



# श्रीमंत मालोजीराजे सहकारी बँक लि; फलटण

## Shrimant Malojiraje Sahakari Bank Ltd; Phaltan

Head Office : Mudhoji Manmohan Rajwada Parisar, Phaltan Ph.- 02166-222573, 226573 Fax.- 225573

Email: maloji\_bank@rediffmail.com, ho@malojirajebank.com

### CUSTOMER PROFILE (NON-INDIVIDUAL)

(PLEASE FILL UP THE FORM IN CAPITAL LETTERS ONLY)

Branch : \_\_\_\_\_

Customer ID :

Date :

Name of Firm/Company/Trust/Society/Institution/etc

Registered Address

Area  City

Dist.  State.  Pincode

Communication Address

City

Dist.  State  Pincode

Phone No : Office  Mobile

E-mail ID : \_\_\_\_\_ Member / Nominal Member No.

Date of Establishment

PAN No. :

Business Activity \_\_\_\_\_ Expected Annual Turnover

#### Constitution :

- |  |  |                                 |
|--|--|---------------------------------|
| <input type="checkbox"/> Sole Proprietorship     | <input type="checkbox"/> Institute                             | <b>Non-Profit Organization-</b> |
| <input type="checkbox"/> Partnership Firm        | <input type="checkbox"/> Association of Persons                |                                 |
| <input type="checkbox"/> Private Limited Company | <input type="checkbox"/> HUF                                   |                                 |
| <input type="checkbox"/> Public Limited Company  | <input type="checkbox"/> Co-operative Credit Society           |                                 |
| <input type="checkbox"/> Club                    | <input type="checkbox"/> Non-scheduled Urban Co-Operative Bank |                                 |
| <input type="checkbox"/> Bachat Gat              | <input type="checkbox"/> Other _____                           |                                 |
|  |  |                                 |

(Please Specify)

#### Registration Numbers & Date :

Registration No. (Shop Act, Company Act etc.)

Sales Tax No. (CST/MST/BST)

VAT No./ GST.

SSI No.

TAN No.

Other (Please Specify)

#### Name of Proprietor / Partners / Directors / Trustees / Karta :

#### Customer ID

Please fill up Individual Customer Profile for Proprietor, Partners, Trustees, Members/ Directors, Authorised Signatories  
(This information will be kept strictly confidential)

1)

2)

3)

4)

5)

**Introduction Details**

Introducers Name \_\_\_\_\_

Address : \_\_\_\_\_ Customer ID : 

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Account No. : 

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 Account opening Date : 

D	D	M	M	Y	Y	Y	Y
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Mobile No. / Phone No. : \_\_\_\_\_ E-mail ID : \_\_\_\_\_

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

Date : 

D	D	M	M	Y	Y	Y	Y
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 Introducers Signature \_\_\_\_\_

**Declaration**

We declare that :

- We do not enjoy any credit facilities with any other Bank.
- We enjoy the following credit facilities with other banks at present

Name the Bank	Nature of Facility	Amount

Please give two references for business promotion :

Name \_\_\_\_\_ E-mail ID : \_\_\_\_\_ Tel. No. : \_\_\_\_\_

Name \_\_\_\_\_ E-mail ID : \_\_\_\_\_ Tel. No. : \_\_\_\_\_

I / We affirm that, information furnished here in above is true and authentic to the best of my knowledge. I / We undertake that any change in the constitution / Authorised Signature will be communicated to Bank along with supporting documents immediately.

Date : 

D	D	M	M	Y	Y	Y	Y
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\_\_\_\_\_  
Signature with Rubber Stamp

\_\_\_\_\_  
Signature with Rubber Stamp

\_\_\_\_\_  
Signature with Rubber Stamp

\_\_\_\_\_  
Signature with Rubber Stamp



**For Office Use Only**

KYC Documents taken on record.

