



THE BHUJ MERCANTILE CO-OP. BANK LTD.

H.O. : "Vyapar Bhavan", Mithakhali 6 Roads, Ahmedabad-380 006. Ph.: (079) 26400969 Fax : 26462640
 E-mail : info@bhujbank.com, bhujbank@gmail.com • Website : www.bhujbank.com

CURRENT /CASH CREDIT ACCOUNT OPENING FORM

The Branch Manager

Date : D D M M Y Y Y Y

The Bhuj Mercantile Co-op. Bank Ltd.

Customer ID

_____ Branch

Account No.

I/We request you to open an account for which I/We initially deposit Rs. _____ (Rupees _____ Only).

Name of Account : Mr./Mrs./Ms. / M/s.

Nature / Activity of Business

Date of Establishment (In Case of Impersonal a/c.) D D M M Y Y Y Y PAN

Address Details

Communication Address

Pin Code

Tel./Mob. Mobile E-mail ID

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

1	Mr./Ms./Dir.	<input type="text"/>
	Address	<input type="text"/>
	Photo	<input type="text"/>
	Pin Code	<input type="text"/>
	CKYC No.	<input type="text"/>
	Aadhaar No.	<input type="text"/>
	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="text"/> M <input type="text"/> F
	Marital Status	<input type="text"/>
	Occupation / Designation	<input type="text"/>
Sign by black pen	Nationality	<input type="text"/>
	Customer ID	<input type="text"/>
	Member / Nominal No.	<input type="text"/>
	Passport / Driving Licence No.	<input type="text"/>
	Place of Issue	<input type="text"/>
	Issue Date	<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
	Expiry Date	<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

2	Mr./Ms./Dir.	<input type="text"/>
	Address	<input type="text"/>
	Photo	<input type="text"/>
	Pin Code	<input type="text"/>
	CKYC No.	<input type="text"/>
	Aadhaar No.	<input type="text"/>
	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="text"/> M <input type="text"/> F
	Marital Status	<input type="text"/>
	Occupation / Designation	<input type="text"/>
Sign by black pen	Nationality	<input type="text"/>
	Customer ID	<input type="text"/>
	Member / Nominal No.	<input type="text"/>
	Passport / Driving Licence No.	<input type="text"/>
	Place of Issue	<input type="text"/>
	Issue Date	<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
	Expiry Date	<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

2	Mr./Ms./Dir.																	
	Address																	
Photo																		
Sign by black pen																		
	Pin Code																	
	CKYC No.											Aadhaar No.						
	Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender	M	F	Marital Status					
	Occupation / Designation											PAN						
	Nationality						Customer ID						Member / Nominal No.					
	Passport / Driving Licence No.											Place of Issue						
	Issue Date	D	D	M	M	Y	Y	Y	Y	Expiry Date	D	D	M	M	Y	Y	Y	Y

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	Address																	
Photo																		
Sign by black pen																		
	Pin Code																	
	CKYC No.											Aadhaar No.						
	Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender	M	F	Marital Status					
	Occupation / Designation											PAN						
	Nationality						Customer ID						Member / Nominal No.					
	Passport / Driving Licence No.											Place of Issue						
	Issue Date	D	D	M	M	Y	Y	Y	Y	Expiry Date	D	D	M	M	Y	Y	Y	Y

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Sign by black pen																		
	Pin Code																	
	CKYC No.											Aadhaar No.						
	Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender	M	F	Marital Status					
	Occupation / Designation											PAN						
	Nationality						Customer ID						Member / Nominal No.					
	Passport / Driving Licence No.											Place of Issue						
	Issue Date	D	D	M	M	Y	Y	Y	Y	Expiry Date	D	D	M	M	Y	Y	Y	Y

In Case of Minor

Minor's Date of Birth	D	D	M	M	Y	Y	Y	Y									
Name of Parent/s Natural/Legal Guardian																	
Address of Guardian																	
City						State						Country					
Relationship with minor	<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>	By Court Order (If yes please annex a copy)											
Others (Please Specify)																	

Mode of Operation :

