

Email ID

# DETAILS OF PROPRIETOR / PARTNERS / KARTA / DIRECTORS / TRUSTEES / AUTHORISED SIGNATORIES

1

Paste Photo of 1st Applicant	Mr/Mrs/Ms																					
	Residence Address																					
	Designation																					
	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender										PAN										
		AADHAAR																				

2

Paste Photo of 2nd Applicant	Mr/Mrs/Ms																					
	Residence Address																					
	Designation																					
	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender										PAN										
		AADHAAR																				

3

Paste Photo of 3rd Applicant	Mr/Mrs/Ms																					
	Residence Address																					
	Designation																					
	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender										PAN										
		AADHAAR																				

4

Paste Photo of 4th Applicant	Mr/Mrs/Ms																					
	Residence Address																					
	Designation																					
	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender										PAN										
		AADHAAR																				

5

Paste Photo of 5th Applicant	Mr/Mrs/Ms																					
	Residence Address																					
	Designation																					
	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender										PAN										
		AADHAAR																				





Branch \_\_\_\_\_ Code No. \_\_\_\_\_

(to be obtained for each applicant / authorised signatory separately)

Customer ID \_\_\_\_\_

ACCOUNT No. \_\_\_\_\_ Account Opened on \_\_\_\_\_

[illegible]

1) Full Name \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

2) Father's / Husband's Name \_\_\_\_\_ Age \_\_\_\_\_

3) Mother's Name \_\_\_\_\_ Age \_\_\_\_\_

4) Full Address \_\_\_\_\_

5) (a) Tel. No. Office \_\_\_\_\_ Res : \_\_\_\_\_ (b) Mobile No. \_\_\_\_\_  
(c) Email ID \_\_\_\_\_ (d) Fax No. \_\_\_\_\_

6) Date of Birth : \_\_\_\_\_

7) Gender: ☐ Male ☐ Female ☐ Transgender

8) Occupation \_\_\_\_\_ (if self employed specify) \_\_\_\_\_

9) (a) Monthly Income ₹ \_\_\_\_\_ (b) Annual Turnover ₹ \_\_\_\_\_

10) Details of existing Accounts with other banks

(1) \_\_\_\_\_ Bank (2) \_\_\_\_\_ Branch \_\_\_\_\_

(3) Nature of Account \_\_\_\_\_ (4) Account No. \_\_\_\_\_

11) Do you hold share of any Co-operative Society / Bank. ☐ Yes ☐ No \_\_\_\_\_

If Yes, Name of the Society / Bank \_\_\_\_\_

Membership No. \_\_\_\_\_ No. of Shares held \_\_\_\_\_ Value per Share \_\_\_\_\_





# DOCUMENTATION CHECK LIST

## Officially valid Documents : OVD

1. Passport
2. Driving Licence
3. Aadhaar Number
4. Proof of possession of Aadhaar number
5. Voter's identity Card issued by the Election Commission of India.
6. Job Card issued by NREGA duly signed by an officer of the State Government and
7. Letter issued by the National Population Register containing details of name and address.

### Constitution

### Documents to be Submitted

#### Account of Individual Current Account

1. Any of the Officially Valid Documents (OVD).
2. Permanent Account Number (PAN) and any of the following :
  - i. GSTIN registration certificate.
  - ii. Certificate / Licence issued by the Municipal Authorities under Shop & Establishment Act.
  - iii. Certificate/Registration document issued by Professional Tax Authorities.
  - iv. License issued by the registering authority like Certificate of Practice in the name of individual issued by any of the following professional body incorporated under a statute.
    - Institute of Chartered Accountants of India
    - Institute of Cost Accountants of India
    - Institute of Company Secretaries of India
    - Indian Medical Council
    - Food and Drug Control Authorities
    - Institutions associations like bar council and institute of valuers.
  - v. Registration/License document issued by the Central Government / State Government / Authority Department.

#### HUF - Account

1. Joint Family Statement
2. PAN in the name of HUF
3. Any of the Officially Valid Documents (OVDs) for Karta and Co-parceners
4. Permanent Account Number (PAN) in respect of Karta and Co- parceners

#### Account of a Company

1. Certificate of Incorporation
2. Certificate of Commencement of Business, if it is not available, undertaking should be submitted
3. Memorandum and Articles of Association:
4. A resolution from the Board of Directors and power of attorney granted to person's to transact on its behalf;
5. PAN in the name of company
6. GSTIN / UIN
7. List of Directors
8. (a) Any of the Officially Valid Documents (OVD) &  
(b) PAN in respect of all directors
9. (a) Any of the Officially Valid Documents (OVD) &  
(b) PAN in respect of the person's holding an attorney to transact on its behalf.

#### Account of a Proprietary concern

1. Any of the Officially Valid Documents (OVDs)
2. Permanent Account Number (PAN) (as applicable to an individual) for the proprietor. And any two of the following in the name of Proprietary Concern:
  - i) GSTIN/UIN
  - ii) Registration Certificate (in the case of a registered concern);
  - iii) Certificate/License issued by the Municipal Authorities under Shop & Establishment Act
  - iv) Certificate/Registration Document issued by Professional Tax Authorities
  - v) License issued by the Registering Authority, like Certificate of Practice issued in the name of proprietary concern by any professional body incorporated under a Statute
  - vi) The Complete Income Tax Return (not just the acknowledgment in the name of the sole proprietor where the firm's income is reflected.
  - vii) Utility bills such as electricity/woter and landline telephone bills in the name of the Proprietary concerns. The illustrative list of documents covered under point no. v is as below :
    - a) License issued by the Registering authority like Certificate of Practice issued by
      - Institute of Chartered Accountants of India
      - Institute of Cost Accountants of India
      - Institute of Company Secretaries of India
      - Indian Medical Council
      - Food and Drug Control Authorities
      - Institutions/associations like bar council and institute of valuers.
      - institute of valuers.
    - b) Registration/Licensing document issued in the same of the proprietary concern by the Central Government or State Government Authority / .Department
    - c) IEC (Importer Exporter Code) issued to the proprietary concern by the office of DGFT.



Constitution	Documents to be Submitted
Account of a partnership firm	<ol style="list-style-type: none"> <li>1. Registration Certificate</li> <li>2. Partnership Deed</li> <li>3. PAN in the name of firm</li> <li>4. GSTIN/UIN</li> <li>5. (a) Any of the Officially Valid Documents (OVDs) &amp; (b) PAN in respect of all the partners of the firm</li> <li>6. (a) Any of the Officially Valid Documents (OVDs) &amp; (b) PAN in respect of the person's holding an attorney to transact on its behalf</li> </ol>
Account of a Limited Liability Partnership (LLP)	<ol style="list-style-type: none"> <li>1. Certificate of registration.</li> <li>2. Limited Liability Partnership agreement.</li> <li>3. Letter of authority for opening and operating account granted to the authorized signatories.</li> <li>4. List of designated partners</li> <li>5. PAN in the name of LLP</li> <li>6. GSTIN/UIN.</li> <li>7. (a) Any of the Officially Valid Documents (OVDs) for POA &amp; (b) PAN in respect of all designated partners.</li> <li>8. (a) Any of the Officially Valid Documents(OVDs) for POA &amp; (b) PAN in respect of authorized signatories to transact on its behalf.</li> </ol>
Account of Trust & Foundation / Society / Club	<ol style="list-style-type: none"> <li>1. Registration Certificate</li> <li>2. Trust Deed</li> <li>3. PAN in the name of Trust/ Society/Club</li> <li>4. (a) Any of the Officially Valid Documents (OVDs) for POA &amp; (b) PAN in respect of all trustees of the Trust Office Bearers of Society/Club</li> <li>5. (a) Any of the Officially Valid Documents (OVDs) for POA &amp; (b) PAN in respect of the person's holding a Power of Attorney to transact on its behalf.</li> </ol>
Account of Unincorporated Association (or) Body of Individuals	<p>Resolution of the Managing Body of such association or Body of Individuals</p> <ol style="list-style-type: none"> <li>1. Power of Attorney granted to a person's to transact on its behalf</li> <li>2. PAN in the name of Association/Body of Individuals</li> <li>3. (a) Any of the Officially Valid Documents (OVDs) for POA &amp; (b) PAN in respect of Office Bearers</li> <li>4. (a) Any of the Officially Valid Documents (OVDs) for POA&amp; (b) PAN in respect of the person's holding an Attorney to transact on its behalf</li> <li>5. Such information as may be required by the bank to collectively establish the legal existence of such an association or Body of Individuals</li> </ol>
JURIDICAL PERSONS	
(Juridical Persons such as Government or its Departments, Societies, Universities and Local Bodies like Village Panchayats, Town Panchayats, Municipal Corporations etc.,)	<ol style="list-style-type: none"> <li>1. Required documents to establish the legal existence of such an entity/juridical person.</li> <li>2. Power of Attorney granted to a person's to transact on its behalf</li> <li>3. (a) Any of the Officially Valid Documents (OVDs) for POA &amp; (b) PAN in respect of the person's holding a power of attorney to transact on its behalf.</li> </ol>



## ACCOUNT OPERATING INSTRUCTIONS

**Mode of operation** ☐ Singly ☐ Any one ☐ Any two jointly ☐ Jointly by all  
☐ As per Resolution ☐ Other (Pls. Specify) \_\_\_\_\_

## DECLARATION

- ☐ I/We hereby declare that the particulars given above are true and correct.
- ☐ I/We declare and state that the Bank may in its absolute discretion, discontinue any of the services completely or partially without any notice to me/us.
- ☐ I/We authorise the Bank to debit my/our account for service charges as may be applicable from time to time I/We confirm that I/We am/are residents of India.
- ☐ I/We confirm to have received the copy of the Terms & Conditions relating to the opening of the accounts and the various services.
- ☐ I/We am/are not enjoying any 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 your Bank.
- ☐ I/ We are operating account with \_\_\_\_\_ Banks at their \_\_\_\_\_ Branch.
- ☐ I/We am/are enjoying credit facilities with \_\_\_\_\_ Bank \_\_\_\_\_ Branch and relative no objection certificate is enclosed.
- ☐ I/We have read and understood and agree to the Terms and Conditions Governing the opening of an account with The Agrasen Co-operative Urban Bank Ltd. and those related to various services. I/We am/are bound by the said Terms and Conditions
- ☐ I / We have read the copy of Terms and Conditions of the account opening form give to me. The terms and conditions have been explained to me / us and having understood, I accept the same.
- a) I hereby declare that I / We have submitted the Aadhar card issued by UIDAI voluntarily for identification and / or address proof towards the compliance of KYC norms under the PMLA, 2002.
- b) I hereby consent that the bank may verify the same with the UIDAI expressly to release the identity and address through bio-metric authentication to the bank.

YES ☐ NO ☐

I / We hereby declare that the particulars given above are true and correct.

## Specimen Signature/s

1st Applicant  
Name \_\_\_\_\_

2nd Applicant  
Name \_\_\_\_\_

3rd Applicant  
Name \_\_\_\_\_

4th Applicant  
Name \_\_\_\_\_

5th Applicant  
Name \_\_\_\_\_

## CUSTOMER LETTER OF AUTHORITY FOR COLLECTION AND NEGOTIATION OF DD'S / CHEQUES / BILLS Etc.,

I/ we may have occasion from time to time to hand you for collection and negotiation of cheques, Drafts or Bills of Exchange (with or without document attached) and I/We hereby agree to your forwarding the same to your agents for the time being for collection or negotiation. In the event of you are having no independent Collecting Agent at any centre I/We hereby authorise you to send cheques by mail directly to the drawee bank itself.

In addition to your ordinary right as holders of such Cheques, Drafts or Bills of Exchange you are authorised to accept in payment thereof a banker's cheque or banker's cheques on Hyderabad or other cities and in the event of such cheques not being paid on presentation to debit the amount to my/our account with all charges incurred thereon.

It is understood that these transactions are in all respects at my/our entire risk and responsibility.

**Signature of Depositor (s)**

**\* NOMINATION**

☐ Yes ☐ No If, Yes please fill form DA1

**FORM DA1**

**Nomination :** Nomination under Sec 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits (Form DA1)

I / We \_\_\_\_\_ (Name/s) nominate the following person whom, in the event of my / our / minor's death, the amount of the deposit in the account may be returned by The Agrasen Co. Operative Urban Bank Ltd., \_\_\_\_\_ Branch.

Name & Address of the Nominee	Relationship with Depositor	Age	If Nominee is minor, his / her Date of Birth

\*As the nominee is a minor on this date, I / We appoint \_\_\_\_\_ (Name, Address & Age) to receive the amount of the deposit in the account on behalf of the nominee in the event of my / our minor's death during the minority of the nominee.

Signature (Depositor/s) \_\_\_\_\_

**INTRODUCTION FROM AN EXISTING ACCOUNT HOLDER  
(atleast six months old satisfactory dealings and KYC compliant account)**

Name		Type of A/c	
Address		Account No	
		Customer ID	
Pin Code		Email	Branch Name
Tel No.		Mobile No.	Dt of opening of the A/c

I/We certify that Mr/Mrs./Ms./M/s. \_\_\_\_\_ is/are known to me/us personally since last \_\_\_\_\_ months / years and confirm the occupation and address stated in this application form for opening account are correct to the best of my / our knowledge & belief.

Date

(Signature of the Introducer)

**FOR BANK USE**

S.No.	Description
1	Applicant interviewed & purpose ascertained
2	Document/s of identification / Address Proof listed above were verified with original by _____
3	Letter of thanks sent to A/c holders on _____
	Signature of the Officer

**KYC CERTIFICATION :**

I hereby confirm that KYC Norms are fully complied with and further confirm that

- i) The signature of the introducer is verified and his/her/their Account is more than six months old and KYC Compliant
- ii) I have verified the documents submitted and confirm that KYC Norms are fully complied with.

Signature of the Branch Manager

Date :