

**Regd. Office: "Sahakara Sadana", No.63/67, 24th Cross, Kilari Road, Bengaluru-53.
Ph.No.2297 27 82 / 83**

Branch

For Office Use

ACCOUNT OPENING FORM FOR CURRENT ACCOUNT

FOR SOLE PROPRIETOR / HUF / TRUST / FIRM / CORPORATE

(to be filled by Applicant only)

Please fill the form preferably in 'Black' ink only

Please fill the form in CAPITAL LETTERS only

Please tick the appropriate boxes

Please write your NAME as it appears in all your support documents

Affix latest passport size photograph/s in the box provided

Specify the addresses along with City, State & Pin Code

Please countersign in full for any overwriting / alteration

Field marked * are MANDATORY

I/We request you to open (tick [✓] whichever is applicable

[] Current Account [] BKCB CA Saral [] BKCB CA Silver [] BKCB CA Gold [] BKCB CA Platinum

[] BKCB [] BKCB [] BKCB [] BKCB

account in my/our name(s) as per details given below for which I/W initially deposit Rs..... (Rupees

.....only

CID:		PID	
Account No.			
Date:		Mobile No.	
e-mail address			

PREFIX	ACCOUNT TITLE
Messrs.	

PAN No. (if not available, attach Form 60)	FIRM'S CUSTOMER ID (Mandatory for existing customer)
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MAILING ADDRESS

Company Name					
Flat/Door/Building No.		Building Name			
Road No.		Area / Location			
City/Town		PIN Code		State	
Land Mark					

REGISTERED OFFICE ADDRESS [] Please tick in case registered office address is the same as mailing address

Company Name					
Flat/Door/Building No.		Building Name			
Road No.		Area / Location			
City/Town		PIN Code		State	
Land Mark					

Registered Address Type	[] Owned [] Rented/Leased	(in case of change of address duet relocation or any other reason, I/We would intimate the new address to the bank within two weeks of such a change with a valid address proof
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CONTACT DETAILS	STD Code	Phone No.1	Phone No.2	FAX No.
Telephone No.				
Mobile Phone No.		Email ID		

Tick here to register for Email Statement [] Frequency [] Daily [] Weekly [] Fortnightly [] Monthly [] Tick here if Email ID is NOT Available

(All accounts linked to the Customer ID of my /our account will be registered for Email Statement on the email id mentioned in contact details)

I am/ We are aware that physical statements shall not be sent on Email Statement Registration. I am / We are confirming on other Terms & Conditions as applicable to Email Statement Registration.

BUSINESS DETAILS

[] Proprietorship [] Partnership [] Limited Liability Partnership [] Public/Private Limited Partnership [] Bank [] Societies
[] Self Help Group [] HUF [] Non Govt. Organization [] Association [] Clubs [] Trust [] Others

Please tick the appropriate sub-category against the Type of Entity

Public / Private Limited Company

[] Financial Services Company

[] PSU

[] Others

Trust

[] Charitable Trust

[] Public Trust

[] Private Trust

Bank

[] Indian Commercial Banks

[] Foreign Resident Banks

[] Co-Operative Banks

Association

[] Business Association

[] Unregistered Association

[] Other Association

Societies ☐ Religious Trust
☐ Credit Co-Operative ☐ Educational Trust
☐ Non Credit Co-Operative ☐ Provident Fund Trust
Self Employed Professional ☐ CA/CS/ICWA ☐ Lawyer ☐ Doctor ☐ Architect ☐ IT Consultant
Nature of Business ☐ Manufacturing ☐ Service Provider ☐ Stock Brokers ☐ Real Estate ☐ Retail Trading ☐ Wholesale Trading

Details of Activities				
Date of Incorporation		Annual Turnover	Rs.	Rupees

Nature of Industry ☐ Automobile ☐ Retail Jewellery ☐ Fisheries / Poultry ☐ Transportation/Logistics
☐ Petrol Pump ☐ Furniture/Timber ☐ Cement / Paints ☐ Fertilizers / Chemicals / Seeds / Pesticides
☐ Contractors ☐ Broking ☐ IT / Software/BPO ☐ Electronics / Computer Hardware
☐ Consultancy ☐ Advt. Agencies ☐ Engineering Goods ☐ Issue & Portfolio Managements
☐ Education ☐ Restaurant ☐ Pharmaceuticals ☐ Hospital / Nursing Home / Clinics
☐ NBFC ☐ Chit Funds ☐ Hotels / Resorts ☐ Term Lending Institutions
☐ Money Lenders ☐ Shroff ☐ Consumer Durables ☐ Diary / Food Processing
☐ Construction ☐ Steel/Hardware ☐ Media/Entertainment ☐ Textiles / Garments
☐ Auto Finance ☐ Marble/Granite ☐ Printing / Publishing ☐ Travel / Tour Agency
☐ Bullion ☐ Leasing & Hire Purchase ☐ Agricultural Commodities ☐ Housing Finance
☐ Others (specify)

AUTHORIZED SIGNATORY DETAILS

	TITLE	NAME	GENDER	DATE OF BIRTH [#]	NAME OF FATHER/HUSBAND
1 st Applicant					
2 nd Applicant					
3 rd Applicant					

If Senior Citizen, provide Proof of Age

	PAN / GIR No.*	UID (AADHAR) No.	TELEPHONE/MOBILE No.	E-MAIL ID
1 st Applicant				
2 nd Applicant				
3 rd Applicant				

*Submit Form-60 / Form-61 in the absence of PAN/GIR No.

IF EXISTING CUSTOMER	IF YES, CUSTOMER ID	MINOR*	PEP [#]	RELATED PEP [#]				
1 st Applicant	[Y] / [N]		[Y] / [N]	[Y] / [N]	[Y] / [N]	[Y] / [N]	[Y] / [N]	[Y] / [N]
2 nd Applicant	[Y] / [N]		[Y] / [N]	[Y] / [N]	[Y] / [N]	[Y] / [N]	[Y] / [N]	[Y] / [N]
3 rd Applicant	[Y] / [N]		[Y] / [N]	[Y] / [N]	[Y] / [N]	[Y] / [N]	[Y] / [N]	[Y] / [N]

*If Minor, provide Proof of Age and please fill up declaration given in Page No.2

Politically Exposed Persons

ADDRESS DETAILS (* Please provide complete address for faster deliveries)

	RESIDENTIAL / PERMANENT ADDRESS*	COMMUNICATION ADDRESS*
1 st Applicant		
2 nd Applicant		
3 rd Applicant		

MODE OF OPERATION

☐ Self ☐ Either or Survivor ☐ Former or Survivor ☐ Jointly or Survivor ☐ Minor by Guardian
☐ 1st Applicant ☐ 2nd Applicant ☐ 3rd Applicant ☐ Any one of us
☐ Mandate Holder (Name) ☐ Others (specify)
 (attach Mandate Letter)

DECLARATIONS**1. Following documents are submitted by me/us:**

- | | | |
|---|--|--|
| <input type="checkbox"/> Letter of Proprietorship | <input type="checkbox"/> HUF Letter | <input type="checkbox"/> Letter of Mandate |
| <input type="checkbox"/> Certificate of Incorporation | <input type="checkbox"/> Partnership Letter | <input type="checkbox"/> Partnership Deed |
| <input type="checkbox"/> Certificate of ROC for commencement of business | <input type="checkbox"/> Copies of Memorandum & Article of Association | <input type="checkbox"/> Trust Deed |
| <input type="checkbox"/> My/our authorised signatories specimen signature/s | <input type="checkbox"/> Certified copy of Board Resolution | <input type="checkbox"/> Bye-Laws |

2. Declaration about other accounts and credit facilities:

- ☐ I / We are operating / not operating account with any other Bank
- ☐ I/We are not enjoying credit facilities with any other bank / branch of your Bank and undertake to inform you as and when credit facilities are availed by me/us with other banks / branches of our Bank.
- ☐ I / We are enjoying credit facilities with (bank & branch name)

3. Declaration By MinorType of Guardian ☐ Father ☐ Mother ☐ Court AppointedFull Name of Guardian ☐ Mr. ☐ Ms.

I/We hereby declare that the date of birth of the minor who is my is/...../..... and I am his / her natural and lawful guardian / guardian appointed by court order dated/...../..... (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I / We indemnify the Bank against the claim of the above minor for any withdrawal / transactions made by my in his / her account.

Date:

Signature of Guardian

4. Declaration for a HUF (Please sign without stamp)

As our HUF firm wishes to open an account with your Bank in the said name, we request to say that the first signatory to this letter i.e., is the Karta of the Joint Family and other signatories are the adult co-parceners of the said family. We further confirm that the business of the said joint family is carried on mainly by the said Karta as also by the other signatories hereto in the interest and for the benefit of the entire body of co-parceners of the joint family. We all undertake that claims due to the bank from the said family shall be recovered personally from all or any of us and also for the entire family properties of which the first signatory is the Karta, including the share of minor co-parceners. In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1932, we have not got our said firm registered under the said Act. We hereby undertake to inform the Bank of the death or birth of a co-parceners of any change occurring at any time in the membership of our joint family during the currency of the account.

	NAME	GENDER	DATE OF BIRTH	MINOR	RELATION WITH KARTA	@SIGNATURE
Karta						
Co-parcener-1						
Co-parcener-2						
Co-parcener-3						
Co-parcener-4						
Co-parcener-5						

@ signature of Adult Co-parceners

5. Please fill in for a Partnership Firm (Please sign without stamp)

Re: Opening of a new account in the name of:

..... We offer to the captioned account opened by you and declare as under. We, the undersigned, are the only partners in the firm and are jointly responsible for liabilities thereof. We shall advise you in writing of any change that take place in the partnership and, all the present partners will be liable to you on any obligation which may be attending in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.

	TITLE	NAME OF PARTNERS	GENDER	DATE OF BIRTH	PHONE/MOBILE No.	SIGNATURE
1						
2						
3						
4						
5						
6						
7						

6. Please fill in for a Sole Proprietorship Account

Re: Opening of a new account in the name of:

..... I offer to the captioned account opened by you and declare as under. I, the undersigned, am the sole proprietor of the firm and am solely responsible for liabilities thereof. I shall advise you in writing of any change that take place in the firm's name in your books on the date of the receipt of such notice and until all such obligation shall have been liquidated.

Yours faithfully,

Name:

Signature
(Please sign without stamp)**KNOW YOUR CUSTOMER (KYC) DETAILS**Provide KYC document [@] (Attach Photostat copies of the following documents and produce the original copies of these documents for verification)

	1 st Applicant	2 nd Applicant	3 rd Applicant
Document for proof of Identity			
Issuing Authority/Place of issue			
Date of issue			
Document for proof of Address			
Issuing Authority/Place of issue			
Date of issue			

INTRODUCER'S DETAILS

Account No.		Name	
Customer ID		Branch Name	
I confirm that I am an account holder with Bhavasara Kshatriya Co-Op Bank Limited for over 6 months. I confirm that I personally know the applicant(s) detailed above for more than 6 months and confirm his / her / their identity, occupation and address.			
Date:		Signature	

Authorized Signatory-1	Authorized Signatory-2	Authorized Signatory-3
Please past Passport size color photograph here	Please past Passport size color photograph here	Please past Passport size color photograph here

You may convey promotional information through telephone Calls / sms / e-mail / letters ☐ Yes ☐ NoPass Book / Statement of account: Issue
☐ Pass Book ☐ Statement of Account
☐ send Statement of Account ☐ Weekly ☐ Fortnightly
☐ Monthly ☐ Quarterly by ☐ Post ☐ Courier ☐ e-mail
☐ I will collect personally☐ Nomination is required by me. Nomination Form is furnished. Please ☐ mention / ☐ do not mention nomination details on the account pass book.Correspond at
☐ Residential / Permanent Address
☐ Correspondence AddressSend SMS alert
☐ Yes ☐ No

