



THE ANAND MERCANTILE CO-OP. BANK LTD.

Head Office : Maharshi Dayanand Marg, Anand-388 001 • Ph: 251224, 254800, 242812, 251390

Branch : Audhyogik Vasahat Branch, Anand • Ph. : 262524

E-mail: amcb_l_anand@yahoo.co.in • Website: amcb_lanand.com

ACCOUNT OPENING FORM - CORPORATE

For Office use only : Account No. : <input style="width:100%;" type="text"/>	S.I. No.: <input style="width:100%;" type="text"/>	Scheme Code : <input style="width:100%;" type="text"/>
A/c to be opened at Branch : <input style="width:100%;" type="text"/>	Branch Code : <input style="width:100%;" type="text"/>	Date : <input style="width:100%;" type="text"/>

I/We request you to open my/our deposit / over draft account with your branch/bank as under: (Tick (✓) relevant type of account)

CA A/c. OD A/c. TD A/c. RD A/c. Other

Scheme Name :

1. Name :
(in capital letters only)

2. Constitution : Proprietor Partnership Private Ltd. Public Ltd. HUF LLP Trust Association Co-Operative Soc.

Bank Financial Institutions Gov. PSU Liquidator FPI Category 1 FPI Category 2 FPI Category 3 Other _____

3. Correspondence Address:

Postal Code:

City: State: Country:

Registered Address same as above

Postal Code:

City: State: Country:

4. Photo & Signature :

For Office use only : Account No. CPC

Name of Account :

Photo 1 Please affix your latest Passport Size Photograph here	Photo 2 Please affix your latest Passport Size Photograph here	Photo 3 Please affix your latest Passport Size Photograph here	Photo 4 Please affix your latest Passport Size Photograph here	Photo 5 Please affix your latest Passport Size Photograph here
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Name :	CIF ID	Customer Signature :
1. _____	<input style="width:100%;" type="text"/>	1. _____
2. _____	<input style="width:100%;" type="text"/>	2. _____
3. _____	<input style="width:100%;" type="text"/>	3. _____
4. _____	<input style="width:100%;" type="text"/>	4. _____
5. _____	<input style="width:100%;" type="text"/>	5. _____

Mode of Operation : _____

5. Please provide Mobile Banking / SMS Banking services to my mobile No.:
6. Please provide Statement through Email at : Weekly Monthly Quarterly Intervals on
7. Channel / Other Facilities : Cheque Book Rupay Debit Cum ATM Card (applicable only for Proprietorship firm and HUF) Demat (Please fill up separate form)
8. Recurring Deposit: Installment Amount ₹ _____ No. of Installments Standing Instruction A/c. No.:
9. Introduction (Not required for Saving/Recurring/Deposit A/c. Optional for Current A/c.)

Name :		Account No. :
Address :		CIF ID :
		Branch Name :
Pin:	Mobile/Tel. No. :	Type of A/c. CA/CC/OD :

I/We certify that, Mr./Mrs./Ms. _____ 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.

(Signature of the Introducer)

10. NOMINATION DETAIL

FORM DA1

Nomination under section 45ZA of the Banking Regulation Act 1948 2(i) of the Banking Companies (Nomination) Rules 1985 in respect of Bank deposits

I/We _____ (Name and Address)

Nominate the following person to whom in the event of my/our/minor's death the amount of the deposit may be returned by The Anand Mercantile Co-Op. Bank Ltd. _____ branch.

Nominee				
Name	Address	Relationship with A/c. Holder(s) if any	Age	If Nominee is a minor, her/his Date of Birth
				D D M M Y Y Y Y
				D D M M Y Y Y Y
				D D M M Y Y Y Y

As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum. _____ (Name, Address and Age)

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.

I/We do not wish to make a nomination

Place : _____

Date : _____ Signature(s)/Thumb Impression(s) of A/c. Holder(s) _____

11. I/We declare that I/we enjoy/do not enjoy any Account / Credit Facilities with other banks. (Provide details, If any)

Bank & Branch	Place of Bank & Branch	Type of A/c Facility	Amount	A/c. No.

(For Proprietorship Firm only)

Dear Sir,

As the firm of M/s. _____ will have dealings with your Bank, I wish to inform you that, I, the under-signed, am the sole proprietor of the said firm, I am responsible to the Bank for the liabilities of the firm with Bank. The Bank may recover its claims from my estate.

Whenever any change occurs in the constitution of the said firm, I undertake to inform the Bank of the same in writing and my responsibility to the Bank will continue until I receive from the Bank an acknowledgement of that letter and until all my liabilities to the Bank are discharged.

Yours faithfully,

Date : _____

Place : _____

(Signature of Proprietor)

(For Partnership Firm only)

Dear Sir,

We wish to inform you that we, the undersigned are the partners in the firm of M/s. _____ which will have dealings with your Bank. We jointly and severally agree & accept responsibility to the Bank for the liabilities of the firm with the Bank. The Bank may recover its claim from the estate of any or all the partners of the firm.

Whenever any change occurs in the partnership, we agree and accept to inform the Bank of the same in writing and our Individual responsibility to the Bank will continue until all our liabilities to the bank are discharged.

Yours faithfully,

Date : _____

Place : _____

(Signature of all Partners in individual capacity)

Terms & Conditions:

I / we have read, understood and undertake to abide by banks rules for conduct of the accounts / services / products & charges.

(I) I/we hereby agree with the terms and condition of the service and it is acceptable to me / us.

- (1) Interest will be credited as per RBI directives from time to time.
- (2) Bank will take request for "stop payment" instruction, but the bank will not be responsible and liable if such cheque is paid inadvertently.
- (3) Bank, is empowered to refuse payment if signature does not match with the specimen signature.
- (4) I/we undertake to keep the bank informed about change in my / our residence / occupation address, mobile number etc.
- (5) Please issue cheque book and recover applicable charges from my / our account as per banks norms.
- (6) I/we also agree to maintain the minimum / quarterly average balance which bank may prescribe as the minimum / quarterly average balance to be maintained to avail the facilities and agree to pay the charges if the said balance is not maintained and any other charges stipulated by bank.
- (7) I/we shall fill up separate pay-in-slips prescribed by bank for various fixed deposit schemes. I/we understand that the time deposit shall be under auto - renewal scheme of the bank unless otherwise specified by me / us.
- (8) I/we authorize bank to make reference and inquiries as may be deemed necessary in their discretion with regard to the information furnished in this application. Bank is empowered to exchange, share or part with all the information data or documents relating to me / our application inter se amount themselves or to other bank / financial institutions / agencies / person as many be deemed necessary or appropriate or as may be required for processing of such information / data or for furnishing of the processed information / products of other bank / financial institutions / credit bureaus / agencies / users registered with such agencies.
- (9) Account in the name of minor can be opened by his guardian subject to birth date verification of minor.
- (10) I/ we agree to maintain prescribed minimum balance in my / our account linked to my / our demat account, failing which bank is entitled to recover prescribed charges from my / our account.
- (11) If the account becomes dormant due to non-operation for two continuous years, bank is entitled to recover prescribed charges from the account.
- (12) Bank is entitled to close my / our account after giving 7 days notice, if bank is not satisfied by the conduct of operations in the account.

(II) For RuPay Debit Card cum ATM card:

- (1) I/we accept full responsibility for my / our Ru Pay Debit Card and agree not to make any claims against The Anand Mercantile Co-Op. Bank Ltd. in respect there to.
- (2) I/we have read and understood the terms and conditions governing the usage of RuPay Debit Card. I/we accept to be bound by the said terms and conditions and to any changes from time to time by the The Anand Mercantile Co-Op. Bank Ltd. I/we authorised The Anand Mercantile Co-Op. Bank Ltd. to issue a RuPay Debit Card cum ATM card to the person/s as name mentioned in application of a/e opening form. I/we unconditionally and irrevocably authorize bank to debit my / our account annually for Debit Card charges / fees if any stipulated by the bank.
- (3) I/we understand and undertake that the usage of the Ru Pay Debit Card shall be strictly in accordance with the exchange control regulations and in event of any failure to do so, I/we will be liable for action under the Foreign Exchange Management Act (FEMA) 1999 and the amendments thereof stipulated by RBI from time to time.

(III) Mobile banking declaration:

I/we agree & abide by the terms and conditions of Mobile Banking available on website of bank www.amcblanand.com and agree that the bank shall not be held liable and absolved from liabilities whatsoever for loss to customer arising out of any reasons beyond the control of the bank including technology failure of network of any service provider and / or the bank's system and / or any breakdown, interruption, suspension or failure of the telecommunication equipment of the customer or the bank. I/we agree that

1. To download the Mobile Banking Application from the play store of the mobile OS vendor.
2. That transaction initiated through mobile banking application are irrevocable, bank shall not entertain any request for revocation of transaction or stop payment request for transaction initiated through mobile banking as the transactions are completely instantaneous and are incapable of being reversed.
3. Not to use mobile banking channel for transfer of funds for illegal activities.
4. To be responsible for the safe custody and security of mobile banking application. Downloaded on our mobile phones and immediately inform the bank about loss or theft of mobile phone for disabling of mobile banking services to prevent unauthorized usage.
5. To NOT share the login password and MPIN/TPIN with anyone, including bank's Staff / Associate / Representative.
6. To operate within the maximum transaction limit(s) permitted by the bank for mobile banking from time to time.
7. To be responsible for any loss caused arising out of usage of mobile banking.
8. To accept all changes / modifications / additions/removals of any of the extant terms and conditions governing mobile banking service.

I/ we understand that change in any of the above terms & conditions will be notified by the Bank on its website www.amcblanand.com and also will be displayed on the notice boardofthe branches. (one month in advance).

Customer Signature : 1. _____

2. _____

3. _____

4. _____

5. _____

12. DAI Acknowledgement

DA1 ACKNOWLEDGEMENT

Account No. _____ Name of Depositor _____

Nomination in favour of _____ dated _____ has been

registered in the books of the Bank. Kindly note that in case of a nominee being a Non-Resident Indian, the repatriation of funds will be subject to the guidelines of RBI.

Place :

Date :

Branch Manager / Officer

Date :

For Office Use Only :

I / We hereby certify that this account opening form is complete in all respect and relevant documents have been obtained and verified with original

A/c Canvassed by, Employee No. :

Enclosure details by Branch :

No. of Addon forms enclosed

No. of KYC documents enclosed (Self Certified True Copies Notarised)

CPC request No.

Initial Deposit ₹. _____ Cash Cheque No. _____

Name : _____

Name : _____

Employee ID : _____

Employee ID : _____

Designation : _____

Designation : _____

Signature : _____

Signature : _____