



A multi-state bank

Shivalik Mercantile Co-operative Bank Ltd.

CIF - NON IND

CUSTOMER IDENTIFICATION CUM ACCOUNT OPENING FORM (for Non - Individuals)

Branch Address :

Cust ID :

Account No. :

Date :

The Branch Manager,
Branch : _____

Sir/Madam,
Please open an account as per details given below :

NAME /Title of Account

CURRENT/OVERDRAFT/CASH CREDIT

Current A/c Normal (Product Code)	
Current A/c OverDraft (Product Code)	
Initial Deposit	₹ <input type="text"/>

Registered Office										Business / Factory									
Address										Address									
State										State									
PIN										PIN									
Tel No.										Tel No.									
Fax										Fax									
Mobile No.										Mobile No.									
E-mail ID										E-mail ID									

Date of Constitution / Incorporation / Registration

Date of Commencement of Business

Purpose of Opening the account
 Business Remittance Collection Any Other, please Specify

PAN Number of the Firm / Company / Society / Trust etc. (if an assessee) or FORM 60/61

Constitution	Sole Proprietorship	Partnership Firm	Joint Hindu Family	Any Other. Please specify
	Private Limited Company	Public Limited Company	Club / Association / Society	
	Trust	Executors & Administrators	Liquidators	
	Central/State Govt. Org./Deptt.	Govt. owned Company/ Corporation	Public Sector Undertaking	

Documents attached in proof of Constitution, Registration, Authorization (Please refer KYC Policy also)

- Sole Proprietorship** - Declaration by Sole Proprietor
- Partnership Firm** - a) Partnership Deed (Registered/Not Registered). If Registered, date of registration, a copy of certificate issued by Registrar of Firms. b) If not registered - Declaration by all the Partners that Partnership Deed has not been executed. c) Official Identification Number, if available (e.g. sales/ income tax number)
- Joint Hindu Family** - HUF letter signed by all co-parceners
- Limited Company** - a) Certified copy of Memorandum and Article of Association as amended upto date. b) Certified copy of Certificate of Incorporation. c) Certified copy of Certificate of Commencement of Business (For Public Ltd. Cos. Only) d) Resolution of the Board of Directors authorizing opening of account and naming the persons authorized to operate it.
- Trust** - a) Copy of Trust / Incorporation Deed b) Resolution adopted by the Trust authorizing opening of account and naming the persons authorized to operate it
- Club/Association/Society** - a) Certified copy of Constitution/Bye-laws/Rules & regulations/Memorandum and Article of Association. b) Certified copy of Registration Certificate issued by Registrar of Societies. c) Certified copy of Certificate of Commencement of Business. d) Certified copy of the Resolution duly adopted by the Board of Directors of the Club/ Association/ Society.
- Govt./Semi-Govt./Statutory Bodies/Corporations - A)** Copy of the Notification of Act by virtue of which it has come into existence. B) Memorandum and Article of Incorporation/relevant rules/Regulations/ Schemes, if any. C) Resolution of the governing body authorizing the body corporate to open an account with the bank and naming the persons authorized to operate it.
- Executors, Administrators and Liquidators** - Probate or Letter of Administration or Authority under the Companies Act... Executors/Administrators/ Liquidators cannot generally delegate their powers to third party.

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 separate 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
	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.

ATM / DEBIT CARD	If required, tick the appropriate option below : Card No. (For Branch use) <input type="text"/>	
	Card Facility	<input type="checkbox"/> Normal Debit Card <input type="checkbox"/> Gold Debit Card <input type="checkbox"/> Diamond Debit Card
	Dispatch	<input type="checkbox"/> 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	<input type="text"/>
	Add on card 1	<input type="text"/>

OTHER SERVICES	Please tick for availing the other banking Services :			* Available at selected branches only. Request for separate form.
	1. <input type="checkbox"/> AT PAR CHEQUE BOOK	2. <input type="checkbox"/> SMS Banking	3. <input type="checkbox"/> E-Statement	
	4. <input type="checkbox"/> Net Banking Please fill detail on Page Five			
	<input type="text"/>			

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

Witness (In case of Thumb Impression)
Signature of Witness

1st Applicant	2nd Applicant	
		Name :
3rd Applicant	4th Applicant	Address :

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

INTERNET BANKING APPLICATION FORM

REQUEST FOR ACTIVATION OF INTERNET BANKING

FULL NAME

CUSTOMER ID

RELATIONSHIPS WITH BANK :

S.No.	Name of other account signatures in CA/OD Accounts (if account type is not single)	Account Type (Sole proprietorship / Partner4ship / Other	Account No. (12 Digit)	Access Type Required (Yes/No)	
				Full Access	View Only

TERMS & CONDITIONS

If the customer id of above accounts have mode of operation Self/Either or Survivor, you may do the following.

