

Nature of Business/Occupation

Industry - Manufacturing Sector Service Sector Business - Wholesale Trade Social/Philanthropic Activities
 Retail Trade Any other

Brief details of the nature of business / Occupation / Profession :

Details of branch official, associates and nature of their business :
 (Attach seperate sheet, if space is not sufficient)

Details and nature of foreign collaborations, if any

Details of Prop./Karta /Partners/Directors/Trustees/Authorized Signatories*

S. No.	Name	Status	Nationality	Residential Address	Tel. No. (if any)	Authorized vide Resolution No. & Date	Customer ID No.
							<input type="text"/>
							<input type="text"/>
							<input type="text"/>
							<input type="text"/>
							<input type="text"/>

Mode of Operation : Singly / Jointly / Other (Please Specify) :

PHOTOGRAPH OF AUTHORISED SIGNATORIES / DIRECTORS / PARTNERS etc.	Self Attested Photo	Self Attested Photo	Self Attested Photo	Self Attested Photo
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SPECIMEN SIGNATURE	Sign	Sign	Sign	Sign
	Name	Name	Name	Name
	Desi	Desi	Desi	Desi

Name/Title of Account

Account No. :

Signature of Verifying Official

Date :

Emp. Code

INTRODUCTION Should be Shivalik Bank's Customer (for the last six months or more)

NAME :

ACCOUNT NO.

CUSTOMER ID

I confirm that I am an account holder with Shivalik Mercantile Co-operative Bank Ltd. for over six months. I confirm that I personally know the applicant/s details herein for _____ years/ months and confirm his/her/their occupation, Identity and address as stated in the application.

Signature of Introducer

Signature verified (Officer's Signature & Code)

Persons to be identified individually and documents obtained for compliance of KYC/AML guidelines:
Partnership Firm: Each Partner; Pvt Ltd. Co.: Each Director of the Co. Public Ltd. Co. : Directors who have authority to operate the account. Corporations: Those who have authority to operate the account. Thrift Societies/ Friendly Societies, Co-operative Societies etc.: Persons exercising control or significant influence over the organisation's assets. This would often include Board members plus executives and' account signatories. Charities, Clubs and Associations: At least two signatories and the Principals who exercise control or significant influence over the Organisation's assets. This would often include members of the Governing Body or Committee, the President, Board Members, the treasurer and all signatories. Trusts and Foundations: The trustees, the settlers of the trust any protectors, beneficiary(ies) and signatories. Beneficiaries shall also be identified when they are defined. In case of Foundation, the founder, the managers/ directors and the beneficiaries also. HUF : Karta

*** Agent / Representative/Attorney opening account on behalf of a firm; Controller entities i.e. where a Company is effectively controlled by another Company, individuals or a Trust.**

DEALINGS WITH OTHER BANKS/FI/BRANCHES OF SMCB IF ANY : No Yes If yes. Please give following details
(Attach separate sheet, if required) (Rs. In lac)

S. No.	Name of Bank/ FI/ Branch of Shivalik Bank	Activity	Nature of Facility & A/c No.	Aggregate Sanc. Limit	Date of Sanction	Balance outstanding (As on	Asset Classification with Bank / FI / Branch
1.							
2.							
3.							

I/We am/are not enjoying any credit facility with other bank/any other branch of your bank and I/we undertake to inform you in writing. as soon as any credit facility is availed by me/us from any other bank/any other branch of this Bank.

If required, tick the appropriate option below : Card No. (For Branch use)

Card Facility ATM Only ATM cum Debit Card Any Other

Despatch Mode Hold at Branch By Post

Name as desired to be embossed on the Card (19characters maximum. No nicknames. Leave one block between each word)

Primary A/c Holder

Add on card 1

Add on card 2

For linking Secondary account on Primary Card only

Savings Current Account 1

Savings Current Account 2

Photo Card Non-Photo Card

Please tick for availing the other banking Services :

1. Multicity Cheque Book 2. Tele Banking 3. Locker Facility* * Available at selected branches only. Request for separate form.

