

# MODEL Co-op. BANK LTD.

TO BE FILLED IN BLOCK LETTERS

## CURRENT, CC & OD ACCOUNT OPENING FORM

Branch \_\_\_\_\_ Date 

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

Customer No. Account No.

[illegible]

Please open an Account as per details given below ☒ whichever is applicable.

☐ CURRENT ACCOUNT    ☐ CASH CREDIT    ☐ OVERDRAFT \_\_\_\_\_

I/We deposit initially Rs.

**PHOTOGRAPHS** (Signatures of the account holders to be taken across the photographs)

--	--

--	--

PAN No.

UID No.\*

DOB

Title of Account

Constitution : ☐ PROPRIETORSHIP ☐ PARTNERSHIP ☐ PVT. LTD. ☐ LTD. ☐ OTHERS \_\_\_\_\_

Date of Establishment / Incorporation

## PERSONAL DETAILS

Sr.	First Name	Middle	Surname	Occupation	Signature
1.					
2.					
3.					
4.					

Father's Name of 1st Applicant:

## MODE OF OPERATION

☐ Self
 ☐ Either or Survivor
 ☐ Anyone or Survivors or Survivor
 ☐ Any two Jointly

☐ Former or Survivor
 ☐ Jointly or Survivor
 ☐ Any other (please specify) \_\_\_\_\_

## CUSTOMER PROFILE

☐ **SERVICE** : Name of the Firm, Area: \_\_\_\_\_ Designation: \_\_\_\_\_

☐ BUSINESS (✓ Tick one)

Manufacturing	Real Estate	Service Provider	Trader	Agriculture	Stock Broker	Other (Specify)
---------------	-------------	------------------	--------	-------------	--------------	-----------------

☐ PROFESSIONAL (✓ Tick one)

Doctor	Architect	CA / CS	IT Professional	Engineer	Lawyer	Other (Specify)	
--------	-----------	---------	-----------------	----------	--------	-----------------	--

Residential Address

City		Pin Code	
------	--	----------	--

Mobile								Tel. Resi.							Email	
--------	--	--	--	--	--	--	--	------------	--	--	--	--	--	--	-------	--

Business Address

	City	Pin Code
--	------	----------

Mobile						Tel. Resi.					Email	
--------	--	--	--	--	--	------------	--	--	--	--	-------	--

☐ PLEASE PROVIDE ME THE FACILITY OF SMS ALERTS AS PER THE TERMS & CONDITIONS OF THE BANK.

\* Part Number (Last Four Digits)

VAT No.

[If business, please specify type and VAT No.]

Annual Income (Rs.)

- ☐ Upto 2.5 Lacs ☐ Above 2.5 – 5 Lacs ☐ Above 5 – 10 Lacs  
☐ Above 10 – 25 Lacs ☐ Above 25 Lacs – 1 Crore ☐ Above 1 Crore

### DECLARATION

I/We have read and understood the terms and conditions governing the opening of an account with Model Co-op. Bank Ltd. I/We agree to abide by the Bank's Rules & Regulations relating to conduct & operations of the Bank Accounts which are in existence & which may be changed from time to time as per RBI guidelines / PML Act 2002. I/We authorize the Bank to verify the details given herein through any means/person(s), as may be perceived necessary by the Bank. I/We hereby declare that the information furnished above is true and correct to the best of my/our knowledge.

I/We undertake to maintain sufficient balance to meet the amount of cheques issued by me.

For Personal Accounts

Signature(s)

1<sup>st</sup> A/c Holder

3<sup>rd</sup> A/c Holder

2<sup>nd</sup> A/c Holder

4<sup>th</sup> A/c Holder

In case of Firms / Institutions / Ltd. Co., Rubber Stamp to be affixed

Signed before me

Signature

Signature of the Bank Official with Stamp

### FATCA DECLARATION

Is your Country of Tax Residency other than India ☐ Yes ☐ No

If "Yes", please specify the details of all countries where you hold tax residency and its Tax Identification Number & type

Sr. No.	Country of Tax Residency#	Tax Payer Identification Number / Functional Equivalent	Identification Type (TIN or Other, please specify)
1.			
2.			
3.			

# to include all countries other than India, where investor is Citizen/Resident/Green Card Holder / Tax Resident in those respective countries especially of USA

Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable	Any other information
----------------------------------	--	-----------------------

Signature :

### ANTI-MONEY LAUNDERING DECLARATION

I/We hereby declare that I/We are not involved in abetting Money Laundering Activities/Unlawful/Anti-Social Activities and/or Financing of Terrorists Activities Directly or Indirectly.

Signature

#### OFFICE USE ONLY

Account marketed by

Account opened by

Account authorised by

NAME	SIGNATURE	

Risk Category : A/C is classified as ☐ Low Risk ☐ Medium Risk ☐ High Risk

Approved

Account holder personally signed before me

Signature of the Bank Official

Branch Manager

### DECLARATION FOR PARTNERSHIP ACCOUNTS ONLY

As the above named firm proposes to have dealing with the Bank, we hereby inform you that, we, the undersigned are the partners of the said firm with the bank. The Bank may recover its claims from the estate of any or all the partners of the firm.

Whenever any change occurs in our partnership/constitution, 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 letter of release of our liabilities and untill all our liabilities with the Bank are discharged. We will not hold the Bank as a party for any internal disputes arising out of the partners/partnership firm/any other matter.

Yours faithfully,

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

(To be signed by each partner of the firm)  
Without Rubber Stamp of the Firm

### DECLARATION FOR PROPRIETORSHIP ACCOUNTS ONLY

I, the undersigned, hereby declare that I am the sole proprietor of the concern titled \_\_\_\_\_ and I am solely responsible for the liabilities, thereof.

I further declare that I have not availed of any CC facility with any other bank or financial Institution.

OR

I have availed of the following credit facilities with other bank/s

Account No.	Bank	Branch	Nature of facility	Limit
_____	_____	_____	_____	_____

I undertake to advise you in writing of any change that may take place in the constitution of the Proprietary Concern and I will be liable to the Bank for any obligations which may stand in my personal/proprietary concern's name in the Bank's records till I receive from the Bank an acknowledge letter of discharge of such liabilities standing in my personal name/proprietary concern.

Signature of the Proprietor  
(without rubber stamp)

### NOMINATION FORM - DA1 (IN CASE OF PROPRIETORSHIP FIRM)

I/We nominate the following persons to whom, in the event of my/our death, the amount of deposit may be paid:

Name of the Nominee \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_\_

Residential Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Pin Code \_\_\_\_\_

Date of Birth 

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

 (If nominee is minor)

*Signature of the Depositors	1 <sup>st</sup> A/c Holder	_____	3 <sup>rd</sup> A/c Holder	_____
	2 <sup>nd</sup> A/c Holder	_____	4 <sup>th</sup> A/c Holder	_____

\*\*As the nominee is a minor on this date, I/We appoint Shri/Smt/Kum \_\_\_\_\_ (address) \_\_\_\_\_ aged \_\_\_\_\_ years to receive the amount of the deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

Place :

Date : \_\_\_\_\_ Signature(s) / \*\*\*Thumb impression(s) of depositor(s) \_\_\_\_\_

Name of Witness: \_\_\_\_\_ Name of Witness: \_\_\_\_\_

Signature : \_\_\_\_\_ Signature : \_\_\_\_\_

Note : \*Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor. \*\*Strike out if nominee is not a minor. \*\*\* Thumb impression(s) shall be attested by two witnesses.

----- ✂ -----  
We acknowledge your Nomination Form DA1 relating to :

Date : \_\_\_\_\_

Nature of the Account	Account Number	Additional Accounts, if any
_____	_____	_____

In the name of \_\_\_\_\_ held with us. Please quote the  
Nomination Date \_\_\_\_\_ in all your future correspondence with us in this regard. For Model Co-op. Bank Ltd.

Entered by \_\_\_\_\_ Sign. \_\_\_\_\_ Authorised Signatory \_\_\_\_\_

(to be obtained from customer at the time of opening of an account / KYC updation)

Date : \_\_\_\_\_