



श्रमेण वैभवं याति नरः

THE SAHYADRI SAHAKARI BANK LTD., MUMBAI.

446, Jagannath Shankar Shet Marg, Chira Bazar, Mumbai - 400 002.

CURRENT ACCOUNT OPENING FORM

Branch : CKYC ID : Date : / / 20

ACCOUNT DETAILS

Title: Mr. / Mrs. / M/s.,:

APPLICANT DETAILS

Existing Customer : Yes / No If Yes, Customer ID
PAN No. Or Form 60 :Yes / No
Registration No : Date of Birth / Incorporation : / /
GST No. : Any Other
CIN No. : UID No. :

CONSTITUTION

Proprietorship Partnership Limited Liability Partnership Private Ltd Co.
Public Ltd Co. Trust Educational Institute Club
Society Other (Please Specify)

NATURE OF BUSINESS

Manufacturing Service Provider Trading (Retail / Wholesale) Agriculture
Real Estate Stock Broker Educational Institute Trust
NGO Jewellers Other

ANNUAL TURNOVER

Up to 10 Lakh 10 L to 50 L 50 L to 1 Cr. 1 Cr. to 5 Cr.
5 Cr. to 10 Cr. 10 Cr. to 50 Cr. 50 Cr. to 100 Cr. 100 Cr. to 500 Cr.
500 Cr. to 1000 Cr. Other than Above if any Please Mention

Involved in Export Import IEC No. Date : / / 20

Transaction in Foreign Currency : Yes/ No No. of Years in Business : Yrs Months

Holding Company : Subsidiary Company : (If Yes, mention details below)

Name :

Address :

Contact Details :

Registered Address

Landmark City State

PIN Code Address Since Owned Property Rented Property

Telephone No. (I) Telephone No (II). :

Telephone No. (III) : Mobile No. :

Fax No. : Website :

Email ID : Email ID :

Correspondence Address (Local Address or Factory Address

Landmark City State

PIN Code Telephone No. : Mob.No.:

Native Address :

Landmark City State

PIN Code Telephone No. : Mob.No.:

OPERATING INSTRUCTION

Prop / Authorised Signatory Single Signatory Any 2 Jointly

Jointly By all Partners (Please Specify) Any One Partner

Either or Survivor Former or Survivor Any One or Survivor

As per Board Resolution Trustees (Please Specify) Any One Trustee

Other

Initial Payment :

Amount : Rs. Cash / Cheque No. Date : / /

Drawn on Bank Branch

Trans ID : Trans Date : / /

Facilities required (Please mark ✓ in appropriate box)

Cheque Book Facility Debit cum ATM Card (Rupay Card)

Account Statement By : Email Delivery at Branch

Statement Frequency : Monthly Quarterly Yearly

Physically / By Mail : (If yes, Mention Mail ID)

DETAILS OF APPLICANT/S (Authorized Signatory for this account)

APPLICANT NO. 1

Name :

Address :

Landmark : City : State :

PIN Code : Phone No.: Mob.:

Email ID : Qualification :

Designation : **CKYC ID :**

APPLICANT NO. 2

Name :

Address :

Landmark : City : State :

PIN Code : Phone No.: Mob.:

Email ID : Qualification :

Designation : **CKYC ID :**

APPLICANT NO. 3

Name :

Address :

Landmark : City : State :

PIN Code : Phone No.: Mob.:

Email ID : Qualification :

Designation : **CKYC ID :**

APPLICANT NO. 4

Name :

Address :

Landmark : City : State :

PIN Code : Phone No.: Mob.:

Email ID : Qualification :

Designation : **CKYC ID :**

NAME	PHOTOGRAPH	SPECIMEN SIGNATURE
1st Applicant	RECENT PHOTOGRAPH WITH CROSS SIGN	
2nd Applicant	RECENT PHOTOGRAPH WITH CROSS SIGN	
3rd Applicant	RECENT PHOTOGRAPH WITH CROSS SIGN	
4th Applicant	RECENT PHOTOGRAPH WITH CROSS SIGN	

Details of account held with other Banks (Mandatory as per RBI guidelines)

	NAME OF BANK	BRANCH ADDRESS	TYPE OF ACCOUNT	ACCOUNT NO.
1.				
2.				
3.				
4.				
5.				