5. Standing Instructions

6. I.B. Inquiry Only Inquiry & Requests for Financial Txn
(For Corporate Internet Banking request for Separate Form)

Despatch Mode Hold at Branch by Post

6. E- BANKING (E.I.B.)

Maximum 3 users are permitted. Each User shall specify 3 choice of his / her login name preference consisting minimum 6 and not exceeding 10 alphanumeric characters.

Login Preference (User 1)	Login Preference (User 2)	Login Preference (User 3)
1) <input type="text"/>	1) <input type="text"/>	1) <input type="text"/>
2) <input type="text"/>	2) <input type="text"/>	2) <input type="text"/>
3) <input type="text"/>	3) <input type="text"/>	3) <input type="text"/>

I / We authorise the above mentioned user(s) to access and operate the accounts.

OTHER SERVICES	7. SMS ALERTS	<u>Push Services</u>		<u>Push Services</u>		<u>Pull Services</u>			
		<input type="checkbox"/>	Credit/Debit Alerts	<input type="checkbox"/>	Transactions through ATM	<input type="checkbox"/>	Account Balance		
		<input type="checkbox"/>	Credit Amount	<input type="checkbox"/>	Debit Amount	<input type="checkbox"/>	Mini Statement		
		<input type="checkbox"/>	Minimum balance alert	<input type="checkbox"/>	Cheque clearing intimation	<input type="checkbox"/>	Stop payment Cheque request		
		<input type="checkbox"/>	Weekly balance alerts	<input type="checkbox"/>	Promotional alerts of Bank				
		<input type="checkbox"/>	Cheque bounce alerts	<input type="checkbox"/>	Transaction through Net Banking				

Indicate Statement of Account Frequency choice : Weekly / Fortnightly/ Monthly

Address where required : Regd. Office / Factory / Workplace

Business profile - Major Clients and their addresses

Buyers/Customers	Address	Tel. No. & E-mail ID
Sellers / Suppliers	Address	Tel. No. & E-mail ID
Others	Address	Tel. No. & E-mail ID

Offices / Operations / Business Abroad : No Yes If yes. Please give following details

Office Address	Exports - Details & Countries	Imports - Details & Countries	Funds / Donation Provider Details & Countries	Principal Contacts Abroad/ Major Foreign Donors / Fund Providers - Details & Countries

Do you expect fund / remittances from Abroad. In this Account - NO YES. If yes, give brief details

(Rs. In lac)

Annual Business Turnover	Annual Inflow of funds from Other Sources (i.e. other than business), if any		Expected Turnover in Account Current Financial Year		Expected Turnover in Account Next Financial Year	
	Domestic Sources	Foreign Sources	Domestic	Foreign	Domestic	Foreign

Assets owned (Rs. In lac)

Immovable Assets	Movable Assets	Total Liabilities	Net Owned funds (Capital + Reserves)

INSTRUCTIONS IN CASE OF TERM DEPOSIT

- (i) Please credit the monthly/quarterly interest in my/our SB / Current / CC Account No.
- (ii) On maturity Please :
 - a) Renew the Term Deposit automatically for the same period at the then prevailing rate of interest.
 - b) Renew Term Deposit for a further period of with interest at prevailing rate of interest on deposits.
 - c) Credit the proceeds to my/our SB / CA / CC Account No. with you.

In the event of death of the depositor, premature termination of Term Deposit is permitted to the nominee/survivor(s)/Legal heirs (on verification of his/her identity) subject to submission of : (i) Proof of death and (ii) Written request by nominee/survivor(s)/joint request by all legal heirs :

DECLARATION IN CASE OF INTERNET, ATM, SMS ALERTS AND TELE BANKING FACILITY
 I/We have read and understood and accepted the terms & conditions governing the use of Internet Banking, ATM facility, SMS Alerts and Tele banking Services. I/We hereby agree to abide by the said terms & conditions as in force from time to time.

DECLARATIONS/UNDERTAKINGS BY APPLICANTS

- I/We confirm having read and understood the Rules pertaining to various Accounts/Services. I/We confirm that the Citizen Charter/BCSBI Code have been provided to me/us. I/We do hereby agree to abide by the terms & conditions outlined in these rules which govern the account(s) which I/We am/are opening/to be opened by me/us from time to time with the Bank and amendments thereto made from time to time and those relating to various services/products including but not limited to ATM Card/Debit Card/Tele-banking/Internet Banking/SMS Alerts / Mobile Banking, etc. I/We agree that changes from time to time in the Bank's rules relating to my/our different accounts and/or other services would be made available to me/us on Bank's website and that I would be bound by such changes in terms & conditions pertaining to the different accounts/services.
- I/We understand that if I/We do not make any debit/credit transaction in my/our account continuously for two years, the account would be classified as Inoperative. Though credits/deposits in such account would be accepted by Bank, no cheques / debit instructions issued by me/us would be honoured without my/our making specific request for converting the account to Operative.
- I/We agree to abide by the Bank's rules relating to the conduct of the above Accounts / Services / Products. I/We undertake to inform the Bank in writing of any change in my/our constitution/partner/ directors/Article of Association / Contact detail etc.
- I/We declare that I am not recipient of contribution/donation/receipts from any banned organisation.
- I/We undertake to submit Form 15G/H in advance in the month of April every year.
- I/We am/are not enjoying any credit facility with other bank/any other branch of your bank and I/we undertake to inform you in writing, as soon as any credit facility is availed by me/us from any other bank/any other branch of this Bank.
- I/We hereby authorise you to honour all cheques / orders / bills / notes drawn on this account whether such account be for the time being in credit or overdrawn.
- The necessary declarations/resolutions/documents as applicable are hereby attached and shall form part of this application/A.O.F.
- I/We have read Bank's rules and I/We agree to be bound by the Bank's rules for conduct of such accounts as amended from time to time. I/We hereby confirm that the information furnished above by me/us is true and correct.
- Special Instructions, if any
- Please issue me/us a Pass Book and a cheque book for my/our use.

Yours faithfully

1st Applicant

2nd Applicant

3rd Applicant

4th Applicant

Witness (In case of Thumb Impression)
 Signature of Witness

Name :

Address :

Signature/Thumb Impression
 (Male : LTI & Female : RTI)

FORM NO. 60/61 (PLEASE SEE THIRD PROVISION TO RULE 114-B)

Declaration to be filled by a person not having either a PAN and/or who intends to make cash deposit in respect to transaction specified in clauses (a) to (h) of Rule 114(B)

1. Full name & address of the declarant: (To be supported by Passport/Ration Card / Employee ID/Driving Licence, etc.)	
2. Details of the Document produced in support of address in column 1 :	
3. Transaction Particulars	Opening of _____ A/C
4. Amount of Transaction	
5. Are you Assessed to tax ? Yes / No* *Being Agriculturist/Income being not chargeable to IT	If Yes, details of Income Tax Ward/Circle/Range : _____ Reason for not having PAN Number : _____
Declaration by a person having agricultural income only and no other income chargeable to Income Tax I hereby declare that my source of income is from agriculture and I am not required to pay IT on any other income (if any)	Verification : I _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. Verified, today, the _____ day of _____ 20 ____. Date : _____ Place : _____
Signature of Agriculturist	Signature of Declarant

Nomination Form DA-1 : (Only for Proprietorship Concerns) : Nomination under sec. 45ZA of the Banking Regulation Act, 1949 and rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposit.

I / We nominate the following person to whom in the event of my / our / minor's death the amount of deposit in the above account may be returned by Shivalik Mercantile Co-operative Bank Ltd., _____ Branch

Name	Address	Relationship with Depositor, if any	Age	If Nominee is a minor, his/her date of birth

As nominee is minor on this date, I/We appoint Mr. /Ms. _____

(Name, Address & Age)

to receive the amount of deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Name, Signatures, Addresses of two witnesses, If thumb impressions obtained	
	Signatures(s)/ Thumb Impressions of Depositor(s)

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

ACKNOWLEDGMENT OF NOMINATION

For Shivalik Mercantile Co-operative Bank Ltd.

