



THE BHUJ MERCANTILE CO-OP. BANK LTD.

H.O. : Mithakhali Six Roads, Ahmedabad GJ-380006 Ph.: (079) 26400969

CURRENT ACCOUNT OPENING FORM

Date :

To, _____ Branch Manager

Current General ☐

CAE / CAV ☐

Current Unicorn ☐

Account No.

4 6 3 0

PLEASE FILL IN CAPITALS ONLY

Legal Customer ID

I/We request you to open following type of account for which I/We initially deposit Rs. _____ Only).

☐ Sole-Proprietorship ☐ Partnership (Registered Y/N) ☐ LLP / Pvt Ltd / Pub. Ltd Company ☐ HUF ☐ Trust ☐ AOP/BOI

Name of Registered Business

Nature / Activity of Business

PAN

Date of Incorporation as per KYC

GST No.

Registered Address

Pin Code

Communication Address

Same as above ☐

Pin Code

Key Contact Person Name

Mobile No. for SMS Alerts

+91

& /or email id for Alerts

Accountholder's Declaration regarding status of IT returns during past 3 years pursuant to TDS on Cash Withdrawal / Interest Payment as per prevalent rules of Income Tax Act based on following information:

- ☐ This is my/our First year of incorporation so Business IT-Return is not filed.
- ☐ My/our total income in the last three A.Y. didn't exceed taxable limit, hence I/we was/were not liable to file Income Tax Returns under Section 139 of the Income Tax Act, 1961.
- ☐ I have filed Business IT Returns of Last three years as per below details.

F.Y. ended	ITR Ack Number	Date of Filing	Gross Total Income (Rs. In Lakhs)	Tax on Total Income (Rs. In Lakhs)
31-03-20____				
31-03-20____				
31-03-20____				

Details of Proprietor / Partners / Directors / Trustees / Authorized persons

Photo	Mr./Ms./Mrs./Dr.										
	Designation	<input type="checkbox"/> Proprietor	<input type="checkbox"/> Partner	<input type="checkbox"/> Director	<input type="checkbox"/> Trustee	Auth. Sign.	% of Ownership / Shareholding				
	Address as per KYC										
								Pin Code			
X Sign.	Mobile No.	+91					SMS Alerts	<input type="checkbox"/> Y <input type="checkbox"/> N	Nationality	<input type="checkbox"/> I <input type="checkbox"/> N	
	UIDAI No.					PAN					
					Customer ID						
	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried					

Sign. of
All Applicants
(With Stamp)

X	X	X
X	X	X

Photo	Mr./Ms./Mrs./Dr.																
	Designation	<input type="checkbox"/> Proprietor	<input type="checkbox"/> Partner	<input type="checkbox"/> Director	<input type="checkbox"/> Trustee	Auth. Sign.	% of Ownership / Shareholding										
	Address as per KYC																
																Pin Code	
X Sign.	Mobile No.	+91						SMS Alerts	<input type="checkbox"/> Y	<input type="checkbox"/> N	Nationality			<input type="checkbox"/> I	<input type="checkbox"/> N		
	UIDAI No.						PAN						Customer ID				
	Date of Birth	<input type="text"/> D	<input type="text"/> D	<input type="text"/> M	<input type="text"/> M	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried		

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	UIDAI No.						PAN						Customer ID				
	Date of Birth	<input type="text"/> D	<input type="text"/> D	<input type="text"/> M	<input type="text"/> M	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried		

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	UIDAI No.						PAN						Customer ID				
	Date of Birth	<input type="text"/> D	<input type="text"/> D	<input type="text"/> M	<input type="text"/> M	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried		

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	UIDAI No.						PAN						Customer ID				
	Date of Birth	<input type="text"/> D	<input type="text"/> D	<input type="text"/> M	<input type="text"/> M	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried		

Sign. of All Applicants (With Stamp)	X	X	X
	X	X	X

(2)

Please Select any One Mode of Operation (as Authorized in document) and Sign. with Stamp of all Applicants

☐ Singly
 ☐ Either or survivor/s
 ☐ Anyone or Survivor/s
 ☐ Former / Latter or Survivor/s
☐ Jointly by Any 2/3/4
 ☐ Karta of HUF
 ☐ POA Holder
 ☐ Authorized Signatory/ies

X	X	X
X	X	X

Declaration in case of Sole-Proprietorship (Strike off if not applicable)

I wish to inform that I am the sole proprietor of the said concern of my A/c. whether such obligations or transactions are in the course of business under incurred with you or arising from the operation of my A/c. whether such obligations or transactions are in the course of business under the said name and style or otherwise. Notwithstanding any change in the constitution of my concern or disposal of my proprietorial interest in business or if the said name and style of my business is closed for any reason, I shall continue to be liable to discharge all my obligations to you at all times and undertake to intimate you about such changes and close the A/c.

Sign.(s) without stamp

X

Declaration in Case of HUF (Strike off if Not Applicable)

We, the undersigned co-parceners/members of the HUF, declare and undertake that our Karta is authorized to sign on behalf of the HUF and bind all members; all instructions, transactions, obligations, and liabilities entered into with The Bhuj Mercantile Co-op. Bank Ltd. shall be binding on each member, present and future; we agree to abide by the bank's terms and conditions and be governed by the applicable laws, including but not limited to the Hindu Undivided Family Law, Income-tax Act, and other relevant statutes; all claims due to the bank shall be recoverable from all or any of us and from the HUF's properties; and we undertake to inform the bank for any change in the HUF's constitution, including additions or deaths of members.

		Sign.(s) without stamp
Name & Signature of Karta		X
Name & Signature of co-parceners/Members		X
Name & Signature of co-parceners/Members		X
Name & Signature of co-parceners/Members		X
Name & Signature of co-parceners/Members		X

Declaration in Case of Partnership Firm (Strike off if Not Applicable)

We the undersigned, are the partners in the above mentioned firm which has dealings with your bank. We jointly and severally undertake responsibility to the bank for the liabilities of the firm with the Bank. The Bank may recover its claims from the estate of any or all of the partners of the firm. Whenever any change occurs in the partnership, we undertake to inform the Bank for the same in writing and our individual responsibility to the Bank will continue until we receive from the Bank an acknowledgement of that letter and until all our liabilities with the Bank are discharged.

	Name of Partners	Sign.(s) without stamp
1.		X
2.		X
3.		X
4.		X
5.		X

I/We confirm that I/We enjoy Credit Facilities with Other Bank/s : ☐ Y ☐ N

Bank Name and Banch	Nature of Credit Facility	Amount

General Declaration / Undertaking

I/We confirm having received, read, and understood the Current Account Rules of The Bhuj Mercantile Co-operative Bank Ltd. and agree to be bound by its terms and conditions, including compliance with PMLA, IT Act, Banking Regulation Act, and other applicable laws. I/We declare that all information provided is true and correct. If any information is found to be inaccurate or incorrect, whether intentionally or otherwise, or if there's misuse/unauthorized use (as determined by the Branch Manager), the Bank may close the account without notice. I/We authorize the Bank to download data from the Central KYC Registry using my/our CKYC number, obtain Credit Information Reports from Credit Rating Agencies, set off available credit balance towards payment of fees/charges, update demographic details, and share/disclose information with other Banks/Financial Institutions/authorities as required. I/We agree to keep sensitive information confidential and inform the Bank of changes in residence/employment/ occupation/transfer. I/We shall be liable for unauthorized transactions due to negligence. The Bank may freeze the account for suspected unauthorized transactions or illegal activities and treat it as Inoperative if no transactions are induced for 1 year. All services will be provided by the Bank on a best effort basis.

Declaration regarding natural person(s) (listed in Table below) who exercise control or ultimately have a controlling ownership interest, having ownership/entitlement of more than 10% in case of a Company or Partnership/LLP, more than 15% in case of an Association/BOI/Society, or 10% and above in case of a Trust, of capital/profits/property, or controlling through voting rights, agreements, or arrangements.

