



# 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: amcbl\_anand@yahoo.co.in • Website: amcblanand.com

## CUSTOMER FORM - CORPORATE

For Office use only :

KYC No. :

Branch Name :

Branch Code :

CIF ID :

1. Full Name :
2. Constitution :  Proprietor  Partnership  Private Ltd.  Public Ltd.  HUF  LLP  Trust  Association  
 Co-Operative Soc.  Bank  Financial Institutions  Gov. PSU  Liquidator  FPI Category I  
 FPI Category II  FPI Category III  Other
3. Contact Person Name :  
 Phone No. :
4. Registration No. :
5. Date of Incorporation : DD MM YYYY 6. Business Commencement Date : DD MM YYYY
7. PAN :
8. Average Annual Turnover : 9. Expected Annual Income :
10. Nature of Business :
11. Document Details :

Sr.	Type of Doc.	Doc. No.	Place of Issue	Date of Issue	Valid up to	Issuing Authority
1						
2						
3						
4						
5						
6						
7						

12 A. Registered Address:  
 City : State : Country : Postal Code :

12 B. Mailing / Local Address  Same as above  
 City : State : Country : Postal Code :

13. Mobile 1: Mobile 2: Fax:  
 Office : Residence :

14. Email : @

15. Name of the Proprietor / Partners/ Directors/ Karta / Authorized Signatories to Operate A/c

Sr.	Name	Relation	CIF ID
1			
2			
3			
4			
5			

16. No. of Employees :  17. Net Worth (As on   ) Rs. :

18. Please provide details of Account / Credit Facilities with other banks.

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

I/we certify and declare that the information furnished herein are correct to the best of my / our knowledge and belief. I/we undertake to inform you of any changes therein immediately. In cas any of the above information is found to be false or untrue or misleading or misrepresenting, I am/are aware that I/we may be held liabel for It. I/we would like to share my / our Personal/KYC details with Central KYC registry.

Customer Signature : 1 \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**For Office Use Only :**

Classification :  Low  Medium  High

Date :

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

**Enclosure details by Branch :**

No. of KYC Documents enclosed :  (  Self Certified  True copies  Notarised)

CPC request No. :

Name : \_\_\_\_\_

Employee ID : \_\_\_\_\_

Designation : \_\_\_\_\_

Signature : \_\_\_\_\_