Nomination received & registered on : _____ Registration No. _____

Customer ID _____

Account Number _____

Account Name _____

Authorised Signatory

FOR OFFICE USE ONLY

NAME /Title of Account

1. Applicant interviewed and purpose of opening of account ascertained (description)

2. Annual turnover expected in the Account : Domestic Rs. Foreign Rs. Total Rs.

3. Estimated annual income from business : Rs.

4. Annual income from any other source : Rs.

5. Total Annual income : Rs.

6. Observations of the Official opening the account

7. Threshold Limit Rs. How verified/Accepted

8. Classification of Account as High Risk (C-3) Medium Risk (C-2) Low risk (C-1)

9. a. Introducer called at the branch & interviewed. Yes No (Purpose of Opening of Account)
- b. Introducer did not visit the branch. Yes No.
- c. Letter of Thanks sent to Introducer Yes No
- d. Letter of Thanks sent to Customer Yes No

10. Particulars of Identifications obtained and verified from Original :

a. <input type="text"/>	c. <input type="text"/>
b. <input type="text"/>	d. <input type="text"/>

(Strike whichever in not applicable)

Credit Report has been obtained from the existing banks of the Party/The Party is not maintaining accounts with other banks.

Letter of Authority for operation of Account has been obtained as the account is to be operated by a person other than the account holder/Partners of the firm / Sole Proprietor etc.

All KYC documents checked and found complete Yes No

Open the Account(s) Reject (Give Reasons)

Signature of the Authorized Official
Emp. Code

Signature of the Branch Head
Emp. Code

GUIDANCE NOTES

For Limited Companies

Specimen of Resolution to be passed by the Board of Directors:-

Resolved that a Banking Account of the Company be opened with Shivalik Mercantile Co-Operative Bank Ltd. and that the Bank be and hereby authorized to honour all cheques, bills of exchange, promissory notes and other orders accepted, endorsed or made on behalf of the Company by _____

and to act on any instructions so given relating to the account whether the account be in credit or overdrawn.

Signatures of Authorised Signatory(ies)

Proprietorship Concern

I, the undersigned, declare that I am the sole proprietor, of the firm M/s _____ and am solely responsible for the firm. I 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 said account, whether the account be for the time being in credit or overdrawn. I agree that the bank may recover its claims from my personal assets as from the assets of my said firm, I further undertake to inform the bank in writing whenever any change occurs in constitution of the firm. I shall, however, continue to be personally liable to bank for all dues of my said firm until I receive from the bank an acknowledgment of my letter and all my liabilities to the bank as on the date of receipt of such notice by the bank are fully satisfied.

Signature of the Sole Proprietor

Partnership Firm

We, the partners in the firm M/s _____ request and authorize you until a 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 the said firm by _____ and to act on any instruction 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 the partners jointly.

As far as endorsements on cheques, bills, notes and other orders are concerned, the same will be made by either/any one of us on behalf and in the name of the said firm.

Signatures of all Partners

Joint Hindu Family:-

Declaration by the Karta / Manager :-

I hereby declare that I am Karta / Manager of the Joint Hindu Family trading concern M/s _____ . All dealings and transactions are being entered to by me as Karta and Manager of the Joint Hindu Family comprised of the persons mentioned below. I am fully entitled as Manager to deal with you, as all the dealings are for the benefit of the Joint Family business.

Signature of the Karta/Manager

Declaration by all co-parceners

We, the co-parceners of M/s _____ request and authorize you until a 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 the said firm by _____

(Name of Karta / Manager) and to act on any instruction 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 all the co-parceners jointly.

1. _____
2. _____
3. _____
4. _____
5. _____

Signatures of all adult Members of the family: