 60
	<input type="checkbox"/> MEMORANDUM & ARTICLES	<input type="checkbox"/> IDENTITY PROFF	<input type="checkbox"/> OTHERS _____

MODE OF OPERATION	<input type="checkbox"/> SINGLE	<input type="checkbox"/> EITHER OF SURVIVOR	<input type="checkbox"/> JOINTLY OR SURVIVOR
	<input type="checkbox"/> FORMER OR SURVIVOR	<input type="checkbox"/> ANY ONE OR SURVIVOR	<input type="checkbox"/> OTHER _____

I N T R O D U C T I O N	INTRODUCER'S NAME & ADDRESS _____

	ACCOUNT No. [] TEL No. : _____ KNOWN SINCE : _____
	I do hereby confirm the identity address and other details regarding the applicant. Date : _____

⊗ _____
Signature of Introducer With Rubber Stamp

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APPLICABLE FOR ALL TYPE OF ACCOUNT HOLDERS

1. I / We do hereby declare that the particulars as given in this form are complete and correct in all respects to the best of my / our knowledge and belief. I/We do hereby agree to abide by all rules & regulation of the bank relating to conduct of the above account for the time being in force.
2. I / We have to inform you that I/We receive Cheque/demand drafts from my/our clients duly endorsed in my/our favour as the last endorsee, which I/We intend to deposit in my our above mentioned account. after confirming that all the endorsements on such instruments on my/our behalf to the endorsement or such instruments on my/our behalf to the satisfaction of the paying bank entirely on my/our risk and responsibility. In consideration of your acceding to my/our above request. I/We on behalf of myself/ selves. my/our heirs, executors and administrators, assignees agree and undertake well and sufficiently to indemnify you, your officers/employees from time to time and all times against any action suits claims and fraud is what soever made by any person and from all losses, costs, consequences you may incur due to your confirming, guarantee and certify all such endorsements in respects of the instruments so lodged by us.
3. I/We may have occasion from time to time to hand over you for collection negotiation cheques, Drafts or Bills of Exchange (with or without documents attached) and I/We hereby agree to you forwarding the same to your agents for the time being for collection or negotiation. In the event of you having no independent collecting Agent at any center. I/We hereby authorise you to send cheque by mail directly to the drawee bank itself. I/We hold you harmless, free from responsibility and indemnify for any loss suffered by your agent and also from may misdeliver, non-delivery or loss of documents in transit or at the destination on account of any fault or for any reason whatsoever on the part of postal authority and or any agents's employed by you for this purpose.
4. I/We hereby declare that at present. We are not enjoying any credit facility with any other Commercial & National Bank or any Co-Operative Bank. I/We also undertake inform you in future as and when. I/We shall open any current with any other bank.
5. I also agree that any bank charges debited by the bank in my/our A/c. from time to time.
6. Bank may close the a/c at any time if a/c is not operated properly.
7. It is understood that these transactions are in all respects at our entire risk and responsibility.

FOR SOLE PROPRIETORS FIRM :

I do hereby declare that I the undersigned, am the sole proprietor of firm and am individually and in proprietary capacity responsible for the liabilities there of. I shall advise you in writing of any change that may take place in this firm and will be liable to you on any obligation which may be standing in this firm's in your books on the date of receipt of such advise and until such obligations have been liquidated.

FOR PARTNERSHIP FIRM :

We do hereby declare that we the undersigned are the only partners in this firm and are jointly and severally responsible for the liabilities thereof. We shall advise you in writing of any change that may take place in this firm and we will be liable to you on any obligations which may be standing in the firm's in your books on the date of receipt of such advise and until such obligations have been liquidated.

FOR COMPANIES / ASSOCIATIONS / SOCIETIES / TRUST ETC. :

We do hereby declare that the following resolutions has been passed in the board meeting / governing Body held on _____ and has been duly recorded in our minute book.

" RESOLVED that a banking account be opened in the name of our institution with the Associate Co-Bank Ltd. SURAT and that the said bank be and is hereby authorised to honour all the cheque, bills of exchange promissory notes etc. draw, accepted or made on behalf of our institutions by _____

and to act upon any instruction so given relating to the account whether the same be overdrawn or not relating to transaction of our institution.

