



SUARNAYUG SAHAKARI BANK LTD., PUNE

H.O. : 1102/10/11, Marne Heights, Budhwar Peth, Pune 411 002.

_____ Branch

Date :

CURRENT ACCOUNT OPENING FORM

A/c. No. :

Cust. ID :

Cust. ID :

Cust. ID :

Cust. ID :

Cust. ID :

I/We wish to open my/our Current Account in your bank and for this purpose I/We hereby deposit Rs. _____ (Rupees _____) being the initial deposit. I/We have read and understood all the rules and regulations of the Current Account and agree to be bound by the said rules as amended from time to time. I/We agree to conduct the account operations accordingly.

NAME OF THE APPLICANT INDIVIDUAL / FIRM / COMPANY

M/s. / Mr. / Mrs. _____

Address _____

Tel. (O) _____ (R) _____ (M) _____

Applicant's
Signature along
with Rubber Stamp

Photo

NAME OF THE PROPRIETOR / PARTNERS / DIRECTORS

Name _____

Address _____

Tel. (O) _____ (R) _____ (M) _____

Applicant's
Signature along
with Rubber Stamp

Photo

Name _____

Address _____

Tel. (O) _____ (R) _____ (M) _____

Applicant's
Signature along
with Rubber Stamp

Photo

Name _____

Address _____

Tel. (O) _____ (R) _____ (M) _____

Applicant's
Signature along
with Rubber Stamp

Photo

Name _____

Address _____

Tel. (O) _____ (R) _____ (M) _____

Applicant's
Signature along
with Rubber Stamp

Photo

My/our specimen signature/s is/are enclosed herewith. I/We authorise any _____ of the above _____ to conduct the account operations at a time. On the death of any one of us, the balance of the account would be payable to the survivor/s

INTRODUCTION : I hereby confirm that I know Mr./Mrs./M/s. _____ well and I confirm his/her/its occupation and address as stated in this application as above.

Full Name : _____
Address : _____
Branch : _____ Signature : _____
Membership No. : _____ A/c. No. _____

Declaration (Proprietor)

Date :

Place :

Dear Sirs,

I, the undersigned beg to inform you that I am the sole proprietor of the firm

M/s. _____ and I am solely responsible for liabilities thereof, I shall not change the nature & constitution of the firm without the prior approval of the Bank and I will be liable to you for any obligations which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been fully liquidated. The documents & it's contents submitted at the time of opening of this account are true and correct.

To be signed by the proprietor of the firm without rubber stamp.

Your's faithfully,

Declaration (Partnership Firm)

Date :

Place :

Dear Sirs,

As the firm of M/s. _____

having dealings with the Bank, we beg to inform you that we the undersigned are the Partners in the said firm. We are jointly and severally responsible to the Bank for the liabilities of the firm with the Bank. The Bank may recover its claims from the estate of any or all the partners of the firm.

We hereby undertake that we will not change or vary the constitution of the firm without your prior approval in writing and our individual responsibility to the Bank will continue until we receive from the Bank an acknowledgement of the letter and until all our liabilities with the Bank are discharged. The documents and its contents submitted at the time of opening of this account are true and correct.

Your's faithfully,

- 1) _____
- 2) _____
- 3) _____
- 4) _____

To be signed by each Partner of the firm without rubber stamp.

Resolution (Pvt. / Pub. Ltd. Co.)

Resolution No. :

Resolution Date :

RESOLVED that the Banking Account for M/s. _____ be opened with
Suvarnayug Sahakari Bank Ltd., Pune and the said Bank be and is hereby authorised to honour cheques, bills of exchange
and promisory notes drawn, accepted or made on behalf of the

By _____

And to act on any instructions so given, relating to account whether the same be overdrawn or not.

Date :

Place :

Chairman

Seal of
the
Company

Declaration

Date :

To,
The Manager

_____ Branch/Extn. Cont

I undersigned here _____

Proprietor/Partner/Director of firm M/s. _____ that,

- a) I am maintaining / not maintaining any type of loan account with commercial / nationalised / private bank.
If loan is availing, information of Loan account is as follows :

- b) I am a member / not a member of any co-operative bank or co-operative society.
If an applicant is shareholder, information is as follows :

- c) I am availing / not availing any type of loan from any co-operative bank or co-operative society.
If loan is availed, information of Loan account is as follows :

Your's faithfully,

नामनिर्देशन अर्ज - DA - १ (Nomination Form - DA - 1)

Nomination under section 45ZA read with section 56 of the Banking Regulation Act, 1949 and Rule 2 (1) of the Co-operative Banks (Nomination) Rules, 1985 in respect of bank deposits. I/we [Name(s) & address(es)]

nominate the following person 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 Suvarnayug Sahakari Bank Ltd. _____ Branch (Name & address of branch/office where deposit is held)

बँक ठेवीकरीता बँकिंग रेग्युलेशन अँक्ट, १९४९ चे कलम ५६ व कलम ४५ZA, तसेच को-ऑपरेटिव्ह बँकेचे (नामनिर्देशन) नियम, १९८५ चे कलम २(१) नुसार नामनिर्देशन, मी/आम्ही (नाव/नावे व पत्ता/पत्ते)

माझ्या/आमच्या/अज्ञान व्यक्तीच्या मृत्यूनंतर सुवर्णयुग सहकारी बँक लि., च्या शाखेने ठेवीची रक्कम मिळण्यासाठी खालील व्यक्तीचे नामनिर्देशन करत आहोत. ठेवीबाबतचा तपशील खाली नमूद केला आहे.

चालू खाते (Current Deposit)		
Nature of Account खात्याचे स्वरूप	Distinguishing No. क्रमांक	Additional details, if any अधिक तपशील असल्यास

नामनिर्देशित व्यक्ती (Nominee)			
Name & Address नाव व पत्ता	Relationship with Depositor, if any ठेवीदाराशी असलेले नाते, असल्यास	Age वय	*If nominee is a minor, His/Her date of birth *नामनिर्देशित व्यक्ती अज्ञान असल्यास त्याची/तिची जन्मतारीख

* As the nominee is a minor on this date. I/we appoint Shri./Smt./Kum. (Name, address & 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.

* नामनिर्देशित व्यक्ती आजमितीस अज्ञान असल्यामुळे तो/ती सज्ञान होईपर्यंत माझ्या/आमच्या/अज्ञानाच्या मृत्यूनंतर नामनिर्देशित व्यक्तीच्या वतीने ठेवीची रक्कम मिळण्याकरिता मी/आम्ही, श्री./श्रीमती/कु. (नाव, पत्ता व वय)

यांची नेमणूक करत आहोत.

Name(s), Signature(s) and Address(es) of witness(es)
साक्षीदारांची नावे, सही व पत्ता

Signature(s)/Thumb Impression(s) of Depositor(s)
[Thumb impression(s) shall be attested by two witnesses]
ठेवीदारांची स्वाक्षरी/दस्तूर (दस्तूराची खात्री करण्याकरीता दोन साक्षीदार आवश्यक)

1 Signature (सही) : _____ Place (ठिकाण) : _____ Date (दिनांक) : _____
Name & address (नाव व पत्ता) :

2 Signature (सही) : _____ Place (ठिकाण) : _____ Date (दिनांक) : _____
Name & address (नाव व पत्ता) :

* Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

* Strike out if the nominee is not a minor.

* अज्ञान व्यक्तीच्या नावाने ठेव ठेवली असल्यास, अज्ञान व्यक्तीच्या वतीने व्यवहार करण्याचे कायदेशीर अधिकार असलेल्या व्यक्तीने नामनिर्देशन अर्जावर स्वाक्षरी करणे आवश्यक आहे.

* नामनिर्देशित व्यक्ती अज्ञान नसल्यास खोडून टाकावे.

For Office Use Only

Introducer - Name & Address :

ओळख देणाऱ्याचे - नाव व पत्ता :

Introduction is already taken ग्राहकाची ओळख अगोदरच घेण्यात आली आहे

Introducer's Cust ID confirmed :

ओळख देणाऱ्याचा ग्राहक क्र. तपासला :

For Branch

Information Entered By

Information Verified By

Allowed to open account

Manager/Asst. Manager

For Back Office

Information Entered By

Information Verified By

Signature Scanned By