- All non-financial transactions like statement download, card block etc.
- You may request for any financial transaction like RTGS/NEFT online in a secured manner, it is only a request which will be treated manually from our backend team and further will have many validation like make checker and calling to the customer to check his/her authenticity. It is same like you can request through email but it is faster and secure comparatively.

If the customer id of above accounts have made of operation Jointy, you cannot request for any financial transaction.

I/We request you to activate net banking facility for me so that I may initiate self-registration process. I confirm having read terms and conditions of the Bank for providing Internet Banking facility as published on bank's website and which are subject to changes from time time.

I/We submit the following information (this is mandatory):

a) My registered Mobile no. is for communicating to me One-Time-Passwords (OTPs) / other alerts.

b) My email id is already registered with you.

c) I/We confirm that I/We have Shivalik Bank ATM -cum-Debit card No. Which is active.

I/We have read & understood all the Terms & Conditions for Internet Banking Activation and agreed for the same.

Your faithfully,

S.No.	Full Name	Relationship in account	Specimen Signature
1st applicant			
2 nd applicant (if mode of operation is not single)			
3 rd applicant (if mode of operation is not single)			

FOR OFFICE USE ONLY

I hereby confirm that I have checked/updated and verified the following:

Date of Birth Mobile No. ATM-cum-Debit Card Signature verification with bank records KYC is completed

In CBS title of name does not contain PA/LA Hir / Guarantor and does not have any extra account as per mentioned above(Corrected by me).

I have checked the mode of operation and account type as per declared by customer.

I have checked updated email id in CBS with customer id. I have checked ATM Card Expiry with the system & physical card.

Risk Category of the customer as per CBS

Low Risk Medium Risk High Risk

I recommend initiation of internet banking facility to the applicant.

Checked By: (Signature Emp. code of Authorized Officer)

Signature _____

Emp. Code _____

Date: _____

Verified By: (Signature & Emp. code of Authorized Officer)

Signature _____

Emp. Code _____

Date: _____

CUSTOMER ACKNOWLEDGMENT & RULES (CUSTOMER COPY)

1. Interest rate on saving account have been de-regularized by RBI. The rates may vary from time to time and will be calculated on daily basis on clear balance. The interest will be credited to saving account on quarterly basis
2. Nomination facility is available for all types individual's deposit accounts. Bank extends pass book facility on savings bank account.
3. The savings bank account should be used to route transactions of only non-business non-commercial nature. In the event of occurrence of such transaction or any such transaction that may be construed as commercial/business/dubious or undesirable, the bank reserves the right to unilaterally freeze I in any such account and close the account.
4. Customer should carefully examine the entry made in their statement of accounts/ passbook and draw bank's to any error/omission/discrepancies that may be discovered within 30 days from the date of entries falling which the same shall be deemed to be correct and accepted by the customer and the customer shall not be entitled to questions that the correctness/accuracy there of.
- 5.The account would be treated as dormant if there are no transactions in the account for a period of two years. A request for activation of account has to be made by the customer in writing by visiting a nearest branch with his original identity proof documents acceptable to the bank. Accounts which are not operated for ten years will be marked as 'Unclaimed'.
- 6.Satisfactory conduct of the account entries maintaining stipulated average monthly balance (whenever applicable) as well as sufficient balance to honour cheques issued to third parties. If there are high incidences to the contrary, the bank reserves the right to close the account under intimation to the customer. Any non-maintenance of stipulated minimum balance will attract service charges as per banks general schedule of features and charges which available with our branch and on the bank's website www.shivalikbank.com.
- 7.The bank reserves the right to close any account which is not operated satisfactorily dormant with prior notice.
8. The customer needs to intimate bank in writing of any change in the contact details/address. Customers need to submit documentary proof wherever applicable..
- 9.The age considered for minors is below 18 and for senior citizen is 60 years and above.
- 10.The bank may disclose information about customers account if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if such disclosure is required for the purpose of preventing fraud, without any specific consent of the customer.
- 11.The bank reserves the right to make any changes, alteration, cancellations in the above rules at any time without notice. Any person opening the account shall be bound by the rules governing the account.

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. c.

b. d.

(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

NOMINATION Yes No. I declare that I do not wish to make nomination in my account.

Nomination Form DA-1 : Nomination under sec. 45ZA of the Banking Regulation Act, 1949 and rule2(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 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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, Signature, Addresses of two witnesses, if thumb impressions obtained

Signature(s) Thumb Impressions of Depositor(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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: