UNIT TO THE REPORT OF THE PARTY	NAGPUR NAGARIK SAHAKARI BANK LTD. (MULTISTATE SCHEDULED BANK) CURRENT ACCOUNT OPENING FORM										
 Please fill the form Please tick (v) the 	n preferably in BLACK ink only n in CAPITAL LETTERS only e appropriate boxes										
 Fields marked (*) BRANCH: 	Date: D M Y Y Y										
CIF ID:	CKYC No.: CKYC No.:										
Scheme Type:	Account No.:										
Corporate Type: 🗌 Propi	ietorship 🗌 Partnership 🗌 Pvt.Ltd. Company 🗌 HUF 🗌 Trust 🗌 Society 🗌 School Ac 🗌 LLP 🗌 Bank Ac										
A) CORPORATE DETAIL											
Title of Entity in CAPITAL 1 1. Name of The Entity: *											
2. Business Commenceme	nt Date: * D D M M Y Y Y 3. Date of Incorporation: * D D M M Y Y Y Y										
4. Place of Incorporation:	* 5. PAN No.: * Or FORM60 (for entities other than companies & partnerships, PI fill Annexure D)										
5. Registration No./CIN/LL	PIN: *										
7. GSTN:											
3. Industry Type: *											

(Agriculture & Related/ Beverage Manufacturing/ Cement/ Chemicals, Dyes & Paints/ Coal/ Cold Storage/ Computer Hardware, Software & Related/ Construction/ Cotton Textiles/ Contractor/ Computing Machinery/ Drugs, Medicals & Pharmaceuticals/ Education/ Electrical & Electronic Engineering/ Engineering(others)/ Electricity-Generation & Transmission/ Food Processing/ Fishing/ Forestry & Related Activities/ Furniture Manufacturing/ Fur & Leather Substitute/ Gems & Jewellery/ Gas Industry/ Hotels & Restaurants/ Health & Social Work/ Irons & Steels or Fabrication/ Infrastructures & Related/ Insurance/ Funding/ Travel Agent/ Commission Agent/ Jute Textiles/ Leather & Leather Products/ Metal & Metal Products/ Medical or Optical Equipment Manufacturing/ Motor Vehicles Manufacturing/ Marketing or Advertising/ Minerals or ores/ Mining/ Nuclear Fuel/ NBFC/ Paper & Products/ Petroleum/ Plant & Machinery/ Post & Telecommunications/ Plastic & Plastic Products/ Power Plant & Related Infra/ Petrochemicals/ Printing or Publishing, etc./ Power & Energy or Related/ Radio or TV or Communication/ Rubber & Rubber Products/ Retail Trade/ Research & Development/ Real Estate/ Recycling/ Sports or Cultural/ Service/ Sewage or Sanitation/ Steam Supply or Gas/ Sugar/ Transport or Storage/ Tea/ Tobacco & Tobacco Products/ Vehicles & Vehicles Parts/ Veg Oil & Vanaspati/ Wood & Wood Products/ Water/ Wholesale or Commission Trade/ Wearing Apparel/ Automobile/ Aeronautical/ IT/ Artificial Intelligence/ **Others Pl. Specify**)

9. Annual Turnover: 0-5 LAKH 5-10 LAKH 10-50 LAKH 50 LAKH-1CR. 1CR10CR. 10CR50CR. 50CR100CR.										
10. Mode of	10. Mode of Operation: *									
11 No of R	elated Person(s): *	_ 12. No. of Beneficial Owner:	(If exists please fill Appeyure E) *							
.,		Trustee/ Authorised Signatory/ Promoter/ POA/ Beneficial Ow								
(II) Though Ben	ieficial Owner is a related person, the no. of Benefic	ial Owner should be decided separately out of no. of related pe	erson(s).							
13. Please ti	ick (v) applicable box: * We enjoy credit f	acilities with other bank also 🛛 🔛 Yes 🔛 N	O (If yes, please fill below details)							
Sr. No.	Name of Bank	Nature of Facility	Amount							
LI			1							
(B) ATTESTED DOCUMENTS ATTACHED										
Bve-laws	s of society 🗌 Trust Deed 🗌 Certifica	te of Incorporation Resolutions Registrat	ion Certificate							

(C) DETAILS OF IDENTIFICATION DOCUMENTS:

Type of Documents	Document Number	Document Number Issuing Date of Authority Issue			