I/We confirm having received, read and understood (1) the account rules and hereby agree to be bound by the terms & conditions outlined in these rules which governs the account(s) which I/We am/are opening / will open and (b) amendments to the rules made from time to time and those relating to various services availed by me / us and those relating to various services offered by the Bank and other facilities listed in this form. The usage of these facilities is governed by the terms and conditions stipulated by the Bank from time to time. I/We undertake to advise the Bank in writing of any change in my/our address / mode of operation etc.,

Yours faithfully,

Signature of Authorized Signatory 1

Signature of Authorized Signatory 2

Signature of Authorized Signatory 3

(Applicable only for Sole Proprietorship)

(i) I / We (name) (Address).....

Nature of Deposit & No.	Name & Address of Nominee	Relationship with Depositor, if any	Age	If nominee is a minor, his/her date of birth

OR

Place: _____

Date: _____ **Signature(s) / Thumb impression(s)# of Depositor(s)

Signature of Witness No.1		Signature of Witness No.2	
Name(s)		Name(s)	
Address(s)		Address(s)	

Nomination Registration No.		Signature of Account Holder	
Date		Acknowledgement of nomination received on	

<p align="center">Form No.60 (see second proviso rule 114B) Form of declaration to be filled by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B</p>			
	1st Applicant	2nd Applicant	3rd Applicant
1. Full Name and Address of the Declarant			
2. Particulars of Transactions			
3. Amount of the transaction			
4. Are you assessed to tax?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] 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			
6. Details of the document being produced in support of address in column (1)			

I/We,do hereby declare that what is stated above is true to the best of my knowledge and belief. Verified today, the day of

@ Documents (Officially Valid Documents (OVD)) which can be produced in support of

ID Proof:

1. Passport
2. Voter ID
3. Driving License
4. Government / Defense ID
5. PAN Card
6. UID (Aadhar) Card
7. Identity Card issued by the institution

Address Proof:

1. Copy of the electricity bill showing the residential address
2. Copy of the telephone bill showing the residential address
3. Bank Account Pass Book / Statement
4. Piped Gas Connection Bill
5. Passport
6. Voter ID
7. UID (Aadhar) Card

Note: RBI has clarified that close relative viz., wife, son, daughter and parents, etc., who live with their husband, father / mother and son, as the case may be, should be allowed to open an account on the basis of utility bills (required for the verification of address) of a relative with whom the prospective customer is living, along with a declaration from the relative that the said person is a relative and is staying with him/her.

FOR OFFICE USE:

Signed before me. Introducer's signature verified & tallied. Introduction is found in order. Document verified for name and address			
Permitted to open account.			
<input type="checkbox"/> Issue Ordinary Cheque Book		<input type="checkbox"/> Issue Personalized Cheque Book	
<input type="checkbox"/> Send Letter of Thanks to the account holder/s		<input type="checkbox"/> Send Letter of Confirmation of Introduction to Introducer	
The account is classified as		<input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk	
Threshold limit for monitoring transaction is (for medium / high risk a/c)			
Single Transaction	Rs.	Annual Transaction	Rs.
Date: _____			
Signature of Authorised Official _____			

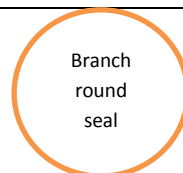
Cheque Book issued	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Whether Nomination Registered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Letter of Thanks sent to the A/c holder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Nomination Regn.No.		
Letter of Confirmation of Introduction sent to the Introducer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, reason for non-registration		

	Staff No.	Full Name of Staff	Full signature of Staff
Application Data entered by			
Application Data checked by			

Flow of digitalization works			
Application Form sent from Branch to Scanning Hub on		Application Form received from Branch for Scanning on	
Photograph & Signature Scanned on		Photograph & Signature Scanned by	
Application Form sent back to Branch on		Application Form received and filed on	

ACKNOWLEDGEMENT BY THE BHAVASARA KSHATRIYA CO-OP BANK LIMITED

To



We acknowledge your Nomination instruction relating to Account No..... held with us. Please quote the Nomination Registration No. In all your future correspondence with us.

Date :

Signature.