

वाशिम बँक

बाते निरंतर.....



CURRENT ACCOUNT OPENING FORM

चालू खाते सुरु करण्याचा अर्ज

दि वाशिम अर्बन को-ऑपरेटिव्ह बँक लि; वाशिम

To,
The Manager,

Account No.
खाते क्रमांक

Customer ID
ग्राहक क्रमांक

Account Title
खात्याचे नाव

BRANCH
शाखा

ACCOUNT/COMPANY INFORMATION खात्याविषयी माहिती/कंपनी विषयी माहिती

Profession
व्यवसाय

Established
स्थापना

Constitution
घटना

Turnover
वार्षिक उलाढाल

Income
वार्षिक उत्पन्न

Office Space
व्यवसायाची जागा

Owned
स्वमालकीची

Rented
भाड्याने

Address
पत्ता

City शहर

Pin Code पिनकोड

State & Country राज्य व देश

PAN पॅन

Tel.No. दूरध्वनी क्र.

LBT No.
एल.बी.टी.क्र.

GSTIN
जि.एस.टी. क्र.

S.Tax No.
सर्विस टॅक्स क्र.

Email ID
ईमेल आय.डी.

PROPRIETOR'S / PARTNERS / DIRECTORS / TRUSTEE मालक/भागीदार/संचालक/विश्वस्त

Full Name Of the Applicant (Mr./Ms.)

अर्जदाराचे संपूर्ण नांव (श्री./श्रीमती)

Surname

आडनांव

First Name

नांव

Middle Name

पित्याचे/पतीचे नांव

D.O.B.

जन्मतारीख

Address

पत्ता

City शहर

Pin Code पिनकोड

State & Country राज्य व देश

PAN पॅन

Mobile No. मोबाईल क्र.

Email ID

ईमेल आय.डी.

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Surname

आडनांव

First Name

नांव

Middle Name

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D.O.B.

जन्मतारीख

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First Name

नांव

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पित्याचे/पतीचे नांव

D.O.B.

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State & Country राज्य व देश

PAN पॅन

Mobile No. मोबाईल क्र.

Email ID

ईमेल आय.डी.

INTRODUCTION BY KYC COMPLIED ACCOUNT HOLDER

Full Name & Add.of the Introducing Account Holder परिचयकर्त्या खातेदाराचे संपूर्ण नांव व पत्ता			
Account No. खाते क्रमांक		Customer ID ग्राहक क्रमांक	
As per the above mentioned details, I confirm that I am holding an account with Washim Urban Co.Op. Bank Ltd.,Washim for over 6 months. I personally know the Applicant(s) detailed here in for about _____ months and I confirm that Applicant's occupation and address stated in this application are correct to the best of my knowledge. वर नमुद केलेल्या माहितीस अनुसरून मी खात्री देतो की माझे वाशिम अर्बन को.ऑप.बँक लि., वाशिम यांचेकडे किमान 6 महिन्यांपेक्षा जास्त काळ खाते आहे. सदर अर्जदारास मी व्यक्तीगतरीत्या मागील सुमारे _____ महिन्यांपासुन ओळखतो. तसेच मी विश्वास देतो की या अर्जात नमूद केलेला अर्जदाराचा व्यवसाय व निवासाचा पत्ता हा तपशील माझ्या माहितीप्रमाणे बिनचूक आहे.			
Introducer's Signature & Date :		FOR OFFICE USE ONLY कार्यालयीन वापराकरीता	
		Name of Verifying Officer	
		Employee Code	

ACCOUNT OPENING INSTRUCTIONS.**(a) For Individual Accounts**

The account will be operated upon by me and I authorize you to honor all cheques or other order which may be drawn by me on this account and to debit such cheques or bills or notes to my account with you whether such account be for the time being in credit or overdrawn.

Messrs _____ and that all dealing and transactions are being entered into by me as its Sole Proprietor no other individual or party is sharing with me in my business styled above I am solely responsible to the Bank of all liabilities of turm with the Bank.

