

**UMA CO-OPERATIVE
BANK LTD.**

" Jay Complex" , Old N. H. No. 8. Nizampura, BARODA - 2

Customer No.

[illegible]

Account No. :

[illegible][illegible]

Date

 /

 /

CURRENT ACCOUNT OPENING FORM FOR OTHER THAN INDIVIDUALS

Please open a current account as per details below :

FULL NAME (IN BLOCK LETTERS)

[illegible]

REGD . OFFICE (WITH TEL / FAX / MOBILE / E-MAIL ETC.)

BUSINESS / FACTORY ADDRESS (WITH TEL / FAX/MOBILE / E-MAIL ETC.)

PLEASE TICK(✓) TYPE OF CONSTITUTION

Sole proprietorship Firm ☐

Joint Hindu Family ☐Club / Association/Society ☐Executors & Administrators ☐

Partnership Firm

Private/Public Limited Company

Trust ☐ Liquidators ☐

Any other (Please Specify)

PHOTO 1	PHOTO 2	PHOTO 3	PHOTO 4	PHOTO 5
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Name(s) of Proprietor/ Partners/ Persons (in case of Companies / Trusts etc.) authorised to operate the account	Specimen Signature (With Rubber Seal)	Signature, Name and S.S No. of Verifying Official
1		
2		
3		
4		
5		

Date of establishment / Incorporation _____ Sales/Excise Tax Reg. No _____
 PAN/GIR number or Form 60/61 of Income tax rules _____
 Nature of business _____ Source of income _____
 Annual Turnover _____ Net worth _____ Net Profit _____ (As per last balance sheet)
 Dealing with Uma : Since (Year) _____ At _____ Branch. _____
 Nature of Account _____ Credit facilities (if any) _____
 Dealing with other Banks (specify name of Bank, Branch, Type of Account thereat etc.) _____

I/We agree to abide by the Bank's rules relating to the conduct of current account and confirm that the information furnished above are correct.

1	Date
2	Date
3	Date
4	Date
5	Date

1 CHECK LIST OF FORMALITIES OBSERVED IN RESPECT OF PROPRIETORSHIP / PARTNERSHIP FIRMS/ JOINT HINDU FAMILY

Name(s) Proprietor/ Partners/ Karta/ Coparceners	Nationality	Address (With Tel / Fax / Mobile / E-mail Etc.)
1		
2		
3		
4		
5		

2 Particulars of Introduction / Identification

- [illegible]

- (b) Name, occupation and Address of Introducer (with telephone / fax / Mobile / E-mail etc.)

Introducer's Account No

Since

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[illegible]

(c) I/We certify that the proprietor / partners of the above firms is/are know to me/us personally and confirm the occupation and address stated in his/her/their application to open the account.

Signature of Introducer Verified

Signature of Introducer

Authorised Official

3. Partnership letter dated _____ and No _____ obtained on duly, signed by all partners.
(To be compulsorily obtained in case of partnership firms)
4. Partnership Deed dated _____ (Wherever available)
5. Joint Hindu Family Letter dated _____ and No _____
obtained, duly signed by all the adult coparceners. (To be compulsorily obtained in case of Joint Hindu Family)
6. Personal Information Sheet obtained in respect of all i.e. proprietor, partners, coparceners, karta (Whichever applicable)

Form DA-1 Nomination Form

Nomination under section 45ZA to 45ZF of the Banking Regulation A/c 1949 and 2(i) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I / We _____ name(s) and address (es) nominate the following persons to whom in the event of my / our / minor's death, the amount of the deposit, particulars whereof are given below may be returned by Uma Bank _____ Branch.

Deposit			Nominee				
Nature of Deposit	Distinguishing No	Additional Details (if any)	Name of Nominee	Address of Nominee	Relationship with depositor (if any)	Age	If Nominee is minor, his/her date of birth #

As the nominee is a minor on this date, I / We appoint Shri / Smt / Kumari _____ (Name Address, and Age) to receive the amount of deposit on behalf of the nominee in the event of my / our / minors death during the minority of the nominee.
Place: _____

Date: _____ # Strike out if nominee is not a minor.

@ Signature, Name and Address of Witness	*Signatures / Thumb Impression of Depositors

* Where deposit is made in the name of a minor the nomination should be signed by a person lawfully entitled to act on behalf of the minor.
@ Signature(s) of depositor(s) should be witnessed by one person, thumb impression(s) of depositor(s) should be witnessed by two person(s).

For Office Use

Sr. No	Description	Name of Authorised Staff	Signature
1	Applicant interviewed & purpose ascertained by		
2	Document/s of identification/Address Proof listed above were verified with original by		
3	Letter of thanks sent to A/c. holders and Introducer on _____		
4	Money Laundering Risk Classification [] Low [] Medium [] High		

KYC CERTIFICATION:

I have met the account opener/s Mr./Ms. _____ Mr./Ms. _____ Mr./Ms. _____ in person and hereby confirm that KYC Norms are fully complied with and further confirm that - i) The introducer has visited the branch ii) The signature of the introducer is verified and his/her Account is more than six months old and KYC Compliant. iii) Zerox copies of all KYC documents are verified with original thereof and found in order.		I have verified the documents submitted and confirm that KYC Norms are fully complied with. Signature of Branch Manager / Accountant Date:
Signature of Head of the Department Date:	Specimen Signature No. _____	

II) Check List of Formalities to be Observed in respect of limited companies

1. Certificate of Incorporation dated _____ (for inspection and return). A copy of the same to be retained.
2. Copy of the Memorandum of Association registered on _____ and Articles of Association dated _____ Obtained.
3. Certificate of Registrar of Joint Stock Companies dated _____ that the Company is entitled to commence business (for inspection, entry in the Power of Attorney Register and return). A copy of the same to be retained. (This certificate is not required when,
 - a. The company is a private company.
 - b. The company was registered before 1913 and does not invite the public to subscribe for shares.
 - c. The company is Limited by guarantee and does not have a share capital.)

4. Certified copy of a resolution dated _____ regulating the conduct of the account, obtained, some what on the following terms :-

We hereby certify that the following resolution of the Board of directors of the _____ Company Limited was passed at a meeting of the Board held on the _____ and has been duly recorded in the Minute Book of the said Company :- "resolved :- that a bank account for the Company be opened with the Uma-Co-Operative Bank, and that the said Bank be and is hereby authorised to honour cheques, bill of exchange and promissory notes drawn, accepted or made on behalf of the company by _____ and to act on any instructions so given relating to the account, whether the same be overdrawn or not, or relating to the transactions of the Company."

Sd/- Secretary

Sd/- Chairman

Sd/- Directors

5. Personal Information Sheet of the Chairman / Managing Director / Chief Promoter to be obtained.

III) CHECK LIST OF FORMALITIES TO BE OBSERVED IN RESPECT OF ACCOUNTS IN THE NAMES OF CLUBS, ASSOCIATIONS, SOCIETIES TRUSTS AND ACCOUNTS OF OTHER FIDUCIARY NATURE

1. Copy of the Memorandum of Association registered on _____ and Articles of Association dated _____ to be Obtained.
2. Copy of the Bye Law dated _____ and resolution dated _____ of the Society, regulating the conduct of the account to be obtained.
3. Government / Military order dated _____ obtained (whichever applicable).
4. Copy of relevant extracts of trust deed dated _____ obtained and perused, with special emphasis on the powers of the trustees to sign cheques, borrow money etc. The relevant portions are entered in the power of Attorney register.
5. Personal information sheet of Secretary / President / Managing Trustee etc. to be Obtained.

IV) CHECK LIST OF FORMALITIES TO BE OBSERVED IN RESPECT OF EXECUTORS, ADMINISTRATORS AND LIQUIDATORS.

1. Probate or letter of administration or authority under the Companies Act dated _____ obtained (for inspection, entry in miscellaneous documents register and return), A copy of the same to be retained.
 - i) In case more than one executors / administrators / liquidators are appointed, letter of authority signed by all of them regulating the conduct of the account, must be obtained.
 - ii) Executors / administrators / liquidators cannot normally delegate their powers to third parties).

