

चालू खाते

संत औपानकाका सहकारी बँक लि., सासवड

शाखा _____

लेजर फोलिओ क्रमांक

खातेदाराचे नाव मे. / श्री. _____

पत्ता _____

टेलिफोन

खाते चालविणाराची नावे _____

नमुन्याच्या सह्या

१) _____

२) _____

३) _____

४) _____

५) _____

वरीलपैकी क्रमांक _____

हे व्यक्तिशः संयुक्तरित्या खाते चालवतील.

दिनांक :

खाते क्रमांक

ब्रँच मॅनेजर / अकौंटंट

Declaration

We declare that :

- We do not enjoy any credit facilities with any Bank.
- We enjoy credit facilities with Sant Sopankaka / other banks at present as follows,

Name of the Bank	Nature of Facility	Amount in Rs.

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 Signatures will be communicated to Bank along with supporting documents immediately.

Date : / / 20

Signature of A/C Holder with Rubber Stamp

Introducer's Details

Introducers Firm Name _____ Branch : _____

Customer UCIC : Type of Account : **Current / Cash Credit**Account No. :

Mobile No. / Phone No.: _____ E-mail ID : _____

I know the applicants/s for the last _____ months /years, I confirm the identity, occupation and address of the applicant/s.

Signature of Introducer with Rubber Stamp

Date : / / 20

Introducer's Signature Verified by :

Name of the Officer _____ Employee Code No. _____

Officer's Signature _____ Date : / / 20

For Branch Use Only

We have verified all the Details & Documents of the customer and recommend to allot UCIC.

Clerk

Employee Code No. _____

Date : / / 20

Passing Officer

Employee Code No. _____

Date : / / 20

Branch Manager

Employee Code No. _____

Date : / / 20

For Office Use Only

PAN Card : YES/NO _____ Address Proof Recd. : YES/NO _____

Business Proof Recd. : YES/NO _____ 2nd Business Proof Recd. : YES/NO _____Risk Allocated : High Medium Low Threshold Limit Rs.

KYC Compliance checked and allowed to open an account.

Name of the Officer _____ Employee Code No. _____

Officer's Signature _____ Date : / / 20

UCIC :

DECLARATION

To,
The Branch Manager,
Sant Sopankaka Bank Ltd., Saswad
Branch

Respected Sir / Madam,

I / We the undersigned, hereby declare that I am / we are the Sole Proprietor / only Partners of the Firm of _____ & am solely / are Jointly &

Severally responsible for the liabilities thereof. I / We shall advise you in writing of any change that may take place in the Constitution / Partnership and I / all the present partners will be liable to you, on any obligation which may be standing in the firm's name in your books on date of receipt of such notice and until all obligation shall be liquidated the current account will be operated in the name of _____ I / We request you to open an Account as specified above.

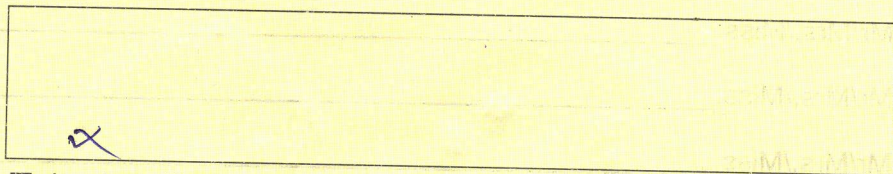
I/We agree to provide any documents required. I/We acknowledge receipt of a copy of the terms and conditions governing the Account and agree to abide by them and such other rules as may be in force from time to time. It is understood that this account will be used for bonafide transactions relating to our business. I/We agree to inform you of any changes in the information provided in this form or in related documents. I/We are enjoying credit and other banking facilities as detailed in the enclosed sheet.

I/We confirm that, to the best of our knowledge and belief, the information given above is correct. I/We will indemnify you against any loss or damage you may suffer should any of the above information prove incorrect. I/We authorise the Bank to make such enquires and to take up such references as it may consider necessary in regard to the opening of such Accounts.

I/We agree to be liable for any overdraft or debit due to you which you may permit on this Account or any other Account in our name

I/We declare that the monies deposited in the above Account from time to time are and shall be monies belonging to me/us.

The Bank reserves its right to take steps to get the account closed if frequent returns of cheques for want of funds is observed.



[To be signed by the Proprietor / Partners of the firm **without** rubber stamp]

Please affix a photograph with Signature Across

Please affix a photograph with Signature Across

Please affix a photograph with Signature Across

Please affix a photograph with Signature Across

Name : _____ Name : _____ Name : _____ Name : _____

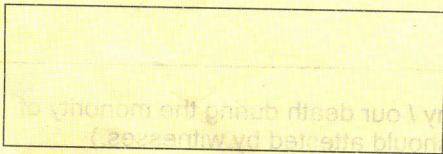
Signature : _____ Signature : _____ Signature : _____ Signature : _____

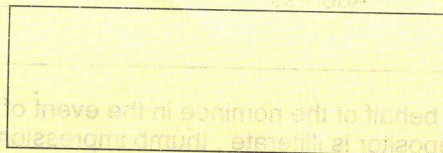
Specimen Signature
(Please sign. with rubber stamp)

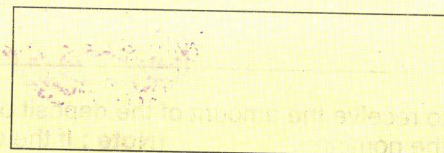


For Branch Use Only

Allowed to open Account. I Confirm that the above information of the applicant is as per his/her existing UCIC.







Clerk

Passing Officer

Branch Manager

Employee Code No. _____

Employee Code No. _____

Employee Code No. _____

Date : ____ / ____ / 20

Date : ____ / ____ / 20

Date : ____ / ____ / 20