



# KARAD URBAN BANK

THE KARAD URBAN CO-OPERATIVE BANK LTD. KARAD  
(Scheduled Bank)

Head Office : 516/2 Shahu Chowk,  
Shaniwar Peth, Karad 415 110.  
E-mail : contact@karadurbanbank.com  
Website : www.karadurbanbank.com

Branch \_\_\_\_\_

Date :

A/C No.

## CURRENT ACCOUNT OPENING FORM

- ▶ Please fill up information to serve you better.
- ▶ Please tick (✓) & fill in details where ever applicable.
- ▶ Please fill up information in BLOCK letters and use BLACK ink for signature.

To,  
The Branch Manager,  
\_\_\_\_\_ Branch

I / We would like to open a Current account with your branch and I / We initially deposit Rs. ....  
(Rupees ..... only) in cash.

Constitution :

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Private / Public Trust	<input type="checkbox"/> Private / Public Co. Ltd.	<input type="checkbox"/> Govt. / Semi Govt. Body	<input type="checkbox"/> HUF	<input type="checkbox"/> Society	<input type="checkbox"/> Club / Association
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<input type="checkbox"/> Co-operative Credit Society	<input type="checkbox"/> Educational Institutions	<input type="checkbox"/> Autonomous Body	<input type="checkbox"/> Other Bank	<input type="checkbox"/> Agricultural Society	<input type="checkbox"/> Individual	<input type="checkbox"/> Others
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Name of the firm / As applicable from above

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Specimen Signature of Authorized signatories  
(Proprietor / Partners / Directors / Trustees / Other Authorities) :

Sr. No.	Name & Designation	Signature / Thumb Impression (if illiterate)	Signature / Thumb Impression (if illiterate)
		Personal	on behalf of the firm
1)			
2)			

3)			
4)			
5)			
6)			

**(If more than, above please attach separate sheet in above format.)**

Signature/s of witness / es is / are necessary in respect of Attestation of Thumb impression.

**• Witness :**

1. Signature : ..... 2. Signature : .....

Name : ..... Name : .....

Address : ..... Address : .....

**If Minor :**  Yes  No **Birth Date :**

(Minors Birth certificate/ Age proof is mandatory)

Guardian Customer ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relation with minor	
Guardian's Name		Date of attaining majority	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>



**Introducer's Details :**

Introducer's Name .....	Introducer's Customer ID No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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<p>I confirm that I am an account holder with The Karad Urban Co-Operative Bank Ltd. Karad..... Branch For ..... months. I confirm that I personally know the applicant / s and confirm his / her identity and address.</p> <p><b>Introducer's Signature</b> .....</p> <p>Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><b>Bank Official's Signature</b> ..... (Verification )</p> <p>Ticket No .....</p>
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<p><b>Signature verification of applicant / s maintaining account with another Bank :</b></p> <p>We hereby confirm that ..... is an account holder of our branch and his signature (appended below) and address tallies as per our records.</p> <p><b>Signature</b> .....</p> <p>Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><b>Verification</b></p> <p>Signature of Authorized Signatory with rubber stamp</p> <p>.....</p>
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**• Mode of operation :**

<input type="checkbox"/> Single	<input type="checkbox"/> Either or survivor	<input type="checkbox"/> Former or Survivor	<input type="checkbox"/> Anyone	<input type="checkbox"/> Jointly all of us
<input type="checkbox"/> Any two/three/four/five	<input type="checkbox"/> Guardian for Minor	<input type="checkbox"/> Manager (Karta) for HUF	<input type="checkbox"/> Attorney / mandate holders	<input type="checkbox"/> @

@ Please fill up other mode of operation in the bracket.

**• Statement Frequency :**

Daily       Weekly       Monthly       Quarterly       Half Yearly       Yearly

Allowed Access from other Branch :     Yes       No

At Par Cheque Book Facility required :  Yes       No



THE KARAD URBAN CO-OPERATIVE BANK LTD.

• **Nomination :**

(Nomination Form DA - 1)

**Required**     **Not Required**     **As per Customer ID**

(If Nominee is other than customer ID Information, Please fill up the following Form)

Nomination under Sec.45 AZ of the Banking Regulation Act, 1949 and rule 2(1) of the Banking Companies (nomination) Rules, 1985 in respect of bank deposit.

I/We (Name & Address) .....

Nominate the following persons 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 The Karad Urban Co-operative Bank Ltd; Karad.....Branch

Sr. No.	Name	Relation	Nominee Birth date	Percentage %
			D D M M Y Y Y Y	
			D D M M Y Y Y Y	
			D D M M Y Y Y Y	
			D D M M Y Y Y Y	

As nominee is minor on this date I / We appoint (Name & Address) .....

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

• **Witness :**

1. Signature : ..... 2. Signature : .....

Name : ..... Name : .....

Address : ..... Address : .....

**Signature on behalf of the firm** .....

**Bank Official's Signature** .....

Ticket No. ....

• **Signature/s of the person/s Authorized for operation of Account**

(Separate form of Authority letter / Mandate / Power of Attorney required for A/c operation authority given to other than applicant/s.)

1. Name of Authorised Signatory : .....

Designation : .....

Passing Limit : .....

Effective Date : D D M M Y Y Y Y

Valid up to : D D M M Y Y Y Y

Specimen Signature	Photo graph	Identity Size
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2. Name of Authorised Signatory : .....

Designation : .....

Passing Limit : .....

Effective Date : D D M M Y Y Y Y

Valid up to : D D M M Y Y Y Y

Specimen Signature	Photo graph	Identity Size
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( If more than above, please attach separate sheet in above format.)