Signature of all depositors X

X

X

Nomination

Nomination under section 45ZA of the Banking Regulation Act. 1945 and Rule 2(1) of the Banking Companies (Nomination) Rule 1985 in Respect of Bank Deposits,

I/We _____

(Name of Addressee)

Nomination the following person to the event of my / our / minor's death the amount of the deposit, particulars, whers of are given bellow may be returned by _____

Associate Co-On Bank Ltd. Ring Road, Surat _____

Deposit

Nature of	Distinguishing Account No.	Additional details, if any

Nominee (S)

Name	Address	Relationship	Age	If nominee is a minor his date of birth

2. As the nominee is minor on this date, I/We appoint Shri/Smt/Kum _____

(Name, Address and age)

to receive the amount of the deposit on behalf of the nominee. In the event of my/our/minor's death during the minority of the nominee Strike out, if nominee is not a minor

Place :

Date

Name (s) Signature(s) and Address (es) of witness @

X

Signature of depositor(S)*

* 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 impression (s) shall be attested by two witnesses

Sr. No.	Name	Status	Photo	Sign. With Rubber Stamp
1				
2				
3				
4				
5				

FOR BANK USE ONLY	OPEN ACCOUNT	ACCOUNT OPENED ON _____
	Officer-Manager	BY _____ Signature

AFTER THE OF AUTHORITY FOR OPERATION IN THE ACCOUNT ETC.

To,
The Manager
ASSOCIATE CO-OP. BANK LTD. Surat
Dear Sir,

Date : _____

Ref. :- Account.....

I/We hereby authorise you, from time to time, to pay and honour all cheques or other orders drawn on any account or accounts at any time or times, kept or to be kept in the above named account with your Bank provided such cheques or orders are signed by Mr.....(whose specimen Signatures are given below, whether any such account or accounts be in Credit or Overdrawn on otherwise at the time such cheques or orders are presented to you for payments)

Mr.....is also authorised to draw, sign and negotiate on my/our behalf, promissory Notes, Hundies and bills of Exchange on any part in india or abroad. If any of such Bills negotiated by remain unpaid for any reason whatsoever, I/We hereby undertake to pay the amount of such bills to you with all your charges and interest.

Mr.....is also authorised to operate upon or overdraw my/our said account or accounts with your Bank, to receive payments of all moneys due to me/us to acknowledge debit or debits due from me/us so as to bind me/us to receive notices on my/our behalf and to execute necessary documents relating to my/our busniess with your bank.

Mr.....is also authorised to pay moneys. cheques, noties drafts and all other documents to the credit of my/our siad Banking accounts or accounts and when needful to endorse the same per procuration for my/our said Banking account from time to time on my/our behalf to certify the correctness to the said Banking account or accounts to receive cheques and other vouchers relating there to and to receive or to issue instruction for delivery to third parties with or without payment share, stocks or any other security or securities realting to my/our said account or accounts notwithstanding the fact that position of the said account or accounts allows or does not allow their with drawal.

This authority shall continue to be force untill I/We give you notice to the contry in writing under my/our hand.

Yours faithfully

Specimen Signature of the Said Mr.....

(X)

(X)

N.B. :- In Case of a Firm, all partners should Sign this letter of authority

FORM FOR H.U.F. ACCOUNT

The Manager
Associate Co. Op. Bank Ltd. Surat

Date : _____

Dear Sir,

As our Joint Family Firm.....

.....has dealing with your Bank in the name of the said firm, we beg to any that the first signatory to this letter, viz,..... Karta of joint Family and of the said Karta in the interest and for the benefit of the entire body of coparceners of the said Joint Family and of the said Karta in the interest and for the benefit of the entire body of coparceners of the said Joint Family and on their behalf. We Further agree and confirm that all claims due to the Bank from the said Family firm shall be recoverable personally from all or any of us and also from the entire family of which the first signatory is Manager, including the shares of the minor coparceners

In view of the fact that ours in not a firm governed by the Indian Partnership Act of 1932. We have not got our said firm registered under that said Act.

Yours faithfully,

(SIGNATURE OF KARTA)

(X)

SIGNATURE

NAME

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

- x
- x
- x
- x
- x
- x