



सुवर्णयुग सहकारी बँक मर्यादित

युग समृद्धीचे... वरदान बाप्पाचे!

मुख्यालय : ११०२/१११०/११११, बुधवार पेठ, पुणे ४११ ००२.

फोन : २४४८९९७३, २४४८६०३९ फॅक्स : २४४७३११८

Email : headoffice@suvarnayugbank.com | Web : www.suvarnayugbank.com



CUSTOMER PROFILE (NON-INDIVIDUAL)

Customer ID Number

Date

NEW ☐ UPDATE ☐

Branch :

Name of Firm / Company / Trust / Society / Institution

Registered / Factory

Address

Nearest Landmark City

State Country Pincode

Office /Communication

Address

Nearest Landmark City

State Country Pincode

STD Code Tel. (Factory) Tel.(Office) Mobile

Contact Details
संपर्काचा तपशील

Email : Member / Nominal Member No.

PAN No.: TAN No.: CIN NO.:

Place of Incorp / Formation Date of Establishment

Business Activity

Constitution

- | | | |
|--|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Institute | <input type="checkbox"/> Non-Profit Organisation |
| <input type="checkbox"/> Partnership Firm | <input type="checkbox"/> Association of Persons | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Private Limited Company | <input type="checkbox"/> HUF | <input type="checkbox"/> Co-operative Society |
| <input type="checkbox"/> Public Limited Company | <input type="checkbox"/> Co-operative Credit Society | <input type="checkbox"/> Company Registered u/s 8 of Companies Act 2013. |
| <input type="checkbox"/> Club | <input type="checkbox"/> Non-Scheduled Urban Co-operative Bank | |
| <input type="checkbox"/> Other (Please Specify) <input type="text"/> | | |

Registration Numbers & Date

Date

Registration No. (Shop Act, Company Act etc)

Sales tax No. (CST / MST / BST)

Udyog Aadhar Number

SSI No.

TAN No.

GST No.

Name of Proprietor / Partners / Director / Trustees / Karta

Related Person Type

Customer ID

1) <input type="text"/>	<input type="text"/>	<input type="text"/>
2) <input type="text"/>	<input type="text"/>	<input type="text"/>
3) <input type="text"/>	<input type="text"/>	<input type="text"/>
4) <input type="text"/>	<input type="text"/>	<input type="text"/>
5) <input type="text"/>	<input type="text"/>	<input type="text"/>

Please fill up Individual Customer Profile for Proprietor, Partners, Trustees, Members, Director Authorised Signatories
(The Information will be kept strictly confidential)



Introduction Details

Introducers Name _____
 Account No. _____ Customer ID _____
 Branch : _____ Mobile No: _____ Ph. No.: _____
 Email : _____

I know the applicant/s for the last _____ months / year,

I confirm and address of the applicant/s. _____

Date / दिनांक : _____

Signature of Introducer

Declaration

We declare that :

1. I/we is/are availing credit facility/facilities from any other Bank. ☐ Yes ☐ No

2. I/we is/are a member of any other credit Co-op. Society Bank. ☐ Yes ☐ No

If yes for any of the above, give details in following format.

Name of the Bank/Credit Co-op Soc	No. of Shares	Nature of Facility	Sanction Amount	Balance as on	Expiry Date

Please give two references for business promotion :

Name _____ Email ID: _____ Ph.: _____

Name _____ Email ID: _____ Ph.: _____

I/we affirm that, information furnished here in above is true and authentic to the best of my knowledge. I / We undertake that any change in the constitution /
 Authorised Signature will be communicated to Bank along with supporting documents immediately.

Date : _____

1) Signature with Rubber Stamp 2) Signature with Rubber Stamp 3) Signature with Rubber Stamp

4) Signature with Rubber Stamp 5) Signature with Rubber Stamp

Attestation / For Office Use Only

KYC Documents taken on record

Documentary Proof ☐ PAN / TAN / CIN ☐ Shop Act License ☐ Registration Certificate
☐ Partnership Deed ☐ Memorandum of Association ☐ Article of Association
☐ Board Resolution ☐ Trust Deed ☐ Other (Please Specify) _____

Address Proof

Electrical Bill (Latest) on Firm's Name

Telephone Bill (latest) on Firm's Name

Other (Please Specify) _____

Risk Allocation as per given parameters : ☐ High ☐ Medium ☐ Low

KYC Compliance checked and allowed to open an account _____

Emp. Name _____ Emp. Designation _____

Emp. Code _____ Emp. Branch _____

Identify Verification ☐ Done Date _____ Signature _____

For Use of Account Opening Cell Only

Verified & found correct for further processing

Date : _____

Name & Signature of the AOC Officer _____ Emp. Code _____