Signature of Account Holder

Signature

(b) For Joint Accounts

We request & authorize you until any of us shall give you notice in writing to the contrary to honor all cheques or other orders which may be drawn on our joint account kept by us with you or bills accepted or notes made on our behalf signed by _____ of us & to debit such cheques or orders or bills or notes to our account with you whether such account be for the time being in credit or overdrawn in the event of death, Insolvency or withdrawal of any of us the survivor or survivors of us shall have full control of any Monies than and thereafter standing to our Credit in our account with you and/ or any shares securities debenture, etc in this our account and it is understood that all monies new or hereafter standing to our credit in our account with you and or any securities debentures etc lying in the our account shall belong to survivors in the event of any of us dying during the currency of the account it is further understood that if anyone of us forbids payment of and account (which is not payable to all of us jointly) the account if in credit shall thereupon cease to carry interest and shall not be payable except on the discharge of all us or the survivors. We also request to you accept the endorsement of anyone of us to cheques or other order, bill or notes payable to us. We jointly and severally agreed if our accounts at any time be overdrawn, to be jointly and severally liable to you for any monies for the time being owing to you thereon including commission and Interest. We have also jointly and severally agreed that all monies, securities or other movable Property (Whether ours jointly or that of any or either, of us either jointly or severally) in or comming in to your possession shall be and remain as security and shall stand charged for the due Payment of our joint indebtteness and liabilities to you from time to time.

(d) For Partnership

We the undersigned carrying on business in co-partnership under the name & style of _____ authorize you to honor our respective signature as reverse on behalf of our said firm. We also request & authorize you until any on of us shall give you notice in writing to the contrary to honor all cheques or other which may be drawn or bills accepted or notes made or receipt for monies owing to us signed by any on of us on behalf of our said firm and to debit such cheques, orders, bills notes and receipts to our said Firms account whether such account be for the time being it credit or overdrawn.

We also request you to accept the endorsements of anyone of us on be half of our said Firm to cheque or other orders, bill and notes.

Signature

Signature

(e) For parties Signing in Vernacular

I / We understand fully the difficulties of your accepting cheques signed in any language other than English.

In consideration of your allowing me/us this facility I/we here by agree that the Bank is and will be entitled to debit my/our account with the amount of my cheques taken from the cheque books supplied from time to time to me /us such cheques purporting to bear my/our usual signature thought it may subsequently appear, that such cheques was/were not in fact signed by me/us and or by any persons authorize by me/us provided reasonable precautions were taken by the Bank and that there was nothing on the facs of cheques to arouse suspicion. I/We also hereby absolve the Bank from all liability and consequences if it return any of my/our cheques on the ground that the signature, thereon was not current according to the specimen of my/our signature, even though the signature may really be correct.

Signature

c) For Sole Proprietor

I hereby declare that I am the Sole Proprietor of trading concern of

NOMINATION नामनिर्देशन

Nomination under section 45ZA of the Banking Regulation Act (1949) and rule 2 (1) of the Co-operative Bank (Nomination) Rules (1985) in respect of bank deposit. बँकींग रेग्युलेशन ॲक्ट (1949) चा सेक्शन 45 झेड.ए. व सहाकारी बँक (नामनिर्देशन) नियम (1985) चा नियम 2(1) अन्वये बँक ठेवीसंदर्भात नामांकन.

I/we nominate the following person to whom in the event of my / our / minor's death the amount of deposit in the above account, may be returned by Washim Urban Co.op. Bank Ltd. मी/आम्ही खालील व्यक्तीस माझ्या/आमच्या/अज्ञानाच्या मृत्युपश्चात रक्कम स्विकारण्यासाठी नामांकित करीत आहे/आहोत.

Account No. खाते क्रमांक	Name & Address of Nominee नामनिर्देशित व्यक्तीचे नांव व पत्ता	Relation with depositor ठेवीदाराशी नाते	Age वय	D.O.B. (if minor) * अज्ञान असल्यास, जन्मतारीख

*As the nominee is minor on this date, I/we appoint the following person to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority period of the nominee. नामनिर्देशित व्यक्ती आज रोजी अज्ञान असल्यामुळे, तो/ती सज्ञान होईपर्यंत, माझ्या/आमच्या/अज्ञानाच्या मृत्युनंतर नामनिर्देशित व्यक्तीच्या वतीने ठेवीची रक्कम मिळण्याकरिता मी /आम्ही खालील व्यक्तीची नेमणूक करीत आहे/आहोत.

