



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 :

Customer ID No.

CUSTOMER INFORMATION FORM

(To be filled up by Constitution Applicants / Authorized signatory)

- ▶ Please fill up information in BLOCK letters and use BLACK ink for signature.
- ▶ Please tick (✓) & fill in details where ever applicable.
- ▶ Customer ID cannot be opened without Mandatory information. (Marked as)

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"/> Agriculture 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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Short Name :	
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A. Permanent Address :

Property / Building Details	
Street / Road	
Lane / Locality	
City / Town	
PIN Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
District	
State	
Country	

Contact Details :

Phone No. (With STD Code) 1. <input type="text"/> <input type="text"/>	Mobile No. 1. <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"/> <input type="text"/>
2. <input type="text"/> <input type="text"/>	2. <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"/> <input type="text"/>
Fax (With STD Code) <input type="text"/> <input type="text"/>	Web site <input type="text"/>
E-mail (Personal)	<input type="text"/>

• **B. Correspondence Address :**

Constitution Name	
Property / Building Details	
Street / Road	
Lane / Locality	
City / Town	
PIN Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
District	
State	
Country	

• **Contact Details :**

Phone No. (With STD Code)		Mobile No.	
1.	<input type="text"/> <input type="text"/>	1.	<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"/> <input type="text"/> <input type="text"/>
2.	<input type="text"/> <input type="text"/>	2.	<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"/> <input type="text"/> <input type="text"/>
Fax (With STD Code) <input type="text"/> <input type="text"/>		Web site	<input type="text"/>
E-mail (Corporate)	<input type="text"/>		

Introducer's Details :

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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Name

Address

Status

Introducer's Signature Bank Officer's Signature (For Verification)

Ticket No.....



STATE BANK OF INDIA

• **Customer Details & KYC Information :**

PAN (5A+4N+1A)	<input type="text"/>	Annual Income	
Member	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member No.	<input type="text"/>
Date of Registration	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Registered Place	
Registration No.		Registering / Licensing Authority	
TAN		Local Tin No.	
National Tin No.		Service Tax Registration No.	
Excise Tax Registration No.		Principal Place of operation	
Export Code		Import Code	
Export Import Code		Other Code	
Nature of Business		Place of Incorporation	

• **Attested Documents Attached :**

Business Licenses Food / Drug Licenses Shop Act. Licenses S. S. I. Registration







Grampanchayat Certificate Pollution Board Licenses Forest Dept. Licenses Vat Registration Others

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



**Specimen Signature & Photo of Authorized signatories
(Proprietor / Partners / Directors / Trustee / Other Authorities) :**

Sr. No.	Name & Designation	Signature	Photo
1)			<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto;">Identity Size</div>
2)			<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto;">Identity Size</div>
3)			<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto;">Identity Size</div>
4)			<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto;">Identity Size</div>
5)			<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto;">Identity Size</div>
6)			<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto;">Identity Size</div>

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



www.scs.edu

• If any person/s amongst above authorities is / are an illiterate :

<p>Left Hand Thumb Impression</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> T1 T2 </div>	<p>Witness Signature</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> W1 W2 </div>	<p>Customer's Photo</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 20px auto; text-align: center;"> Identity Size </div>
<p>Witness</p> <p>1. Name</p> <p>Address</p> <p>2. Name</p> <p>Address</p>		
<p>Thumb Impression</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> T1 T2 </div>	<p>Witness Signature</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> W1 W2 </div>	<p>Customer's Photo</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 20px auto; text-align: center;"> Identity Size </div>
<p>Witness</p> <p>1. Name</p> <p>Address</p> <p>2. Name</p> <p>Address</p>		

(If No. of Authorised Persons is 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.



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.)



KARAD URBAN CO-OPERATIVE BANK LTD

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.		



KARAD URBAN CO-OPERATIVE BANK LTD

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 Customer ID 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



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For Bank use Only

Check List Verify the following mandatory fields are filled duly.

<input type="checkbox"/> Constitution	<input type="checkbox"/> Name of firm	<input type="checkbox"/> Address	<input type="checkbox"/> City / Town	<input type="checkbox"/> PAN / Form No. 60 / 61
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- ▶ Form duly filled : Yes No
- ▶ Signature Verified / Thumb impression attested : Yes No
- ▶ Photo copy obtained : Yes No
- ▶ IF PAN is not available : Form No.60 Form No.61
- ▶ Whether Declaration for no change in firm is taken in case of Proprietorship / Partnership. : Yes No
- ▶ For other than Proprietor & Partnership Firm Whether B.O.D. Resolution for opening of A/c is taken. : Yes No

▶ **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
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<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 Article of Association	<input type="checkbox"/> Company Certificate of Registration
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<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
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▶ **Residential Proof for Individual Proprietor only :**

<input type="checkbox"/> Ration Card	<input type="checkbox"/> Electricity / 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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▶ **In case of rejection for any of above, please give reasons :**

.....

▶ **Remark / Observation (if any) :**

.....

Signature

Signature

Signature

Ticket No.

Ticket No.

Ticket No.

Compiled By

Verified By

Branch Manager



STATE BANK OF INDIA