<input type="checkbox"/> Self	<input type="checkbox"/> Either or survivor	<input type="checkbox"/> Anyone or survivors or survivor
<input type="checkbox"/> Jointly by	<input type="checkbox"/> Former or survivor/Later or Survivor	<input type="checkbox"/> Others
<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"/>

Introduction Details (Optional)

Introducer's Name	<input type="text"/>	Cust ID	<input type="text"/>
Branch	<input type="text"/>	A/c. Type	<input type="text"/>
		Account No.	<input type="text"/>
Tel./Mob.	<input type="text"/>	Mobile	<input type="text"/>
		E-mail ID	<input type="text"/>

I know the applicant/s for the last _____ months/years. I confirm the identity, occupation and address of the applicant/s.

Place	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Declaration / Undertaking

I/We confirm having received, read and understood the Current Account Rules and hereby agree to be bound by the terms and conditions, outlined in this form which govern the account(s) that I/We am/are opening with The Bhuj Mercantile Co-operative Bank Ltd. and amendments thereto that may be made from time to time and those relating to various services including but not limited to ATM Card / Tele / Internet Banking / SMS service.

I / We confirm that I/We am/are resident of India.

I/We hereby declare that the information furnished above is true and correct to the best of my/our knowledge.

- I/We confirm that I/We do not enjoy credit facilities with other bank/s
- I/We enjoy credit facilities / have Current Accounts with other bank/s (Please attach details of such facilities separately)

Name of Bank & Branch Address	Type & No. of A/c	Nature of Facility	Limit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- I/We authorise you to collect the cheques/drafts etc., handed over to you for collection/negotiation as per rules of the bank at my/our risk and responsibility and idemnify against any loss suffered by you in the matter during the course of collection / realisation with interest @ applicable rates and incidental charges.
- I hereby declare that I am the sole Proprietor/Proprietress of the aforesaid concern.
- Please provide me cheque book -ATM Card-Internet/Phone Banking/SMS Service.

Signatures of Applicants	1.	<input type="text"/>	2.	<input type="text"/>	3.	<input type="text"/>	4.	<input type="text"/>
	5.	<input type="text"/>	6.	<input type="text"/>	7.	<input type="text"/>	8.	<input type="text"/>

DOCUMENTS REQUIRED TO BE SUBMITTED WITH THIS ACCOUNT OPENING FORM

For Individuals :

Any one of the following (Photo ID)

- Passport
- Voter's ID Card
- Employer's ID Card (Govt. Semi/Quasi Govt/LSG)
- Driving License (Lamination Card)
- PAN Card (Compulsory)
- Govt. approved College / University ID Card
- Any other proof acceptable to Bank
- Unique ID Aadhaar (Compu)

AND

Any one of the following (Address Proof)

- Photo Credit Card
- Last Municipal Tax Bill
- Latest Telephone Bill (MNTN/BSNL Land Line)
- Latest Electricity Bill
- Statement of existing bank Account
- Demat Account Statement
- Any other proof acceptable to bank

In addition, the following documents are required

- Proof of PAN / GIR No. or form 60 (in case of cash deposit)
- Latest passport size photograph (2 copies)

For Proprietary / Partnership Firm

Any two of the following

- Shop & Establishment Certificate
- S.T. / I.T. Return (Copy)
- C.S.T. / VAT Certificate
- S.T. / P.T. / Ser. T. (Register Certificate or License)
- Appropriate Authority's certificate in case of practitioner in any faculty.

- Declaration of Proprietorship / Partnership on firm's letter
- Registration Certificate of firm (for Partnership firm, if held) Partnership deed.

For Limited Company

- Certificate of Incorporation
- Certificate of commencement of business (in case of public limited company)
- Memorandum and Articles of Association duly certified by a Director / Secretary as true and up-to-date.
- Duly certified Resolution passed by its Board of Directors as per the following specimen.
- Latest form 32 (From ROC) for any changes

Resolved that a Banking Account of the Company be opened with THE BHUJ MERCANTILE CO-OPERATIVE BANK LTD. _____ branch and that the said Bank be and is hereby authorised to honour all cheques, Promissory Notes, Bill of exchange and other instruments accepted, endorsed or made on behalf of the Company by (i) _____ (ii) _____ (iii) _____ and to act upon all instructions so given relating to the account whether the account be in credit or overdrawn.