Documentary Proof

- Pan Card
- Partnership Deed
- Board Resolution
- Other (Please (Specify)
- Shop Act License
- Memorandum of Association
- Electricity Bill (Latest)
- Telephone Bill (Latest)
- Registration Certificate
- Article of Association

Address Proof

- Electricity Bill (Latest)
- Telephone Bill (Latest)
- Other (Please (Specify) \_\_\_\_\_

Business profile as per discussion with applicant : \_\_\_\_\_

Risk Allocation as per given parameters :  High  Medium  Low

Eligibility of Introducer Checked  Yes  No

**KYC Compliance checked and allowed to open an account**

Signature of officer \_\_\_\_\_

Date : 

D	D	M	M	Y	Y	Y	Y
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Name of Officer \_\_\_\_\_ User ID. 

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**For Use of Account Opening Cell only**

**Verified & found correct for further processing**

Name & Signature of the Officer \_\_\_\_\_ User ID. 

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Email: maloji\_bank@rediffmail.com, ho@malojirajebank.com

## CURRENT ACCOUNT OPENING FORM

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

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

Customer ID : 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Account No. 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please open an account as per details given below (  whichever is applicable)

Current -  Regular  
 Account Operation by -  Single  Joint  Either or Survivor  Specific  
 Deposite Details : Payment by -  Cash  Cheque \_\_\_\_\_ Cheque No. \_\_\_\_\_ Date \_\_\_\_\_

### NAME OF THE APPLICANT INDIVIDUAL / FIRM / COMPANY

(Mr / Mrs / M / s) : 

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 Address : 

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 Tel : (Factory / Office) 

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 (Resi.) 

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 Mobile 

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 E-mail \_\_\_\_\_

### NAME OF THE PROPRIETOR / PARTNERS / DIRECTORS (Please fill up individual customer profile for each Partner / Director)

Customer ID : 

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 1) Name : 

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 Address : 

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 Tel. : (Factory/Office) 

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 (Resi.) 

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 Mobile 

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 Customer ID : 

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 2) Name : 

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 Address : 

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 Tel. : (Factory/Office) 

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 (Resi.) 

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 Mobile 

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 Customer ID : 

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 3) Name : 

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 Address : 

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 Tel. : (Factory/Office) 

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 (Resi.) 

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 Mobile 

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 Customer ID : 

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 4) Name : 

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 Address : 

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 Tel. : (Factory/Office) 

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 (Resi.) 

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 Mobile 

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My / Our specimen signature/s is / are enclosed herewith. I / We authorize any \_\_\_\_\_ of the above \_\_\_\_\_ to conduct the account operations at a time. On the death of any one of us, the balance of the account would be payable to the survivor/s.

1) Signature	2) Signature	3) Signature	4) Signature
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### Please offer me

Regular Cheque Book  Personalized cheque book  SMS  ATM

### Declaration / जाहीरनामा

I/we have read & understood the terms & conditions. I/we accept & agree to be bound by terms & conditions applicable from time to time. I/we agree that Bank may debit my / our account for service charges as applicable from time to time. I/we accept & agree to be bound by the terms, conditions & charges thereon applicable from time to time for the use of requested services. मी/आम्ही नियम वाचले व समजून घेतले. मला/आम्हाला सर्व नियम मान्य असून, नियमांत वेळोवेळी होणारे बदल पाळण्यास आम्ही बांधील आहोत. माझ्या/आमच्या खात्यातून वेळोवेळी आवश्यक असणारे सर्व्हिस चार्जेस घेण्यास माझी/आमची मान्यता आहे. मी/आम्ही सांगितलेल्या सेवा वापरतांना त्या सेवांना लागू असलेले नियम व अटी व वेळोवेळी त्यात होणाऱ्या बदलास आम्ही बांधील आहोत.

All the other information related to me / us is the same as stated in "Customer Profile"

## Declaration

I, the undersigned hereby inform you that I am the sole proprietor of the firm M/s. \_\_\_\_\_  
\_\_\_\_\_ and I am solely responsible for liabilities thereof. I shall advise you in writing of any change in constitution of the firm and I will be liable to you for any obligations which may be standing in the firm name in your books on the date of the receipt of such notice and until all such obligations shall have been fully liquidated. The documents & its contents submitted at the time of opening of this account are true and correct.