INTRODUCTION DETAILS

Name of introducer	Mr./Mrs. /Ms. <input type="text"/>
Address	<input type="text"/>
	Pin code <input type="text"/> Tel.No. <input type="text"/> Mob.No. <input type="text"/>
SB/CD A/c.No. <input type="text"/> Customer ID No. <input type="text"/>	A/c.No. _____ At the Branch _____ I Certify that the applicant/s is / are known to me since _____ months/Years and I confirm the address of the applicant as stated in this application.
Signature of Introducer	

CREDIT FACILITIES WITH OTHER BANK (Mandatory as per RBI guidelines)

I/We declare that do not enjoy credit facilities with other bank(s)/any other branch of your bank and undertake to inform the bank in writing as soon as any credit facility is availed from any other banks/any other branch of your bank.

I / we declare that I / we enjoy credit facilities with other bank(s)/other branch(es) of your bank as per following details.

Sr. No.	Nature of Credit Facility etc.	Amount Sanction	Amount Utilized on date	Name of the Bank	Branch of the Bank	Account Number
1.						
2.						
3.						
4.						
5.						

NOMINATION FORM (DA-1) (Applicable only for sole proprietorship)

- 1) Yes, I wish to nominate (as per detail below)
 2) I declare that I do not wish to make nomination in my account

Nomination under section 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in Respect of bank deposit.

I, the sole proprietor of the business carried in the name of M/s nominate the following person to whom in the event of my death, deposit in the account of the above business concern, may be returned by **THE SAHYADRI SAHAKARI BANK LTD., MUMBAI** (Branch).

Name

Address

City PIN Code State Ph No.

Relationship with depositor, if any If nominee is minor,

his/her date of birth : / /

As the nominee is a minor on this date, I appoint (Guardian Name)

Relation with the minor , Address (Same as Primary Applicant) if different,

Address:

City: Pin Code: State:

To receive the amount of the deposit in the account on behalf of the nominee in the event of my death during the minority of the nominee.

Signature of Depositor :
 Name :
 Address :
 Date : / / Place :

Signature of Witness :
 Name :
 Address :
 Date : / / Place :

Note: Any variation or cancellation regarding to nomination shall be communicated to home branch with specific written request letter. Physical presence of authorised person is must in the event of variation or cancellation of nominee. Bank recommend that all depositors avail the nomination facility.

Nomination Registration Number : _____

KYC :

Sr. No.	Nature of Document	Proof of Identity	Proof of Address
1	PAN Card	Yes <input type="checkbox"/>	No. <input type="checkbox"/>
2	Aadhar Card	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
3	Passport	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
4	Driving License	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
5	Ration Card	No <input type="checkbox"/>	Yes <input type="checkbox"/>
6	National Rural Employment Guarantee Scheme (NREGS)	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
7	Electricity Bill	No <input type="checkbox"/>	Yes <input type="checkbox"/>
8	Telephone Bill	No <input type="checkbox"/>	Yes <input type="checkbox"/>
9	Water Bill	No <input type="checkbox"/>	Yes <input type="checkbox"/>
10	Property Tax Payment Receipt	No <input type="checkbox"/>	Yes <input type="checkbox"/>
11	Property Registration Document	No <input type="checkbox"/>	Yes <input type="checkbox"/>
12	Gas Card /Book or Piped Gas Bill	No <input type="checkbox"/>	Yes <input type="checkbox"/>
13	Photo Identity card issued by the Central Government / Public Sector Undertaking	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
14	Copy of Certificate of Registration of Partnership Firm / Limited Liability Partnership / Company / Trust / Society.	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
15	Copy of Trust Deed	- <input type="checkbox"/>	- <input type="checkbox"/>
16	By Laws of Society	- <input type="checkbox"/>	- <input type="checkbox"/>
17	Memorandum and Articles of Association (for Company)	- <input type="checkbox"/>	- <input type="checkbox"/>
18	GST Registration Certificate	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
19		<input type="checkbox"/>	<input type="checkbox"/>
20		<input type="checkbox"/>	<input type="checkbox"/>

Note :

- For HUF any document in the name of Karta.
- In case the of minor, any of the above documents as proof of Identity and Address of any of the parents/guardian of such minor shall be deemed to be the proof of identity for the minor declarant, and the declaration should be signed by parents/guardian.

FOR BANK'S USE ONLY (KYC DOCUMENTS AS ABOVE VERIFIED WITH ORIGINAL BY SIGNING WITH EMPLOYEE CODE NUMBER.)

Customer ID :

Account No :

Initiated By
 Employee Name :

 Employee Code :
 Designation :

Authorised By
 Employee Name :

 Employee Code :
 Designation :

Clerk/Sub-Accountant/Jr. Manager/Sr. Manager

Employee Signature

Sr. Manager/Jr. Manager/Sub-Accountant

Employee Signature