

SRIRAMNAGAR PATTANA SAHAKAR BANK NI
SRIRAMNAGAR
Current Account Opening Form

Account Number		Customer ID	
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I / We hereby request Sriramanagar Pattana Sahakar Bank Ni Sriramnagar to Open my / our Current Account

Details of the Account

Account Name			
Date of Incorporation			
Place of Incorporation			
Date of Commencement of Business			
Registration Number			
Place Of Registration			
Date Of Registration			
PAN Number			
License Number			
GST Number			
Nature Of Business			
ConstitutionType	Proprietorship / Partnership Firm / Pvt Ltd Co / Public Ltd Co / Educational Institution / Co-op Society / Public or Private Trust / Limited Liability Partnership / HUF Firm / Club / Association Persons / Trust Others (Specify)		
Mode of Operation	Proprietor / All Jointly / Any one / As per Resolution Others (Specify)		
Telephone Number		Mobile Number	
Registered Address		Correspondence Address	
City		City	
Pin Code		Pin Code	
State		State	
Name of the Authorized Signatories		Customer Id	
Name of the Authorized Signatories		Customer Id	1 of 12

Name of the Authorized Signatories		Customer Id	
Name of the Authorized Signatories		Customer Id	
Phone /Mobile NO		Phone /Mobile NO	
Email Id		Email id	
Name of the Contact Person and Phone no			

Name.	Signature.
1. _____	1 _____
2 _____	2 _____
3 _____	3 _____
4 _____	4 _____

Introducer Details:

Name of Introducing customer _____

Account number of the Introducer _____

I/We confirm that I/we maintain an account with SriramnagarPattanaSahakar Bank sriramnagar. _____ Branch for over 12 months. I/we personally know the applicant(s) detailed in the Application form for more than 6 months and confirm his/her/their identity, occupation and address.

Signature: _____

Mode of Account Operation:

- | | |
|---|---|
| <input type="checkbox"/> Singly | <input type="checkbox"/> Any one |
| <input type="checkbox"/> Jointly | <input type="checkbox"/> As per resolution attached |
| <input type="checkbox"/> Either or Survivor | <input type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Former or Survivor | <input type="checkbox"/> Others (please specify details below under special instructions) |

Special instructions: _____

Type of Entity

- | | |
|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Club/Association / Society |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> HUF |
| <input type="checkbox"/> Private Limited Company | <input type="checkbox"/> Foreign Company Branch Office /Liason office /Project Office |
| <input type="checkbox"/> Limited Company | <input type="checkbox"/> Co-op Society |
| <input type="checkbox"/> Others (Please Specify) | |

Nature of Business / Activity

- | | |
|---|--|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retailer / Stockist |
| <input type="checkbox"/> Finance / Investment | <input type="checkbox"/> Consultant / Professional |
| <input type="checkbox"/> Export / Import | <input type="checkbox"/> Whole Saler / Distributor |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> Commission Agent / Broker |
| <input type="checkbox"/> Trading | <input type="checkbox"/> General Merchants |
| <input type="checkbox"/> Others (Please Specify) | <input type="checkbox"/> Transport / Logistics |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Milk |
| <input type="checkbox"/> Dealer | |

Nature of Industry

- | | |
|---|---|
| <input type="checkbox"/> Rice Industries | <input type="checkbox"/> Gems / jewellery/ Metals |
| <input type="checkbox"/> Welding / Engineering | <input type="checkbox"/> Chemicals / Medicines |
| <input type="checkbox"/> Construction / Real Estate | <input type="checkbox"/> Textiles / Leather |
| <input type="checkbox"/> Electrical / Electronics | <input type="checkbox"/> Timber |
| <input type="checkbox"/> Food Products | <input type="checkbox"/> Retailing |
| <input type="checkbox"/> Hotel / Restaurant | <input type="checkbox"/> Small Scale Industries |

DECLARATION OF JOINT FAMILY

To
Sriramnagar Pattana Sahakara Bank Niyamitha,
Sriramnagar

1. WHEREAS the Hindu Undivided Family of _____ (hereinafter called the "the said joint family") carrying on business in the firm name and style of _____ at _____ or elsewhere (hereinafter referred to as "the said HUF firm") have or desire to have dealings with the **Sriramnagar Pattana Sahakara Bank Niyamitha, Sriramnagar,** (hereinafter referred to as "the Bank") we, the undersigned, hereby declare:
 - a. that we are the present adult co-parceners of the said joint family;
 - b. that _____ is the present Kartha or Manager of the said joint family;
 - c. that the business carried on by the said HUF firm is the ancestral business of the said joint family; and
 - d. that each one of us have full and unrestricted authority to act on behalf of, and bind, the said HUF firm and all the present as well as future members, both adults and minors of the said joint family, howsoever constituted from time to time.
2. We confirm that the affairs of the said joint family and the business of the said HUF firm are carried on mainly by the Kartha, the said _____ on behalf of and in the interests and for to benefit of all the co-parceners of the said family. We are however jointly and severally responsible for all liabilities of the said HUF firm to the Bank and agree and confirm that any claim due to the Bank from the said HUF firm shall be recoverable from the assets of any of us and also from the estate of the said joint family including the interest thereon of every co-parcener of the said Joint Family including the share of the minor co-parceners if any.
3. We undertake to advise the Bank in writing of any change that may occur in the karta-ship / managership of in the constitution of the said joint family or of the said HUF firm and until receipt of such notice by the Bank, the Bank will be entitled to regard each of us as member of said joint family and partners of the said HUF firm and all acts, dealings and transactions purporting to Name of the Minor Father's name Date of Birth have been done on behalf of the said joint family or of the said joint family _____ and partner of the said HUF firm before the Bank shall have received notice _____ in the manner aforesaid shall be binding on the said joint family and the _____ said HUF firm and each one of us as such members of the said joint family or _____ such partner of the said HUF firm and on other respective estates. We shall, however, continue to be liable jointly and severally to the Bank for all dues and obligations of the said HUF firm in the Bank's books on the date of the receipt of such notice by the Bank and that all such dues and obligations shall have been liquidated and discharged.
4. The names and dates of birth of the present minor co-parceners of the said joint family are given below and we undertake to inform you in writing as and when each of the said members attains the age of majority and is authorized

Dep. A/c. No. 1. S.B. _____ C D _____ T.D _____

Date:
 Place.
 Name and Signature of the Kartha and Co-Parceners of HUF

Name	Signature.
1 _____	1 _____ Kartha.
2 _____	2 _____ Co-Parcenor
3 _____	3 _____ "

- Hindu Undivided Family:
1. Pan Card or Form 60 of HUF
 2. One latest passport size photograph of Karta
 3. Pan card or Form 60 of Karta
 4. Any of the below officially valid documents (OVD) should be accepted: proof of possession of Aadhaar/ Passport/Driving license/Voter's Identity Card/NREGA Job Card/ letter issued by National Population Register If the address on OVD is different as that declared by him / her in the account opening form, utility bill/ property or Municipal tax receipt/ pension or family pension payment orders/ letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies - Provided that updated OVD is submitted within a period of three months.
 5. Declaration form for HUF duly filled in and signed by Karta with stamp of HUF and Coparcener -----

DECLARATION OF PARTNERSHIP

DA-8

TO
The Manager
Sriramnagar Pattana Sahakara Bank Niyamitha,
Sriramnagar

- As the firm of _____ carrying on business _____ at _____ and elsewhere (hereinafter referred to as "the said firm"), have or desire to have dealing with **Sriramnagar Pattana Sahakara Bank Niyamitha, Sriramnagar** ,(hereinafter referred to as "the Bank"), we, the undersigned, hereby declare that we are the partners for the said firm and authorize the Bank until any notice in writing to the contrary is given to the Bank by either/any of us, to honour all Cheques, Bills of Exchange, Promissory Notes and any other Orders drawn, accepted or made on behalf of, and in the names of the firm by _____ and to act on any instructions so given relating to the account/s of the said firm, whether the said account/s be in credit or overdrawn. In the event of any such notice the account will be operated by both/all of us partners jointly.
- We further declare that each one of us has full and unrestricted authority to act on behalf of the bind the said firm in respect of all every transaction and matter relating to the firm's business and agree that we are jointly and severally responsible for all liabilities of the said firm to the Bank and that the Bank may recover its claims from the assets of the said firm and also from assets of any or all of the partners of the firm and in case any of us is a member of a Hindu Undivided Family from the estate of the joint family and the interest therein of every coparcener of the family. In the event of death or insolvency of either/any one of us, his estate shall be liable for all the liabilities of the said firm to the Bank.
- We undertake to advise the Bank in writing of any change that may occur in the constitution of the said firm and until receipt of such notice by the Bank, the Bank will be entitled to regard each of us as a partner of the said firm and all acts, dealings and transactions purporting to have been on behalf of the firm before the Bank shall have received notice in the manner aforesaid shall be binding on the firm and each of us as such partner and in case of death or insolvency of the respective estate of each of us, We shall, however, continue to be liable, jointly and severally, to the Bank for all dues and obligations of the firm

Date:

Place:

Name & Signature of partners.

Name.	Signature.
1. _____	1 _____
2 _____	2 _____
3 _____	3 _____
4 _____	4 _____
5 _____	5 _____

Declaration (Please fill up the declaration Form which is applicable)

1) Letter of declaration from Proprietorship Concern.

The Manager

**Sriramnagar Pattana Sahakara Bank Niyamitha,
Sriramnagar**

Dear Sir,

I the undersigned, hereby declare that I am the sole proprietor of the firm viz. and am solely responsible for liabilities thereof. I shall advise you in writing of any change that takes place in the constitution of the concern and I will be liable to you, for any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations get liquidated.

Yours faithfully

Signature on behalf of the firm

Proprietorship Concerns

A. Document of proprietor as mentioned above for individuals

B. Any two documents in the name of firm with address of the firm and name of proprietor:

1. Registration certificate
2. Certificate/License issued by the Municipal Authorities under Shop & Establishment Act
3. GST certificate
4. Certificate/Registration document issued by Professional Tax authorities
5. IEC (Importer Exporter Code) issued to the proprietary concern by the office of DGFT
6. Complete income tax return in name of the proprietor wherein the income of the firm is reflected.
7. License issued by the Registering authority like Certificate of Practice issued by Institute of Chartered Accountants of India, Institute of Cost Accountants of India, Institute of Company Secretaries of India, Indian Medical Council, Food and Drug Control Authorities, etc.
8. Udyog Adhaar
9. Utility bills such as electricity, water and landline telephone bills

Resolution of a Company / Society / Trust / Association / Corporate / Others

A certified copy of the Extract from the minutes of the meeting of the Board of Directors /
Committee

of Management of the Society / Trust / Association / Corporate /

of.....