Name & Address

नांव व पत्ता

Signature / Thumb Impression of Depositor(s) ठेवीदाराची स्वाक्षरी / डाव्या अंगठ्याचा ठसा	Name & Address of Witness 1 साक्षीदाराचे नांव व पत्ता
1.	<hr/> <hr/> Signature स्वाक्षरी
2.	Name & Address of Witness 2 साक्षीदाराचे नांव व पत्ता
3.	<hr/> <hr/> Signature स्वाक्षरी

* ज्यावेळी अज्ञानाचे नावाने ठेव ठेवली असेल तेव्हा अज्ञानाचे व्यवहार करण्याचा कायदेशीर अधिकार असणाऱ्या व्यक्तीनेच हे नामनिर्देशित करावे आहे. नामनिर्देशन व्यक्ती अज्ञान नसेल तर संबंधीत मजकूर रद्द करावा.
* ठेवीदार अंगठ्याचा ठसा देत असेल अथवा ठेवीदार अंगठा देण्यास वा बँकेत प्रत्यक्ष हजर राहण्यास असमर्थ असेल तर त्याला दोन व्यक्तींची साक्ष आवश्यक आहे.

INSTRUCTIONS FOR ACCOUNT OPERATIONS खालील सूचनेनुसार खात्यावर व्यवहार केला जाईल.

- Self स्वतः Either of Survivor दोघांपैकी एक किंवा उत्तरजीवी Former of Survivor अगोदरचा किंवा उत्तरजीवी Anyone of Survivor कोणीही एक किंवा उत्तरजीवी Any Jointly of us आमच्यापैकी संयुक्तपणे

I/we are account holder of your bank. I/we wish to avail following facility / facilities provided by the Bank
माझ्या/आमच्या खात्यावर पुढील सेवा सुरू करावी/कराव्यात.

- SMS Alert एस.एम.एस. अलर्ट ATM Card ए.टी.एम. सुविधा Cheque Book चेक बुक

DECLARATION 1 जाहिरनामा १

We declare that आम्ही जाहीर करू इच्छितो की,

- We do not enjoy any credit facility with any bank.
आम्ही कोणत्याही बँकेची कर्ज सुविधा घेतलेली नाही.
- We enjoy the following credit facilities with Washim/Other bank at present.
आम्ही सध्या खालील नमूद केल्या प्रमाणे वाशिम बँक/इतर बँकेकडून कर्ज सुविधा घेतली आहे.

Name of the Bank बँकेचे नांव	
Nature of the facility कर्ज सुविधेचा प्रकार	
Amount रक्कम	

DOCUMENTS SUBMITTED FOR KYC COMPLIANCE के. वाय. सी. निकषपूर्तीसाठी जोडलेली कागदपत्रे

(Any one of list) (यापैकी एक)

1. Photo ID Proof AADHAR Card/Receipt PAN Card Voter's ID Card Valid Passport Driving Licence
छायाचित्र ओळख आधार कार्ड/पावती पॅन कार्ड मतदार ओळखपत्र वैध पासपोर्ट वाहन परवाना
2. Address Proof AADHAR Card Voter's ID Card Ration Card Telephone Bill Electric Bill
निवासाचा पुरावा आधार कार्ड मतदार ओळखपत्र शिधा पत्रिका दूरध्वनी देयक विद्युत देयक
3. Current Account Shop Act License Incorporation Certificate Articles of Association
चालू खात्याकरिता व्यवसाय परवाना कंपनी नोंदणी प्रमाणपत्र आर्टिकल्स ऑफ असोसिएशन

DECLARATION 2 जाहिरनामा २

I/we agree to abide by the Bank's rules and regulations framed from time to time. The Bank may debit my/our account for applicable service charges.
मी/आम्ही बँकेच्या वेळोवेळी बनलेल्या नियमांचे पालन करण्यास बांधील आहे / आहोत. तसेच माझ्या / आमच्या खात्यातून आवश्यक ते लागू असणारे सेवाशुल्क कापून घेण्यासाठी बँकेला परवानगी देत आहे/ आहोत.

1.

Paste here
Recent Photo
25mm x 35mm

अलिकडच्या काळातील
छायाचित्र येथे चिकटवा.
25 मि.मि. x 35 मि.मि.

2.

Paste here
Recent Photo
25mm x 35mm

अलिकडच्या काळातील
छायाचित्र येथे चिकटवा.
25 मि.मि. x 35 मि.मि.

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छायाचित्र येथे चिकटवा.
25 मि.मि. x 35 मि.मि.

Authorised Person's Sign & Stamp
स्वाक्षरी व शिक्का

Name of Authorised Person
नांव

FOR OFFICE USE ONLY कार्यालयीन वापरकरिता

Branch Head's approval to process account opening form

Branch Head / Authorised Signatory