Sr. No.	Full Name of Shareholders / Controlling persons / Beneficiaries	PAN Number	Mobile Number	% of Control
1				
2				
3				
4				
5				
6				
*Attach separate list for more				Total Control

I / We undertake and agree that we will notify The Bhuj Merc. Co-op Bank Ltd without delay of any changes in the controlling persons, person exercising control or having controlling ownership interest in the Company, Partnership Firm, Unincorporated Association or Body of Individuals and Trusts, as declared in the table

NOMINATION FORM (DA-1) APPLICABLE FOR INDIVIDUALS / SOLE-PROPRIETORSHIP

(Nomination under Sec. 45 ZA of the Banking Regulation Act, 1949 and rule 2(1) of the Co operative Societies (Nomination) Rules. 1985

I/ We want to nominate any person in this regard. ☐ Yes ☐ No

I/We nominate the following person to whom in the event of my / our / minor's death the amount of above opened account, particulars whereof are given below, may be returned by The Bhuj Mercantile Co. Operative Bank Ltd., account opening branch.

Nature of Deposit	Distinctive No.	Name, Age and Address of Nominee	Relationship with Depositor	%	Other Details

As nominee is minor on this date I/We appoint Mr./Ms. _____

Address _____ to receive the amount of deposit in the account on behalf of the nominee in the event of my/our/minors/death during the minority of the nominee.

Sign. of
All Applicants
(With Stamp)

X	X	X
X	X	X

(4)

DOCUMENTS REQUIRED TO BE SUBMITTED WITH THIS ACCOUNT OPENING FORM

The below documents must be self-attested by Authorized signatories with Stamp

For Individuals :

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Passport | <input type="checkbox"/> Last Municipal Tax Bill |
| <input type="checkbox"/> Voter's ID Card | <input type="checkbox"/> Latest Electricity Bill |
| <input type="checkbox"/> Employer's ID Card (Govt. Semi/Quasi Govt/LSG) | <input type="checkbox"/> Unique ID Aadhaar |
| <input type="checkbox"/> Driving License | <input type="checkbox"/> Any other proof acceptable to bank |
| <input type="checkbox"/> PAN Card (Compulsory) | |
| <input type="checkbox"/> Govt. approved College / University ID Card | |

For Proprietary / Partnership Firm

- | | |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Shop & Establishment Certificate | <input type="checkbox"/> Declaration of Proprietorship on letter head |
| <input type="checkbox"/> ITR Ack + Form | <input type="checkbox"/> Registration Certificate of Partnership firm |
| <input type="checkbox"/> GST Certificate | <input type="checkbox"/> Notarized copy of the POA duly verified with original, along with photo, ID & address proof of the POA holder. |
| <input type="checkbox"/> Appropriate Authority's certificate in case of practitioner in any faculty. | |
| <input type="checkbox"/> Business Visit Report | |

For LLP / Private Ltd. / Public Ltd.

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Certificate of Incorporation | <input type="checkbox"/> Latest LLP Deed |
| <input type="checkbox"/> Certificate of commencement of business (in case of public limited company) | <input type="checkbox"/> ITR Ack + Form |
| <input type="checkbox"/> MOA / AOA | <input type="checkbox"/> Business Visit Report |
| <input type="checkbox"/> Resolution passed by its Board of Directors for opening of A/c including mode of operation and internet banking. | |
| <input type="checkbox"/> ROC Master search and Form-Dir-12 regarding change in directors | |

For Hindu Undivided Family (All the following)

- ☐ PAN ☐ Latest Deed ☐ Business Visit Report ☐ ITR Ack + Form

For Club / Association of persons / Co.op. Societies / Trusts etc.

- | | |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> PAN Card (Compulsory) | <input type="checkbox"/> Income Tax Exemp. Certificate |
| <input type="checkbox"/> Bye-laws / Trust deed | <input type="checkbox"/> ITR Ack + Form |
| <input type="checkbox"/> Certificate of registration. | <input type="checkbox"/> Business Visit Report |
| <input type="checkbox"/> Resolution passed for opening of account including mode of operation. | |

Sign. of
All Applicants
(With Stamp)

X	X	X
X	X	X

For Office Use Only

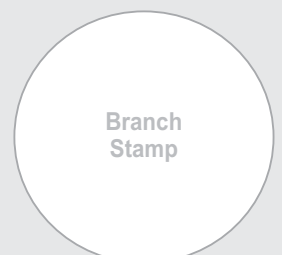
The applicant(s) has/have signed in my/our presence with verification of original KYC docs, wherever applicable. I have verified the Current A/c opening formalities as per guidelines and the signed Business Visit Report is attached for audit purposes.