...

duly convened, at which 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 / Association / Corporate / Others was passed at the meeting of the board / the
Committee held

on and has been duly recorded in the minute book of the said

Resolved that an account for the Company / Society / Trust / Association / Corporate / be
opened with **Sriramnagar Pattana Sahakara Bank Niyamitha**, and that the said bank be and is hereby
authorized to honor Cheques / Drafts / any other mandate drawn by Company / Society / Trust /
Association / Corporate / and to act upon any instructions so given relating to the account whether the
same be overdrawn or not relating to any transaction of Company / Society / Trust / Association /
Corporate / Certified True copy

Certified True copy

Secretary

Chairman of the Meeting

*Customer Declaration

I/We the above named applicant do hereby solemnly / jointly state that the contents of said form above are
true and correct to the best of my / our knowledge and belief. Information and documents given by me / us
for the purpose of Current Account at **Sriramnagar Pattana Sahakara Bank Niyamitha** If any information given
by me /us is false, I /We shall be held liable for punishment under law. I / We understand that certain
particulars given by me / us are required under the operational guidelines governing Banking companies, I /
We agree and undertake to provide any further information that **Sriramnagar Pattana Sahakara Bank
Niyamitha** may require from time to time.

Signature on behalf on the firm
Name

Trusts

1. Trust deed
2. Registration certificate
3. Pan Card or Form 60 of the entity and authorized signatories
4. Resolution of the managing body authorizing the members concerned to open and operate the account
5. Documents of the authorized signatories as mentioned above for Individuals
6. Documents of the beneficial owner as per its constitution

Housing Societies

1. Certificate of Registration
2. Bye-laws
3. Resolution passed by the members of the Society in the Annual General Meeting authorizing the members concerned to open and operate the account
4. Documents of the authorized signatories as mentioned above for Individuals

Clubs / Mandals

1. PAN card or Form 60 of entity and authorized signatories
2. Bye-laws
3. Certificate of Registration
4. Resolution by the Managing Committee/Board authorizing the members concerned to open and operate the account
5. Documents of the authorized signatories as mentioned above for Individuals
6. Documents of the beneficial owner as per its constitution

LETTER OF AUTHORITY

I/We hereby authorise you to honour all cheques/ drafts drawn on the above account and to accept and act upon receipt for money deposited with or owing by the Bank on any account(s) at any time(s) kept in the above account with the Bank provided such cheques or drafts are signed by

Mr/Mrs _____

_____, whose specimen signature card is enclosed duly countersigned by me/us notwithstanding at such cheques or drafts may create overdrawn or to increase it to any extent.

Mr/Mrs _____ is also authorised on my/our behalf to make, draw, accept, endorse and negotiate or otherwise sign any Hundies, Bills of Exchange and Promissory Notes or other Negotiable Instruments, to operate or overdraw on the above account with your Bank, to enter into any derivative contracts on our behalf to receive payments of all money due to me/us, to acknowledge debit(s) due from me/us, or to me/us, as to bind me/us all to pledge or hypothecate to the Bank any stocks or other form of securities belonging to me/us, any one or more of us on my/our behalf to borrow either with or without security, to withdraw any stock or other securities pledged, to give valid receipt for such securities and stock and to receive notices on my/our behalf, execute necessary documents relating to my/our business with your Bank including guarantees and to issue guarantees on my /our behalf with or without security. This authority shall continue to be in force until I/We revoke it by a notice in writing delivered to you.

Yours faithfully

Signature of letter of Authority Holder

Counter Signature by Account Holder

Business Proof :

Business Licenses Food / Drug Licenses Shop Act. Licenses S. S. I. Registration Partnership Deed Partnership Registration Certificate Proprietorship Declaration Karta Declaration for HUF Memorandum and Articles of Association Company Certificate of Registration Commencement of Business Certificate Trust Deed Registration Certificate from Charity Commissioner Bye laws Board of Director Resolution Others Ration Card Electrical / Telephone Bill Election Card / Passport Govt. Documents Income / Wealth Assessment Order Others ·

Documents:

Originals & Self-attested copies to be submitted for verification Individuals

1. One latest passport size photograph
2. Pan card or Form 60

3. Any of the below officially valid documents (OVD) should be accepted: proof of possession of Aadhaar/ Passport/Driving license/Voter's Identity Card/NREGA Job Card/ letter issued by National Population Register

To,
The Manager
Sriramangar Pattana Sahakar Bank ni
Sriramangar

Details of Accounts held with other Banks (Mandatory as per RBI ghuidelines)

We declare that I / We maintain current account with other bank(S) as per the following details

Sl No	Name of the Bank	Branch Address	Type of Account	

Credit Facilities with other Banks (Mandatory as per RBI guidelines)

We declare that do not enjoy credit facilities with other bank (s) and undertake to inform the bank in writing as soon as any credit facility is availed from any other banks

We declare that I / We enjoy credit facilities with other bank(S) as per the following details

Sl No	Nature of Credit Facility	Amount of Sanctioned	Amount Utilized as on date	Name of the Bank / Address

Name :

Current Account Numebr
Signatories

Signature of Authorized

Account Opening Documentation:

We seek your understanding and cooperation in furnishing the documents required for account opening and value your time and effort in doing so. We request you to provide suitable documentation as indicated below which is required by the Bank under local laws and regulations and also to comply with KYC guidelines and policy as part of the global effort to combat money laundering, terrorist financing and fraudulent activity.

Important Note:

- ☒ Please fill the form in CAPITAL letters and tick wherever applicable
- ☒ Avoid any sort of alterations/cutting in the Application form
- ☒ Produce original documents for verification against each self attested photocopy by Account Holder(s)/ Authorized Signatory(ies)
- ☒ Please provide respective Proof of Identity for all Account Holder(s)/Authorized Signatory(ies) and the Entity as mentioned in the Application form to confirm their name, address and date of birth
- ☒ Please attach separate sheets in case the given space is insufficient

Account Opening Requirements:

1. Completed Account Opening Application Form along with required documentation.
2. Recent Passport size photographs of all the Account Holder(s)/ Authorized Signatory(ies) duly signed on front (not more than six months old)
3. PAN Card copy or Form 60 (whichever is applicable)

Documents to be submitted for Account Opening:

Individual

- ☒ Proof of Identity: PAN Card, Passport, Driving License
- ☒ Proof of Address: Passport, Driving License, Voter ID card, Latest copy of paid Telephone Bill or Electricity Bill
- ☒ FRRO, Copy of Visa/Appointment letter (applicable for Foreign Nationals only)
- ☒ Letter from the Embassy confirming residential address (applicable for Diplomats and other Embassy officials)

Foreign Company

- ☒ Approval from RBI
- ☒ Power of Attorney in favour of the Authorized Representative from the Head office, duly notarized and attested by Indian Consulate, along with the specimen signature.
- ☒ Passport copy of the authorized signatory/ies
- ☒ FRRO (if applicable)
- ☒ List of Directors with their names, date of birth, address and contact numbers along with ID proof
- ☒ List of authorized signatory(ies) including Chief Executive with their names, date of birth, address and contact numbers along with ID proof
- ☒ Project Agreement (in case of project office)
- ☒ Clearance of Project by an appropriate authority (if applicable)
- ☒ *Copy of the following documents duly attested by the Notary Public in the country of Registration*

- ☒ Certificate of Incorporation
- ☒ Certificate of Commencement of Business
- ☒ Memorandum of Association
- ☒ Articles of Association
- ☒ Last Audited Balance Sheet

Public or Private Limited Companies

- ☒ Certificate of Incorporation
- ☒ Memorandum and Articles of Association
- ☒ Board Resolution for Account Opening and Authority to operate the Account.
- ☒ Certificate of Commencement of Business (only for Public Ltd. Companies)
- ☒ PAN Number
- ☒ Copy of Form 32
- ☒ Copy of Form 18
- ☒ List of Directors with their names, date of birth, address and contact numbers along with ID proof
- ☒ List of authorized signatory(ies) including Chief Executive with their names, date of birth, address and contact numbers along with ID proof
- ☒ List of guarantor(s) (if applicable) with their names, date of birth, address and contact numbers
- ☒ Latest audited Annual Report (if applicable)
- ☒ No Objection Certificate (NOC) from the Bank where account is maintained
- ☒ In case of Joint Venture, copy of Govt./RBI permission (if applicable)

Embassy / High Commission

- ☒ Letter from the Embassy/High Commission signed by Ambassador/Counselor confirming its address and residential address of Authorized Signatory(ies)
- ☒ List of authorized signatory(ies) with their names, date of birth, address and contact numbers along with ID proof.

- Note:** 1. Bank may request for any further specific / additional documents as may be required.
2. Please provide a self attested copy of the special approval / license from Government / Regulatory Authority (if applicable)

Club/Society/Association

- ☒ Certified true copy of Registration Certificate and by-laws
- ☒ List of the Office Bearers along with their ID proof
- ☒ Resolution signed by the Chairman/President
- ☒ PAN Number of Club/Society/Association

Partnership Firms

- ☒ Partnership Deed
- ☒ Partnership Letter signed by all Partners
- ☒ List of all Partners with their names, date of birth, address and contact numbers, along with ID Proof
- ☒ List of guarantor(s) (if applicable) with their names, date of birth, address and contact numbers
- ☒ Registration under Shop and Establishment Act
- ☒ PAN Number
- ☒ Income Tax Return/ Income Tax Assessment Order with PAN card copy
- ☒ Certificate of Registration
- ☒ Registration with Sales Tax/ VAT
- ☒ IEC Number (if applicable)
- ☒ License issued by Registering Authorities like Certificate of Practice issued by Institute of Chartered Accountants of India, Indian Medical Council

Proprietorship Concerns

- ☒ Registration Certificate
- ☒ IEC Number (if applicable)
- ☒ Business License
- ☒ PAN Number
- ☒ Certificate/License issued under Shop and Establishment Act
- ☒ Income Tax Return/ Income Tax Assessment Order with PAN Card Copy
- ☒ Sales/ Service Tax / VAT / Excise Tax Registration
- ☒ License issued by Registering Authorities like Certificate of Practice issued by Institute of Chartered Accountants of India, Indian Medical Council

HUF

- ☒ HUF Declaration
- ☒ List of Co-parceners including Karta with their names, date of birth, address and contact numbers along with ID proof
- ☒ PAN Number of HUF
- ☒ Sales/ Service Tax / VAT / Excise Tax Registration
- ☒ Income Tax Return / Income Tax Assessment order with PAN card copy

Trusts

- ☒ Registration Certificate
- ☒ Trust Deed
- ☒ List of Trustees, Settlers, Beneficiaries and those holding Power of Attorney, Managers/Directors with their names, date of birth, address and contact numbers along with ID proof
- ☒ Resolution
- ☒ PAN Number

Customer Details	
Customer ID _____	PLEASE PASTE THE DIRECTOR'S/ PARTNER'S LATEST PASSPORT SIZE COLOURED PHOTOGRAPH
Name _____ Father's/Spouse's Name _____	
Designation _____ Date of Birth _____ GENDER: MALE / FEMALE	
Residential Address _____	
_____ PLACE OF WORK _____ OCCUPATION	
Contact details:	
Home _____ Mobile _____ Office _____	
E-Mail ID _____ PAN No. _____ Passport/Driving License No. _____	
Aadhar No _____ Voter ID No _____	
Place of Issue _____ Date of Issue _____ Expiry Date _____ Director Identification Number (DIN)	

Customer Details	
Customer ID _____	PLEASE PASTE THE DIRECTOR'S/ PARTNER'S LATEST PASSPORT SIZE COLOURED PHOTOGRAPH
Name _____ Father's/Spouse's Name _____	
Designation _____ Date of Birth _____ GENDER: MALE / FEMALE	
Residential Address _____	
_____ PLACE OF WORK _____ OCCUPATION	
Contact details:	
Home _____ Mobile _____ Office _____	
E-Mail ID _____ PAN No. _____ Passport/Driving License No. _____	
Aadhar No _____ Voter ID No _____	
Place of Issue _____ Date of Issue _____ Expiry Date _____ Director Identification Number (DIN)	

Customer Details	
Customer ID _____	PLEASE PASTE THE DIRECTOR'S/ PARTNER'S LATEST PASSPORT SIZE COLOURED PHOTOGRAPH
Name _____ Father's/Spouse's Name _____	
Designation _____ Date of Birth _____ GENDER: MALE / FEMALE	
Residential Address _____	
_____ PLACE OF WORK _____ OCCUPATION	
Contact details:	
Home _____ Mobile _____ Office _____	
E-Mail ID _____ PAN No. _____ Passport/Driving License No. _____	
Aadhar No _____ Voter ID No _____	
Place of Issue _____ Date of Issue _____ ExpiryDate _____ _Director Identification Number (DIN)	

Customer Details	
Customer ID _____	PLEASE PASTE THE DIRECTOR'S/ PARTNER'S LATEST PASSPORT SIZE COLOURED PHOTOGRAPH
Name _____ Father's/Spouse's Name _____	
Designation _____ Date of Birth _____ GENDER: MALE / FEMALE	
Residential Address _____	
_____ PLACE OF WORK _____ OCCUPATION	
Contact details:	
Home _____ Mobile _____ Office _____	
E-Mail ID _____ PAN No. _____ Passport/Driving License No. _____	
Aadhar No _____ Voter ID No _____	
Place of Issue _____ Date of Issue _____ ExpiryDate _____ _Director Identification Number (DIN)	

Signature of Authorized Signatory/(ies): _____ (with stamp)

Mode of Account Operation: List Directors / Partners / Authorized Signatories for Operating Accounts

As per the Board Resolution dated..... passed in the Board Meeting held on...../ Partnership Deed dated.....the following Directors / Partners are authorized to operate the Current Account maintained with the Bank as per the mandate mentioned below

Name of Director/Partner	Designation	Mode of Account Operation	SpecimenSignature
		Singly Rs / Unlimited Jointly Rs / Unlimited (to be signed jointly with Special Instructions (if any):	
		Singly Rs / Unlimited Jointly Rs / Unlimited (to be signed jointly with Special Instructions (if any):	
		Singly Rs / Unlimited Jointly Rs / Unlimited (to be signed jointly with Special Instructions (if any):	
		Singly Rs / Unlimited Jointly Rs / Unlimited (to be signed jointly with Special Instructions (if any):	
		Singly Rs / Unlimited Jointly Rs / Unlimited (to be signed jointly with Special Instructions (if any):	

Nomination Form (Form DA1) In case of Individual / Sole Proprietorship Account Only

Yes, I/We want to nominate the following person / No, I/We do not want to nominate

Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 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 death the amount of the deposit/s in the account may be returned by Sriramnagar Pattana Sahakara Bank, Ltd. _____ (Branch).

Nominee Name _____

& Address: _____

Relationship with Depositor (s), if any: _____ Age: _____ years Date of

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Birth

As the nominee is a minor on this date, I/we appoint (Name & Address)

.....

to receive the amount of the deposit/s in the account on behalf of the nominee in the event of my/our death during the minority of the nominee. I/We do hereby declare that what is stated above is true to the best of my/our knowledge and belief.

Signature(s)/Thumb impression of Account Holder(s) [Only in case of Individual/ Sole proprietor]

Witness Name _____ Witness Name _____

Signature*** _____ Signature*** _____

Address _____ Address _____

Date

Date

Notes:

*** Thumb impressions must be attested by two witnesses

Any variation in or cancellation of the nomination shall be in the prescribed form under the signatures of the Depositor. The Bank recommends that all depositors avail the nomination facility. The nominee, in the event of death of the depositor/s would receive the balance outstanding in the account as a trustee of legal affairs, thus helping in quick and easy settlement.

1. Purpose of Account Opening:

- | | | | |
|--------------------------|-----------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | Salary | <input type="checkbox"/> | Loan Repayment |
| <input type="checkbox"/> | Business Transactions | <input type="checkbox"/> | Inter Company settlement |
| <input type="checkbox"/> | Investment | <input type="checkbox"/> | Others-(please specify) _____ |

2. Expected Source of Funds which shall be credited to the Account:

- | | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Salary Receipts Business |
| <input type="checkbox"/> | Receipts Income from |
| <input type="checkbox"/> | Investments/Sales Sales |
| <input type="checkbox"/> | Proceeds |
| <input type="checkbox"/> | From Business Owners / Parent Company |
| <input type="checkbox"/> | Business Receipts |
| <input type="checkbox"/> | Others (please specify) _____ |

3. Brief description of business activities: _____

4 Entity's Turnover:

(Amount in INR Million)

	Yes/No	<50	51-250	251-500	501-1000	>1000
Domestic						
Import						
Export						
Total						

5 Expected Account Turnover (INR): _____ 6. Expected Number of Transactions per year: _____

7. Expected Account Activity:

Product / Service	Total Amount in a month (INR)	Frequency in a month	Country of Remittance	Purpose
Cash Withdrawals-INR				
Cash Withdrawals-Foreign Currency				
Cash Deposits-INR				
Cash Deposits-Foreign Currency				
Traveller Cheques-Purchase & Sale				
DDs/Pay Orders/Cheques Issued in Clearing				
Cheque Deposits-Local/Outstation				
Cheque Deposits-Foreign Currency				
RTGS/NEFT/ECS-Outward				
RTGS/NEFT/ECS-Inward				
Foreign Wire Transfer-Outward				
Foreign Wire Transfer-Inward				
Any Other Services				

8. Major Suppliers:

Name	Country

9. Major Customers:

Name	Country

10. Whether Letter of Authority/Power of Attorney given to another person

Yes No

If yes, please provide POA Holder's name _____ Date of Birth _____

Address _____ Identification document _____

For Corporate Entities only

11 Representative Director / Executive _____

[The highest ranking officer who is empowered to commit the corporation legally, e.g. CEO, Chairman, President, Managing Director]

12 Whether the Company is listed in Stock Exchange(s) Yes No

If yes, please mention the name of the Stock Exchange(s) _____

13 Shareholding pattern of the Company

Name	Holding %	Country	Listed in Stock Exchange	Non-listed

14. In case the shareholder holding 15% or more share as stated above is non-listed Company, please mention the shareholding pattern of such non-listed Company

Name	Holding %	Country	Listed in Stock Exchange	Non-listed

Ultimate Beneficial Owner (UBO)

- A. In case of corporate entities the “beneficiary owner” is defined as the natural person(s) who ultimately own or control legal entity directly/indirectly through a shareholding or voting rights of 15% or more.
- B. In case of foundations and trust which administer and distribute funds, the beneficial owner is any natural person who receives the benefits of 15% or more of the property, assets or income of the legal entity.

Whether carrying out transactions for a client: Yes No

If Yes, please specify the relation and also fill the “UBO Form” (Ultimate Beneficial Customer)

(UBO here refers that you are maintaining or propose to maintain the account for the benefit of other person)

- Acting as formation agent of legal person(s)
- Acting as (or arranging for another person to act as) a Director or Secretary of a Company.
- Acting as (or arranging for another person to act as) a Partner of a Partnership.
- Acting as (or arranging for another person to act as) a Trustee of an Express Trust.
- Acting as (or arranging for another person to act as) a nominee shareholder of another person. Any
- Other (Please

Any Other (Please Specify) _____

Ultimate Beneficial Owner (UBO) Form for Corporate Entities

1. Full Legal Name of the Entity: _____

2. Number of Ultimate Beneficial Owners: _____

3. Please list the names and ownership percentage & attached supporting documentation:

Customer Type	First Name	Last Name	Entity Name	% Ownership	Country of Residence

Supporting Documents: Share Register, Memorandum and Articles of Association, Audited Annual Report, Copy of Identification Documents to confirm name, address and date of birth of individuals mentioned above

Ultimate Beneficial Owner (UBO) Form for other than Corporate Entities

- 1. Full Legal Name of the Customer: _____
- 2. Number of Ultimate Beneficial Owners: _____
- 3. Details of Ultimate Beneficial Owners (please submit respective identification proof):

Name	Address	Date of Birth

Foreign Exchange Management Act, 1999 (FEMA)

I/We hereby declare that the transactions relating to foreign exchange routed through your Bank do not involve, and are not designed for the purpose of any contravention or evasion of the provisions of the aforesaid Act or of any rule, regulation, direction, or order made here under. I/We also hereby agree and undertake to give such information/ documents as will reasonably satisfy you about the transactions in terms of the above declaration

Authority for Collection of cheques / Drafts / Documents)

I/We may have occasion from time-to-time to hand over to you for collection or negotiation Cheques, Drafts or Bills of Exchange (with or without documents attached) and I/we hereby agree to your forwarding the same to your agents for the time being for collection or negotiation. In the event of your having no independent collecting agent at any centre, I/We hereby authorize you to send cheques, drafts, etc. by mail directly to the drawee bank itself.