For Hindu Undivided Family

- Declaration of HUF

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

- Duly certified copies of constitution and bye-laws / Trust deed
- Certificate of registration issued by the respective competent registering authority
- Resolution passed by the Managing Body authorising opening of account including mandate for operation of the account

For Office Use Only

KYC Compliance checked and allowed to open an account.

A/c. Opened by

Signature of Officer

Name of the Officer

Date

D D M M Y Y Y Y

Please present originals for reference

Declaration in Case of HUF

As our HUF firm wishes to open an account with your bank in the name of _____ we beg to say that the first signatory to this letter, i.e. Shri _____ is the karta of Joint Hindu Family and other signatories are the adult co-parceners members of the said family. We further confirm that business of the said family is carried on mainly by the said karta as also the other signatories hereto in the interest and for the benefit of the entire body of co-parceners members of the joint family. We all undertake that claims due to the bank from the said family shall be recoverable personally from all or any of us and also from the entire family properties of which the first signatory, the karta, including the share of minor co-parceners in view of the fact that our's is not firm governed by Indian partnership act 1932, We hereby undertake to inform the bank about the death or birth, divorce, marriage, remarriage of a co-parcener member or any change occurring at any time in the membership of our joint family during the currency of the account.

Name & Signature of Karta		
Name & Signature of Adult co-parceners/Members		
Name & date of birth of Adult co-parceners/Members		
Name & date of birth of Adult co-parceners/Members		
Name & date of birth of Adult co-parceners/Members		
Name & date of birth of minor co-parceners/Members		
Name & date of birth of minor co-parceners/Members		

Declaration in case of Partnership Firm

Re: Opening of a new account in the name of partnership firm M/s. _____ registered at _____ with No. _____

We refer to the captioned account opened by you and declare as under :

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 of 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 & Signature without stamp	Signature(s) with stamp
1. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
2. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
3. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
4. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
5. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
6. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Letter of Sole Proprietorship cum declaration

I wish to inform that I _____ am trading under the name & style of M/s. _____ Address _____

_____ and 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.

X

(Signature without rubber stamp)

NOMINATION (Nomination Form DA-1)

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

I/We(Name & address) _____

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 The Bhuj Mercantile Co. Operative Bank Ltd. , _____

Nature of Deposit	Distinctive No.	Name, Age and Address of Nominee	Relationship with Depositor	If Minor Birth Date	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.

We do not want to nominate any person in this regard.

Witness : _____

Witness : _____

Signature : _____

Signature : _____

Name : _____

Name : _____

Address : _____

Address : _____

Place : _____

Place : _____

Date : _____

Date : _____

Signature of Depositor/s (1) _____ (2) _____ (3) _____

FORM NO. 60

(See third provision of rule 114 B)

Form of declaration to be filled in by a person who does not have either a PAN or GIR number and who makes payment in cash in respect of transactions specified in clause (a) to (h) of rule 114 (b)

1. Name and address of declarant _____

2. Particulars of Transaction :

3. Amount of Transaction :

4. Are you assessed to Tax ? : Yes No

5. If Yes

(I) Details of Ward / Circle / range where the last return of income was filed :

(ii) Reasons for not having permanent account number. General Index Register No. :

6. Details of the document being produced in respect of address in column (1) (2) (3)

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____, 20 _____

Signature of the Declarant

Instructions : Documents can be produced in support of the address are :

(a) ration card, (b) passport, (c) driving licence, (d) identity card issued by any institution, (e) copy of electricity bill or telephone bill showing residential address, (f) any documents or communication issued by any authority of central govt, state govt, or local bodies showing residential address, (g) any other documentary evidence in support of the address given in the declaration.

