



Shree Mahesh Co-operative Bank Ltd., Nashik

Administrative Office : 322, 3rd Floor, Sarda Sankul, Mahatma Gandhi Road, Nashik - 422 001.
Tel. : 0253 - 2314542, 2314543, 6603545, Fax No.: 0253 - 3012272

Branch Name

Date :

Customer No.

Account No.

Account Type

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

PAN No.

Membership No.

Aadhar No.

Short Name

(Fill in Block Letter)

CURRENT ACCOUNT

Personal Details

Title : FIRM TRUST CORPORATE SOCIETIES HUF ACCOUNTS

Name

Address :

City Pin State

Tel. No. Fax No. Mob No.

Tel. No. Email ID:

(Please open an account as per details given below (✓) whichever is applicable)

Constitution :

- Sole Proprietorship
- Partnership Firm
- HUF
- Private / Public Trust
- Private / Public Ltd.
- Society
- Club / Association
- Educational Institution
- Others

Attested Documents Attached :

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

Please Offer Us :

- Cheque Book
- Pass 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 enjoying any credit facilities with any Bank.
- 2] We are enjoying the following credit facilities with other Bankers at present.

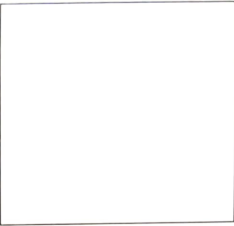
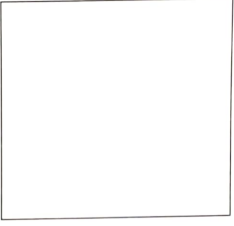
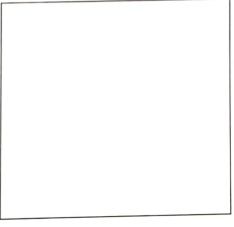
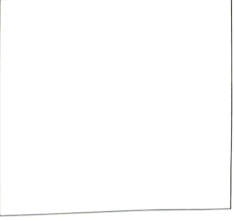
Name of the Bank	Nature of Facility	Amount
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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 authorise 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 of 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 : _____

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.	.....	Signature	.....

Resolution of a 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
..... at duly convened, at which a proper quorum was present held on
..... 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 of the Company / Society / Trust be opened with **Shree Mahesh Co-operative 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 act upon any
instructions so given relating to the account whether the same be overdrawn or not relating to the transactions of the Company / Society / Trust.

CERTIFIED TRUE COPY

SECRETARY



CHAIRMAN OF THE MEETING

For Bank USE Only :

Introducer Customer No. :

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

Signature* code of Branch Official





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Branch Name _____

Date : _____

Customer No. _____ Account No. _____ Account Type _____

PERSONAL INFORMATION SHEET (TO BE FILLED IN BY ACCOUNT HOLDER / JOINT A/C HOLDER / GUARDIAN)

(This information will be strictly confidential)

Short Name _____ PAN No. _____ Membership No. _____

(Fill in Block Letter)

Personal Details

Title : Mr. Mrs. Miss Master Gender : Male Female Blood Group _____

Name _____

Residential Address : _____ Surname _____ First Name _____ Middle (Father / Husband) Name _____

City _____ Pin _____ State _____

Office Address :

City _____ Pin _____ State _____

Tel. No-1: _____ Tel. No-2: _____ Mob No. _____

Email ID : _____ Religion : _____ Caste : _____

Marital Status

Single Married No. of children _____

Education Non - SSC SSC/HSC Undergraduate Graduate Post Graduate Professional

Occupation Student House Wife Salamed Self Employed / Professional Business

Retired Other

If Salamed Employed With Private Co. Public Ltd. Co. Multinational Govt. Sector Other

Name of Employer _____

Grade : Non-Management Junior Mgt. Middle Mgt. Top Mgt.

If Self Employed Doctor CA Lawyer Engineer Consultant Trader

Professional Software Others

If in Business Proprietorship Partnership Pvt. Ltd. Public Ltd. Trust Others

Monthly Total Income Up to Rs. 5000 5001-10000 10001-20000 20001-30000 30001-50000 Above 50001 (Approx) Rs.

Banking Relationship with other Banks :

Name of the Bank _____ Branch _____ A/c No. _____

Name of the Bank _____ Branch _____ A/c No. _____

Credit Card No. Bank : _____

Credit Card No. Bank : _____

Passport No. _____

Valid Date From _____ To _____

Issued at _____

Asset Ownership

Customer Durables Ownership :

- LCD Television DVD Player Home Theater System Computer

- Microwave Digital Camera Air Conditioner

Vehicle Ownership :

- Two Wheeler Three Wheeler Four Wheeler Both
- None

Car Model & Make :

The House you currently live in is Rented Ownership Company provided Purchased against Loan

Which Loan Facilities whether availed :

Any Special Information you wish to share with your Bank :

I affirm that the information furnished herein above is true and authentic to the best of my knowledge.

Date :

Signature of Account Holder