**Customer's Signature on behalf of the firm** .....

Date of Authority Letter / Resolution : D D M M Y Y Y Y

Authority Letter/Resolution enclosed :  Yes  No



KARAD URBAN CO-OPERATIVE BANK LTD

# Declaration

(Please fill up the declaration Form which is applicable)

**1) Letter of declaration from Proprietorship Concern.**

**The Karad Urban Co-Operative Bank Ltd; Karad.**

Date :

**Branch** \_\_\_\_\_

**Place** : \_\_\_\_\_

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

Personal Signature - .....

Name - .....

**Signature on behalf of the firm**

**2) Letter of declaration from Partnership Firm.**

**The Karad Urban Co-Operative Bank Ltd; Karad.**

Date :

**Branch** \_\_\_\_\_

**Place** : \_\_\_\_\_

Dear Sir,

We the undersigned, hereby declare that we are the only Partners in the firm viz..... and are jointly and severally responsible for liabilities thereof. We shall advise you in writing of any changes that take place in the Partnership and all the present partners 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.

**We declare that the Partnership is registered / unregistered.**

Sr. No.	Full Name of all the Partners	Individual Signatures	Signatures on behalf of the firm
1.			
2.			
3.			
4.			
5.			

( If more than above, please attach separate sheet in above format.)



KARBANK

### 3) Letter of declaration from Hindu Undivided Family (HUF)

The Karad Urban Co-Operative Bank Ltd; Karad.

Date :

Branch \_\_\_\_\_

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

Dear Sir,

We, the undersigned, the members of Hindu Undivided Family (as per details mentioned here below) namely & named as, ..... state as follows.

Sr. No.	Name	Age	Status	Address
1.			Manager (Karta)	
2.				
3.				
4.				
5.				
6.				
7.				

( If more than above, please attach separate sheet in above format.)

We are residing at above address and bound by Hindu law in respect of Hindu Undivided Family. The above named Shri..... is a Manager ( Karta ) of our family. We the remaining Coparceners of HUF hereby declare that, "Manager (Karta)" has an authority and all powers conferred by Hindu law to act on behalf of HUF.

Sr. No.	Name	Signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		



॥ वाचं धेनुमुपासीत ॥

**4) Resolution of a Company / Society / Trust / Association / Corporate / Others**

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 / 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 The Karad Urban Co-operative Bank Ltd; Karad ..... Branch 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

**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 CurrentAccount at The Karad Urban Co-operative Bank Ltd; Karad..... Branch are true, Genuine & correct. 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 The Karad Urban Co-operative Bank Ltd; Karad may require from time to time.

Signature on behalf on the firm..... 

Name .....



KARAD URBAN CO-OPERATIVE BANK LTD

## For Bank use Only

**Check List**

- ▶ Form duly filled :  Yes  No
- ▶ Signature Verified :  Yes  No
- ▶ IF PAN is not available :  Form No.60  Form No.61
- ▶ Introduction obtained :  Yes  No
- ▶ Authority Letter / Resolution obtained :  Yes  No
- ▶ Power of Attorney / Mandate obtained :  Yes  No

• **Mode of operation :**

<input type="checkbox"/> Single	<input type="checkbox"/> Either or survivor	<input type="checkbox"/> Former or Survivor	<input type="checkbox"/> Anyone	<input type="checkbox"/> Jointly all of us
<input type="checkbox"/> Any two/three/four/five	<input type="checkbox"/> Guardian for Minor	<input type="checkbox"/> Manager (Karta) for HUF	<input type="checkbox"/> Attorney / mandate holders	<input type="checkbox"/> @

@ Please fill up other mode of operation in the bracket.

• **Business Proof :**

<input type="checkbox"/> Business Licenses	<input type="checkbox"/> Food / Drug Licenses	<input type="checkbox"/> Shop Act. Licenses	<input type="checkbox"/> S. S. I. Registration		
<input type="checkbox"/> Grampanchayat Certificate	<input type="checkbox"/> Pollution Board Licenses	<input type="checkbox"/> Forest Dept. Licenses	<input type="checkbox"/> Vat Registration	<input type="checkbox"/> Others	
<input type="checkbox"/> Partnership Deed	<input type="checkbox"/> Partnership Registration Certificate	<input type="checkbox"/> Proprietorship Declaration	<input type="checkbox"/> Karta Declaration for HUF	<input type="checkbox"/> Memorandum and Articles of Association	<input type="checkbox"/> Company Certificate of Registration
<input type="checkbox"/> Commencement of Business Certificate	<input type="checkbox"/> Trust Deed	<input type="checkbox"/> Registration Certificate from Charity Commissioner	<input type="checkbox"/> Bye laws	<input type="checkbox"/> Board of Director Resolution	<input type="checkbox"/> Others

• **Residential Proof for Individual / Proprietor only :**

<input type="checkbox"/> Ration Card	<input type="checkbox"/> Electrical / Telephone Bill	<input type="checkbox"/> Election Card / Passport	<input type="checkbox"/> Govt. Documents	<input type="checkbox"/> Income / Wealth Assessment Order	<input type="checkbox"/> Others
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• **For Minor :**

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Bonafide Certificate	<input type="checkbox"/> School Leaving Certificate	<input type="checkbox"/> Domicile Certificate	<input type="checkbox"/> Others Proof
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(Please Verify the proof (identity, Residential, Age etc) is/are as per Customer ID Information and in case the same differs correction should be made immediately in Customer ID.)

All Documents as per Customer ID :  Yes  No if 'No' Customer ID information Correction made  Yes  No

Signature .....

Ticket No.

Compiled By

Signature .....

Ticket No.

Verified By

Signature .....

Ticket No.

Branch Manager

• **Account Closed Date :**

**Bank Official's Signature** .....

Ticket No.



STATE BANK OF INDIA