(D) CONTACT DETAILS

1. Mobile No.: *		Email:	
(with ISD Code) Tel. (Res):		STD Tel. (Off):	

(E) ADDRESS DETAILS

				BU	ISINE	ESS R	REGI	STER	RED/	PER	MA	NEN	Γ AD	DRE	SS						
Proof of Address: * 🔄 Registration Certificate 🔄 Others (Pl. specify)																					
Building No./ Flat No./Building Name:																					
Street/Road Area/Localit	ty:																				
· _ · _ · _ ·																					
City & District:																					
																-					
State:															PIN	:					
			T T												-	<u> </u>	1				
Country:]				

MAILING/COMMUNICATION/CORRESPONDANCE ADDRESS Proof of Address: * Registration Certificate Others (PI. specify) Same As Above Building No./ Flat No./Building Name: Same As Above Same As Above Street/Road Area/Locality: Image: Communication of the second of t

(F) SERVICES REQUIRED

* Kindly register me/us for the following facilities							
1. Cheque Book	Yes	No					
2. ATM-CUM-DEBIT Card	Yes	No					
3. SMS Alert / Net- Banking	Yes	No					

(G) TERMS AND CONDITIONS REGARDING COLLECTION OF CHEQUES/BILLS & OTHER INSTRUMENTS

The Bank at its option but at the risk and responsibility of the account holder may-

- 1. Collect Proceeds of the instruments lodged by the Account holder from time to time.
- 2. Appoint an agent/s to collect the proceeds of the instruments lodged by the Account holder & as such agent/s appointed shall be the agent/s of the Account holder to collect such instruments.
- 3. Recover proceeds of instruments lodged by the Account holder by way pf Bank Drafts/Cheques or any other Mandate in lieu of cash.
- 4. Take action/steps as deemed necessary to have proceeds of the instruments lodged.
- 5. The Bank is hereby empowered to recover the various charges, if any, be debiting the same to the Account holder.

(H) DECLARATION CUM UNDERTAKING CUM SELF DECLARATION

1. I have read the copy of Terms & Conditions of the Account Opening Form given to me/us. The Terms & Conditions have been explained to me/us and having understood, I/We accept the same.

2. I/We agree to comply with and be bound by the Bank's rules (as amended from time to time) for the conduct of such account. I/We authorise the Bank to collect bills, Cheques, etc. for and on behalf of us and undertake to abide by and be bound the Terms & Conditions.

Full Name of Applicant 1	Full Name of Applicant 2	Full Name of Applicant 3								
Signature of Applicant 1	Signature of Applicant 2	Signature of Applicant 3								
Full Name of Applicant 4	Full Name of Applicant 5	Full Name of Applicant 6								
Signature of Applicant 4	Signature of Applicant 5	Signature of Applicant 6								
Place:		Date: D D M M Y Y Y Y								
(I) FOR OFFICE USE ONLY										
Documer	nts received Self-certified Verified fr	rom Original								
 Self-certifications, documents, Proof of Address & photographs received as a part of account opening process have been verified and found correct. Certified that copy of Terms & Conditions signed by Customer obtained. Applicant has/have signed the form in my presence. Form No. 60/61 duly filled verified and enclosed (If PAN No. is not available.) I hereby certify that this Account Opening Form is complete in all respects. 										
# Risk Category: * 🔄 High 🗌 Medium	Low									
Permitted to open CIF:										
Checked found in order (Bank Official)		Approved by Branch Manager								
Name & Designation:	Name:									
Stamp & Signature:	Stamp & Signature	:								

tc. FOR OPENING A BANK ACCOUNT
Date: D D M M Y Y Y
ne meeting of the Board of Directors/Committee of Management of the Company, duly convened, at
duly convened, atat
Board of Directors/Committee of Management of the Company/ Society/Trust
was passed at the meeting of the Board/the committee held
has been duly recorded in the minute book of the said
Resolved that an account for the Company/Society/Trust be opened with the Nagpur Branch and that the said Bank be and is hereby authorised to honour
e transactions of the Company/Society/Trust.
Common
Seal
CHAIRMAN OF THE MEETING
IP CONCERN
Date: D D M M Y Y Y Y
Place:
l declare as under:
ern and am solely responsible for liabilities thereof. I shall advise you in writing of
oncern and I will be liable to you for any obligation which may be standing in the
of such notice and until all such obligations shall have been liquidated.
Yours faithfully,
Tours faithfuny,
Signature on babalf of the concern
Signature on behalf of the concern
Signature on behalf of the concern
-
IRM
IRM
IRM Date: D D M M Y Y Y
IRM Date: D D M M Y Y Y
IRM Date: D D M M Y Y Y Place:
IRM Date: D D M M Y Y Y Y Place: declare as under:
IRM Date: D M Y Y Y Place:
IRM Date: D M M Y Y Y Place:
IRM Date: D M Y Y Y Place:

Sr. No.	Full Name of all the Partners	Individual Signatures	Signature on behalf of the firm