Date : 

D	D	M	M	Y	Y	Y	Y
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Place : \_\_\_\_\_ [To be signed by the Proprietor of the firm without rubber stamp]

## Declaration

We, the undersigned are the only partners in the firm. We are jointly and severally responsible 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 the partners of the firm.

We shall advise you in writing of any change that take place in the partnership and all the present partner will be liable to you on any obligation which may be standing in the firm's name in your books on the date of receipt of such notice and until all such obligations shall have ben liquidated. The documents and its contents submitted at the time of opening of this account are true and correct.



Stamp

1) \_\_\_\_\_ Signature \_\_\_\_\_



Stamp

2) \_\_\_\_\_ Signature \_\_\_\_\_



Stamp

3) \_\_\_\_\_ Signature \_\_\_\_\_



Stamp

4) \_\_\_\_\_ Signature \_\_\_\_\_

Date :

Place :

[To be signed by the Partners of the firm without rubber stamp]

## Following are the documents that can be taken as KYC documents at the time of opening of a Current Account :

Note : Bring original documents for verification. / सर्व मुळ दस्तावेज खातरजमा करण्यासाठी सोबत आणावेत.

Please submit self attested photocopies of documents / दाखल करीत असलेल्या सर्व फोटोकॉपीजवर खातेदाराची सही असणे आवश्यक आहे.

### Accounts of Proprietary Concern:

Proof of Identity, Proof of Residential Address, latest Color Photographs

#### Business documents (any two of the following):

- Registration Certificate (in case of a registered concern)
- Certificate/License issued by the Municipal authorities under Shop & Establishment Act.
- SSI License
- Fire License, Weight and measurement license issued by State Govt.
- License issued by Food and Drug Control Authorities
- Complete Income Tax Return (Not just acknowledgment) in the name of sole proprietor, in which the firm's income is reflected in Computation of income, duly authenticated/acknowledged by Income Tax Authorities
- CST / VAT Certificate / Sales Tax Return
- Any other Tax Registration (Service Tax, Profession Tax etc.)
- PAN intimation letter in the name of firm
- Grampanchayat Dakhala
- Certificate issued by Chartered Accountant for existence of the business
- Current Account Statement of other bank with IT return in the name of firm
- Rent Agreement in the name of firm.
- Address proof i.e. telephone bill / electricity bill / property tax in the name of firm
- Certificate issued by officer recognized by PF with PF commissioner
- Import Export Code (IEC) issued by Director General, Foreign Trade.

### Accounts of Companies:

**Documents of All Directors** - Proof of Identity, Proof of Residential Address, Latest Color Photographs, PAN

#### Documents of Pvt. / Public Ltd. Companies

- 1) Certificate of incorporation and Memorandum & Articles of Association.
- 2) Resolution of the Board of Directors to open an account and identification of those who have authority to operate the account.
- 3) Power of Attorney granted to its managers, officers or employees to transact business on its behalf.
- 4) Copy of PAN Card or PAN allotment letter.
- 5) Copy of the latest Telephone Bill in the name of company

### Account of Partnership Firm:

**Documents of All Partners** - Proof of Identity, Proof of Residential Address, Latest Color Photographs, PAN

#### Documents of Business Concern-

- 1) Registration Certificate, if registered
- 2) Partnership Deed
- 3) Power of Attorney granted to a partner or an employee of the firm to transact business on its behalf
- 4) Any officially valid document identifying the partners and the persons and the persons holding the Power of Attorney and their addresses
- 5) Copy of the latest Telephone Bill in the name of firm/partnes

### Accounts of Trust & Foundation:

**Documents of Directors / Trustees** - Proof of Identity, Proof of Residential Address, Latest Color Photographs, PAN

#### Documents of Business Concern-

- 1) Certificate of Registration, if registered
- 2) Trust Deed
- 3) Power of Attorney granted to transact business on its behalf
- 4) Any officially valid document to identify the trustees, setters, beneficiaries and those holding Power of Attorney, founders / manager / directors and their addresses
- 5) Resolution of the managing body of the foundation / association
- 6) Copy of the latest Telephone Bill