Additional Personal Information

Religion Country

Marital Status Single Married No. of Children

Education Non -SSC SSC / HSC Under Graduate Graduate Post Graduate
 Professional

Occupation Salaried Business Retired Student House Wife
 Self Employed / Professional Other

If Salaried, Employed with

Public Ltd. Co. Pvt. Ltd. Co.
 Govt. Sector Multinational
 Other _____

Name of the Employer _____

Designation

Non-Management Junior Management
 Middle Management Top Management

If Self Employed Professional

CA Engineer Doctor
 Trader Lawyer Consultant
 Architect Other _____

If in Business

Public Ltd. Pvt. Ltd. Partnership
 Proprietorship Trust Other

Monthly total Family Income (approx.) Rs. :

Upto Rs. 5000 5001-10000 10001-20000
 20001-30000 30001-50000 Above Rs. 50000

Asset Ownership

Consumer Durable Ownership	<input type="checkbox"/> Computer <input type="checkbox"/> Home Theatre System <input type="checkbox"/> Digital Camera / handycam <input type="checkbox"/> Air Conditioner <input type="checkbox"/> LCD/LED Television <input type="checkbox"/> Washing Machine
Vehicle Ownership	<input type="checkbox"/> Two Wheeler <input type="checkbox"/> Four Wheeler
Make & Model of Car	_____
The house presently you live in	<input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Office provided <input type="checkbox"/> Purchased against Loan

BANKING / INVESTMENT ACTIVITIES

Present Banker Nationalised Pvt. Sector Co-operative Foreign Other

Preferred Co. Deposits Housing Business Durables

Investments Shares Others Bank Deposits PPF

Loans availed Car Business Durables
 Loan agst. Shares Others

Internet Access If Yes At Home At Office

SPOUSE DETAILS :

Name _____
 Occupation _____ Email ID _____

CREDIT CARD DETAILS

Issued by _____
 Card details _____

Do you have Medical Insurance ? Yes No

I/We affirm that information furnished herein above is true to the best of my/our knowledge.

Signature of applicant/s (1)
 _____ (2)
 _____ (3)

Rules governing maintenance & conduct of Current Accounts

1. Resident Indian National individual/s and impersonal institutional entities having contractual capacity with acceptable introduction, KYC documents and passport size photographs, copy of constitution, (in case of impersonal a/cs.) etc. can open current a/c.
2. With initial cash deposit of Rs. 1,000/- or with such sum that may be decided by Bank from time to time, a current a/c. can be opened.
3. For Current A/c. minimum average credit balance of Rs. 2,500/- or as may be decided by bank from time to time is required to be maintained.
4. Deposit upto Rs. 1/- Lac is insured by DICGC as per their rules.
5. On Inward/outward ECS/return of cheques, Rs. 100/-+GST (or a sum that may be decided by bank from time to time shall be recovered per instrument.)
6. Cheques drawn on bank presented through clearing shall be honoured on the basis of subsisting opening balance in the a/c. on the day of presentment of inward cheques.
7. Inward Dr. ECS/cheques drawn on bank if often required to be returned with financial reason, under such circumstances with an advance notice bank shall unilaterally close the a/c.
8. For acceptance of "Stop Payment" instruction bank shall recover Rs. 50/- per instrument or such sum that may be decided by Bank from time to time.
9. All current a/c. holders shall be supplied with the copy of their statement of a/cs. on monthly basis. Any discrepancy noticed in statement of a/c. should be notified to the Manager within a period of 7 days only.
10. 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.
11. Cheque book issue charges per cheque or as may be revised from time to time shall be recovered.
12. 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.
13. 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.
14. All individuals and proprietorship firm (a/c. holders) shall be offered "Nomination" facility. If they desire, can appoint one nominee.
15. Cheques, Bills, Dividend Warrants, DDs lodged with bank for collection and payable at upcountry centres will be sent by RPAD/POD through India Post/Courier, at the sole risk and responsibility of the a/c. holders. For its non/late/miss delivery or loss in transit, bank shall not be liable financially or otherwise to customer or third parties.
16. 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 or else dispatched by RPAD to a/c. holder at his/her cost. For late or non delivery of returned instrument bank will not be liable in any manner.
17. 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.
18. 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.
19. For acceptance of Dr. ECS instruction/attestation of signature and such other services bank shall levy service charges inforce.
20. 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.
21. 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.

We have read and shall abide by above rules.

General Manager

Signature of the Applicant/s _____