I/We agree and undertake to hold you harmless, free from any responsibility and indemnified for any loss suffered by you in handling this business or transactions due to any cause whatsoever including delay in transit presentation, payment or default by your agent.

In addition to your ordinary rights as holder of such Cheques, Drafts or Bill of Exchange, you are authorized to accept in payment thereof a banker's cheque or banker's cheques payable at your station or at other places and in the event of such cheque(s) not being paid on presentation to debit the amount to our account with all charges incurred thereon. I/We confirm that you can present Bills and receive the amount in respect thereof in accordance with the usage of the place where the Bills are made payable. It is understood that these transactions are in all respects at my/our entire risk and responsibility.

Customer Declaration

I/We hereby acknowledge that I/we have received, read and understood the Bank's prevailing Terms, Conditions and Rules Governing Deposit Account and Schedule of Fees and Charges relating to the above account being opened by me/us.

I/We agree to abide by the same as amended from time to time and further agree to abide by any additional terms and conditions governing any facilities, products and/or services offered by the Bank as I/we may apply for and/or utilize from time-to-time.

I/We agree to abide by the rules/provisions as prescribed by the Reserve Bank of India from time-to-time.

I/We hereby confirm having opted/chosen to get Statement of Account monthly/periodically issued by the Bank pertaining to the Account to be opened pursuant to this Application.

I/We also confirm not to commence or undertake any activity/transaction which is not permissible under the prevalent Foreign Direct Investment Policy or any other applicable Policy or guidelines of the Government of India/Reserve Bank of India save and except after obtaining specific prior approval from the concerned authorities under advice to the Bank.

I/We hereby confirm and declare that in relation to any Transaction, Dealing(s), Credit including advise or confirmation of the same, the obligations of the Bank shall be subject to the condition that the terms thereof including any document or drafts do not contain state or mention, including without limitation:

- (i) Any countries, organizations, entities, or individuals (under any law) relating to any sanction parties listed under United Nation, European Union, United States of America, Japan India and other authorities;
- (ii) Any goods of origin from sanction countries listed under United Nation, European Union, United States of America, Japan, India and other authorities;
- (iii) Any prohibited goods under the list of United Nation, European Union, United States of America, Japan, India and other authorities;
- (iv) Any place of loading, place of discharge, or place of transshipment under the list of United Nation, European Union, United States of America, Japan, India and other authorities; and/or
- (v) Any vessel or carrier relating to any sanction parties listed under United Nation, European Union, United States of America, Japan, India and other authorities.

I/We shall maintain the minimum balance requirement as applicable at all times and the Bank shall levy prescribed charges in case of non-maintenance of minimum balance. In case of change of mailing address and other contact details, the same shall be communicated to the Bank in writing.

It is understood that the above account will be opened on the basis of the statements, declarations made by me /us and I/we represent that the information provided by me/us in this application form and in any other document(s) provided by me/us to the Bank is true, accurate and complete.

I/We acknowledge that the Bank may decline my/our application without providing any reason in which event no contractual relationship will arise between the Bank and me/us.

Signature of Authorized Signatory/ies with stamp

For Bank Use Only

1. Customer Name : _____ 8. Customer Country : _____
 _____ 9. H.O. Country : _____
 2. Short Name : _____ 10. Residence : _____
 3. Sorting Index : _____ 11. Industry : _____
 4. Legal Address : _____ 12. Sovereign / Private : _____
 _____ 13. H.O./ Branch : _____
 5. Mail Address : _____ 14. BIS Character : _____
 _____ 15. Competent Division: _____
 _____ 16. CIF List Cycle : _____
 6. Postal Code : _____

Staff Confirmation for Account Opening:-

I, _____, an employee of SRIRAMANGAR PATTANA SAHAKAR BANK, Ltd. _____ Branch, India and working as _____, confirm that I have met in person Mr./ Ms. _____ of _____ Customer Company/ Firm/ Entity).

I have provided the customer a copy of the Terms & Conditions, Schedule of Fees & Charges and obtained duly filled in Current Account Opening Application Form along with the required documents from the customer.

Signature of Jr Assistant / Sr Assistant / Account Officer _____ Date _____

Recommended for Account Opening (CBD/CFD/Deposits)