TDS / APMC exemption? ☐ No ☐ Yes Upto F.Y. ended 31-03-20____. New Cheque-book From ____ to ____ issued on ____.

A/c opened on

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

Name & Sign. of Officer		X	Employee Code			
Name & Sign. of Manager		X	Employee Code			



Rules governing maintenance & conduct of Accounts

- ☞ Resident Indian National individual/s and institutional entities having contractual capacity with KYC documents and passport size photographs, copy of constitution, (in case of legal a/cs.) etc. can open a/c.
- ☞ With initial cash deposit of Rs. 2,500/- or with such sum that may be decided by Bank from time to time, a current a/c. can be opened.
- ☞ The bank has different category options for opening of Current A/c. viz. CAG, CAE, CAV etc. with different requirement min. balance i.e. 2,500, 25,000 and 50,000 linked with different service benefits, as per prevalent bank's rules. The applicant has to tick '✓' on the first page of the form, while selecting the type of C.A/C with specified this balance in A/c. The cheque book will be issued only after deposit of min. balance specified.
- ☞ All Bank's Deposits are insured by DICGC upto ₹ 5 lakh per depositor as per and subject to change as per BR Act & RBI directives.
- ☞ Charges on Inward/outward ECS/return of cheques, (as may be decided by bank from time to time) shall be recovered per instrument.
- ☞ Cheques drawn on our bank will be honoured based on opening balance on the day of presentment. For cheques exceeding Rs. 500,000 (or Bank-specified limit), Positive Pay intimation is required; otherwise, the cheque may be returned unpaid.
- ☞ If inward or outward cheques/ECS are frequently returned due to financial reason, the bank reserves the right to close the account with prior notice and recover applicable charges.
- ☞ All current A/c. holders shall be supplied with the copy of their statement of A/cs. on monthly basis by email only. Any discrepancy noticed in statement of a/c. should be notified to the Manager within a period of 7 days only.
- ☞ For closing A/c., all individuals of personal A/cs. and all authorized signatories of impersonal A/c. should submit written application alongwith unused cheque leaves. Upon failing to do so, in the event of occurrence of any monetary or otherwise liabilities, it would be exclusive responsibility of A/c. holder.
- ☞ Change in address with documentary proof should be notified to the bank. Any loss sustained or inconvenience caused upon failure to intimate, bank shall not be liable.
- ☞ Statements of A/c. and cheque books are important security documents. Ensure it's safe keeping under lock and key. Amount in words and figures in cheque should be written clearly and distinctly leaving no room for alteration or insertions therein.
- ☞ All individuals and proprietorship firm (A/c. holders) shall be offered "Nomination" facility. If they desire, can appoint upto 4 nominees.
- ☞ Instruments lodged for clearing/collection and returned dishonoured shall be handed over back to the A/c holder or his/her authorized representative only in person. For late or non delivery of returned instrument bank will not be liable in any manner.
- ☞ When an A/c. is not being operated satisfactorily as per bank's rules governing maintenance and conduct of A/c, bank will have a right to discontinue/refuse extension of cheque book facility/acceptance of ECS debit/credit facility including closure of a/c.
- ☞ Cheques bearing "A/c. Payee" crossing shall be accepted for collection/clearing for named payee's A/c. only. Such cheques shall not be collected for the credit of third parties A/cs.
- ☞ Bank enjoys it's Paramount "Charge of lien" "Right of set off" and "right of appropriation" against balance lying in different A/cs / instruments tendered for collection while transacting and rendering normal banking business.
- ☞ We are bound by the provisions of the Prevention of Money Laundering Act 2002, the rules notified thereunder, and guidelines issued by RBI on KYC norms from time to time.
- ☞ Any changes effected by bank in above rules as per RBI directives/bank's Board of Directors decision shall be binding to A/c. holder.
- ☞ All customers of Savings / Current / CC / OD accounts shall pay service charges updated on bank's website in accordance with bank's rules, as amended from time to time.

I / We have read the above mentioned T & C & agree with the same at all times :

Sign. of
All Applicants
(With Stamp)

X	X	X
X	X	X