



SHRI ARIHANT CO-OPERATIVE BANK LIMITED

ACCOUNT OPENING FORM

Account No.:

Date :

Product Name : Savings / Current / Over Draft / Cash Credit / Term Deposits (FD / SD / RD / DRC / SDS / RDL) Accounts.

Please open a _____ a/c as per details given below I/we, agree to comply with and be bound by the Bank's rules for the time being in force or any changes that may be made therein from time to time*

Please fill details in BLOCK letters & sign with BLACK Pen.

Title / Name of the Account holder : CIF No.:

Mr. / Mrs. / Miss / Master / M/s.

First Name

Middle Name

Surname

Signature

Institute Name _____

1st Joint Holder / Individual / Guardian / Proprietor / Partner / Director / Karta / Trustee etc. :

Mr. / Mrs. / Miss / M/s.

CIF No.:

First Name

Middle Name

Surname

Signature

2nd Joint Holder / Individual / Guardian / Partner / Director / Trustee/ Mandate / POA Holder :

Mr. / Mrs. / Miss / M/s.

CIF No.:

First Name

Middle Name

Surname

Signature

3rd Joint Holder / Individual / Partner / Director / Trustee / Mandate / POA Holder :

Mr. / Mrs. / Miss / M/s.

CIF No.:

First Name

Middle Name

Surname

Signature

Operation of account Singly E/S Former / Survivor Jointly / Survivor Any one of us or Survivor By Guardian

BOARD OF DIRECTORS
Copy of resolution passed by the MANAGING COMMITTEE Other :

For Savings / Current account only.

I/We deposit initial amount of Rs. _____

• For Term Deposits Only

FD / SD / RD / DRC / SDS / RDL

Amount : _____ Period : _____ Month / Days / Year, in cash / by cheque / debit to OD / SB / CA No. _____

with _____ Branch

Interest to be paid : Monthly / Quarterly / Maturity

• Account details for crediting Interest or debiting RD Installment :

Branch Name : _____ Account No.: _____

• On maturity proceeds to be credited to :

Branch Name : _____ Account No.: _____

Auto renewal YES / NO

For Office use :

Risk Classification and Fixing or Threshold Limit

1) Potential activity expected in the Account (Monthly / Annual turnover) Rs.

2) Source(s) of funds :

3) Annual Income Rs.:..... The threshold limit is fixed at Rs.

4) Risk Classification : Low Medium High

Reasons for risk classification made :

Signature of the Official _____

Date : _____

Signature of the Manager _____

Date : _____

DECLARATION OF NOMINATION - NOMINATION FORM DA 1

Nomination under sec.45ZA read with section 56 of the Banking Regulation Act, 1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rule 1985, in respect of Bank deposits.

I/We _____

(Name (s) & Address (es))

Nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the account particulars whereof are given below, may be returned by SHRI ARIHANT CO-OPERATIVE BANK LTD.....Branch.

Nature of Deposit & Distinction Number	Name & Address	Relationship with Depositor, if any	If Nominee is a minor his date of birth

*as the nominee is a minor on this date. I/We appoint _____ (Name & Address & Age)

to receive the amount of the account on behalf of the nominee in the event of my/our minor's death during the minority of the nominee.

Place :

Date :

Witness(es) : Signature _____ ** Signature(s)/Thumb impression(s) of depositor/s

Name(s) _____

Address(es) _____

Strike out if nominee is not minor. where deposits 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 impressions shall be attested by two witnesses.

Nomination accepted & Registered Vide Reg. No. _____ Dated _____ **Signature of Officer / Branch Manager**

Banking Services Application :

I/We wish to avail following Banking Services.

Cheque Book

SMS Banking

I/We wish to register my account for SMS Banking. My Mobile Number

ATM Card

Name to be embossed on the ATM Card : (18 Character only)

■ ATM Card is offered only for saving Accounts & Current Account Customers.

Declaration for ATM Card :

I/We declare that all the information filled in this document is correct and I/We have read and hereby accept the ATM Card terms & conditions and to the amendments there of. I/We here by request the bank to issue me an ATM Card as requested and authorized the Bank to debit my/our above mentioned Account for all withdrawals to be made using the ATM Card and also to recover the Bank's charges/fees as applicable from time to time.

Additional documents to be obtained

Constitution	Documents to be submitted
▪ Sole Proprietor	Sole Proprietorship Letter (included in terms and conditions in the form) Power of attorney (if any) granted to any person to transact the business on its behalf
▪ Partnership Firm	Letter of Partnership (included in terms and conditions in the form) Registration Certificate (if any) Power of attorney granted to partner or an employee of the firm to transact business on its behalf Any document identifying the main partners and the persons(s) holding power of attorney and their addresses
▪ Hindu Undivided Family (HUF)	Prescribed Joint Hindu Family letter signed by all adult coparceners Declaration from Karta Proof of identification and address of Karta
▪ Limited Company (public /pvt.)	Copy of certificate of incorporation Copy of certificate of commencement of Business in case of Public Limited Co. Certificate copy of Memorandum and Article of Association of the company made up to date A certified true copy to the resolution of the Board of Directors of company, requesting the Bank to open an account in its name and specify the operating instruction and a list of authorized officials to operate the account A list of present directors & their addresses, under the signature of chairman Power of Attorney if granted to its manager, officer or employee to transact the business on its behalf.
▪ Co-operative Societies Association, Club Institution	Certificate of Registration of association, clubs etc. of the societies/association/club if any Certified copy of the Bylaws of the society etc. Resolution of the Management committee appointing the Bank as its Banker for opening of Account and stipulating the conditions for the conduct of account List of members (with address) of managing committee with the copy of resolution electing them to the committee
▪ Charitable/Public/Pvt. Trust/ Foundations	Certificate of Registration, if registered Copy of Trust Deed/Constitution document. Power of attorney granted to persons to transact the business on its behalf Certified copy of the resolution signed by all the trustees in regard to the conduct of the account. Any document listing out the names and address of trusts, settler, beneficiaries and those holding Power of Attorney and other key officials involved in day to day management of the trust/foundation to the satisfaction of Bank. Certificate from the Charity Commissioner in case of registered trust

Note : All individuals who are Proprietor/Partner/Karta/Director/Authorized Signatory etc. must provide separate identity and address proof in conformity with the details furnished in the application form.