उमा को-ओपरेटीव बैंक लि.

प्रधान कार्यालय :

जय कोम्प्लेक्स, निझामपुरा, वडोदरा - 390 002.

टेलिफोन : 2793088, 6453071



UMA CO-OPERATIVE BANK LTD.

HEAD OFFICE :

Jay Complex , Nizampura, Vadodara -390 002.

Tel. : 2793088, 6453071

Terms & Condition for Opening Current Deposit Account

INDIVIDUALS

I request and authorize you to honour all Cheques, Bills of Exchange, Promissory Notes and Others, drawn, accepted or made on the said account by me whether Account be in Credit or Overdrawn.

Authorized Signatory

Proprietary Firm

I declare that I am the sole proprietor of the said firm and request and authorize you to honour all Cheques, Bills of Exchange, Promissory Notes and other orders drawn, accepted or made by me. In the name of my firm on the said account. whether the Account be in credit or overdrawn. I shall be solely responsible for all liabilities of my said OFirm to the Bank. I agree that the Bank may recover its claims from my personal assets and from the assets of my said firm_____.

Whenever any change occurs in constitution of the firm, I undertake to inform the Bank of the said in writing. I shall, however continue to be personally liable for all dues of my said firm to the Bank until I receive from the Bank an acknowledgment of my letter and until all my liabilities to the Bank as on the date of the receipt of such notice by the Bank are fully adjusted.

Authorized Signatory

Partnership Firm

We are partners in the said firm and we request and authorize you until any notice in writing to the contrary is given to you by either/any of us to honour all Cheques, Bills of Exchange, Promissory Notes and other orders, drawn, accepted or made on behalf and in the name of said firm by _____ and to act on any instructions so given relating to the account whether the account be in credit or overdrawn. In the event of any such notice, the account will be operated by both/all of us partners jointly.

As far as endorsement on Cheques, Bills, Notes and other orders are concerned, they will be made by either/any one of us on behalf and in the name of our said firm.

Authorized Signatory

Authorized Signatory

Joint Family (HUF)

We request and authorize you until any notice in writing to the contrary is given to you by either/any of us, to honour all cheques, Bills of Exchange, Promissory Notes and other orders drawn, accepted or made on behalf of the said firm by _____ and to act on any instruction so given relating to the account whether account be in credit or overdrawn in the event of any such notice, the account will be operated by both/ all of us coparceners jointly.

As far as endorsement on cheques, Bills, Notes and other orders are concerned, they will be made by either/any of us on behalf of our said joint family firm.

Authorized Signatory



Uma Co-Operative Bank Ltd. / ઉમા કો-ઓપરેટીવ બેંક લિ., વડોદરા.

Annexure to Account Opening Form / ખાતું ખોલતી વખતે આપવાની વિગતો

Account No./ખાતો નં. _____

No.	Particulars વિગત	First Applicant પ્રથમ અરજદાર	Second Applicant બીજા અરજદાર	Third Applicant ત્રીજા અરજદાર	Fourth Applicant ચોથા અરજદાર
Customer ID No./ગ્રાહકનો ઓળખ નં.					
1	Full Name પુરૂ નામ	Surname/અટક			
		Name/નામ			
		Father/Husband Name પિતા/પતિ નું નામ			
2	Maiden Name (For Married Woman) લગ્ન પહેલાનું નામ (પરિણિત સ્ત્રીઓ માટે)				
3	Father/Husband's Full Name પિતા/પતિનું પુરૂ નામ				
4	Mother's Name in Full માતાનું નામ પુરૂ નામ				
5	Pan No. પાન નં.				
6	UID (Aadhar) No. આધાર નં.				
7	Voter ID Card No. ચૂંટણી ઓળખપત્ર નં.				
8	Passport No. પાસપોર્ટ નં.				
9	Driving License No. ડ્રાઇવિંગ લાયસન્સ નં.				
10	E-mail ID / ઇ-મેઇલ				
11	Occupation / વ્યવસાય				
12	Mobile No. / મોબાઇલ નંબર				
13	Signature સહી				