Compliance Check done Signature of Account / Officer Manager/ CEO

Sl.	Nature of Document	Docum ent Code	Proof of Identity	Proof of Address	(Name
A	For Individuals and HUF				
	AADHAR card	01	YES	YES	
	Bank / Post office passbook bearing photograph	02	YES	YES	
	Elector's Photo identity card	03	YES	YES	
	Driving License	04	YES	YES	
	Passport	05	YES	YES	
	Pensioner Photo Card	06	YES	YES	
	National Rural Employment Guarantee Scheme (NREGS) Job card	08	YES	YES	
	Caste or Domicile certificate bearing photo of the person	09	YES	YES	
	Certificate of identity/address signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer as per annexure A prescribed in Form 49A	10	YES	YES	
	Certificate from employer as per annexure B prescribed in Form 49A	11	YES	YES	
	Central Government Health Scheme /Ex-servicemen Contributory Health Scheme card	14	YES	NO	
	Photo identity card issued by the government/ Public Sector Undertaking	15	YES	NO	
	Electricity bill (Not more than 3 months old)	16	NO	YES	
	Landline Telephone bill (Not more than 3 months old)	17	NO	YES	
	Water bill (Not more than 3 months old)	18	NO	YES	
	Consumer gas card/book or piped gas bill (Not more than 3 months old)	19	NO	YES	
	Bank Account Statement (Not more than 3 months Old)	20	NO	YES	
	Credit Card Statement (Not more than 3 months Old)	21	NO	YES	
	Depository Account Statement (Not more than 3 months Old)	22	NO	YES	
B	For Association of Persons (Trusts)				
	Copy of trust deed or copy of certificate of registration issued by Charity Commissioner	27	YES	YES	
C	For Association of persons (other than Trusts) or Body of Individuals or Local authority or Artificial Juridical Person)				
	Copy of Agreement or copy of certificate of registration issued by Charity commissioner or Registrar of Cooperative society or any other competent authority or any other document originating from any Central or State Government Department establishing identity and address of such person	28	YES	YES	

Instruction:

(1) Documents which can be produced in support of identity and address (not required if applied for PAN and item 20 is filled):-

(2) In case of a transaction in the name of a Minor, any of the above mentioned documents as proof of Identity and Address of any of parents/guardians of such minor shall be deemed to be the proof of identity and address for the minor declarant, and the declaration should be signed by the parent/guardian.

(3) For HUF any document in the name of Karta of HUF is required.

(4) In case the transaction is in the name of more than one person the total number of persons should be mentioned in Sl. No. 18 and the total amount of transaction is to be filled in Sl. No. 16. In case the estimated total income in column 22b exceeds the maximum amount not chargeable to tax the person should apply for PAN, fill out item 21 and furnish proof of submission of application.

Cheque Book Requisition

Date _____

To,
The Manager,
Sriramnagar Pattana Sahakar Bank Ni
Sriramngar

Dear Sir/Madam,

Please issue me/us a cheque book for my/our new current account opened with the Bank.

Current (Rupee Account)

Please deliver the cheque book to me/us.

Please deliver the cheque book to the bearer whose signatures are attested below.

Bearer's Signature _____

Name of the Bearer _____

Signature of Account holder(s)/ Authorized Signatory(ies) (with Stamp) _____

Please note: In case the cheque book is not collected within a period of 15 days, the Bank reserves the right to dispatch the same at the correspondence address and debit the delivery charges to the account.

I/We authorize the Bank to courier the cheque book at the correspondence address and debit the delivery charges to my / our Account.

Signature of Account holder(s)/ Authorized Signatory/(ies) (with Stamp)

Account Name _____

For Bank Use only

Cheque Book No _____

Account Number _____

Date: _____

The Manager,
Sriramnagar Pattana Sahakar Bank ni
Sriramnagar

Dear Sir/ Madam,

I/We authorize the following persons whose signatures are attested below to collect all documents pertaining to transactions undertaken with the Bank such as demand drafts, pay orders, fixed deposit receipts, bank guarantees, trade finance documents etc.

Sr. No.	Name	Designation	Signature

I/We confirm and declare that in case of any loss/misplacement or damage caused to any document and/or instrument after delivery to the above named nominated/ designated authorized representatives, I/we shall be solely responsible for the same and the Bank shall not be held liable whatsoever and I/we shall keep the Bank harmless and indemnified in all respects.

I/We confirm that this authority letter shall remain valid until otherwise notified by me/us. Thanking You,

Yours Faithfully,

(Signature of Authorized Signatory(ies) with stamp)

Account Name

Type of Entity

<input type="checkbox"/>	Individual	<input type="checkbox"/>	Club/Association / Society
<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	Trust
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	HUF
<input type="checkbox"/>	Private Limited Company	<input type="checkbox"/>	Foreign Company Branch Office /Liason office /Project Office
<input type="checkbox"/>	Limited Company	<input type="checkbox"/>	Co-op Society
<input type="checkbox"/>	Others (Please Specify)	<input type="checkbox"/>	

Nature of Business / Activity

<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Retailer / Stockist
<input type="checkbox"/>	Finance / Investment	<input type="checkbox"/>	Consultant / Professional
<input type="checkbox"/>	Export / Import	<input type="checkbox"/>	Whole Saler / Distributor
<input type="checkbox"/>	Service Provider	<input type="checkbox"/>	Commission Agent / Broker
<input type="checkbox"/>	Trading	<input type="checkbox"/>	General Merchants
<input type="checkbox"/>	Others (Please Specify)	<input type="checkbox"/>	Transport / Logistics
<input type="checkbox"/>	Educational Institution	<input type="checkbox"/>	Milk
<input type="checkbox"/>	Dealer	<input type="checkbox"/>	

Nature of Industry

<input type="checkbox"/>	Rice Industries	<input type="checkbox"/>	Gems / jewellery/ Metals
<input type="checkbox"/>	Welding / Engineering	<input type="checkbox"/>	Chemicals / Medicines
<input type="checkbox"/>	Construction / Real Estate	<input type="checkbox"/>	Textiles / Leather
<input type="checkbox"/>	Electrical / Electronics	<input type="checkbox"/>	Timber
<input type="checkbox"/>	Food Products	<input type="checkbox"/>	Retailing
<input type="checkbox"/>	Hotel / Restaurant	<input type="checkbox"/>	Small Scale Industries