



# DHARMAVIR SAMBHAJI URBAN CO-OP. BANK LTD., PIMPRI CHINCHWAD

H. O. Shivdarshan Complex, 38, 1<sup>st</sup> Floor, Vinayak Nagar, New Sangvi, Pune- 411027.

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## ACCOUNT OPENING FORM FOR PROPRIETARY CONCERNS/ TRUSTS/ FIRM/ CORPORATE ACCOUNTS

(Please fill the form in BLOCK LETTERS only)

To,  
The Branch Manager

\_\_\_\_\_ Branch

We would like to open an account with your branch.

**CONSTITUTION** [ ] Hindu Undivided Family [ ] Partnership firm [ ] Private Limited Company [ ] Public Limited Company  
[ ] Society [ ] Proprietary concern [ ] Club/ Association [ ] Statutory Corporation [ ] Trusts

### APPLICANT'S DETAILS

Name of the applicant: \_\_\_\_\_

### REGISTERED OFFICE ADDRESS / CARRYING ON BUSINESS AT:

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_

Tel (O) \_\_\_\_\_ Any other contact no.: \_\_\_\_\_ Fax \_\_\_\_\_

### FACTORY / GODOWN/ BRANCH OFFICE ADDRESS :

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_

Tel (O) \_\_\_\_\_ Fax \_\_\_\_\_

PAN/ GIR No.: \_\_\_\_\_ DSU BANK MEMBERSHIP DETAILS: Registration no: \_\_\_\_\_ No. of shares: \_\_\_\_\_

### DOCUMENTS ATTACHED: (True copies of)

**Trust :** [ ] Trust Deed [ ] Resolution [ ] Rules (if any) [ ] Certificate of registration [ ] Exemption certificate from TDS (if any)  
[ ] Minutes of meeting

**Partnership firm :** [ ] Partnership Deed [ ] Authority of all partners [ ] Certificate of Registration (if registered)

**Society/ Association :** [ ] Bye Laws [ ] Resolution [ ] Minutes copy [ ] Certificate of registration [ ] Rules  
[ ] Exemption certificate from TDS (if any)

**Companies :** [ ] Memorandum & Articles of Association [ ] Certificate of Incorporation [ ] Resolution [ ] Minutes of meeting

### CATEGORY:

[ ] Priority – Small Scale Industry [ ] Priority – Retail trade [ ] Priority – Self employed Professional [ ] Priority – Transport operator [ ] Priority – IT

[ ] Priority – Small business enterprise [ ] Priority – Activities allied to agriculture [ ] Non Priority – Medium / Large scale industry [ ] Non Priority – Non Manufacturing

### INDUSTRY:

[ ] Chemicals [ ] Electrical / Electronics / Computer manufacturing [ ] Engineering [ ] Garments [ ] Metal products/ Casting

[ ] Packaging - Paper [ ] Packaging – Plastics [ ] Packaging – Metal container/ drum [ ] Paints [ ] Printing

[ ] Pharmaceutical [ ] Plastics [ ] Textile [ ] Information Technology [ ] Other industries

### TYPE OF ACCOUNT:

IF YOU ARE OPENING A [ ] SAVINGS/ [ ] CURRENT ACCOUNT (Tick whichever is applicable)

Amount deposited while opening (In words) \_\_\_\_\_

IF YOU ARE OPENING A TERM DEPOSIT (Tick whichever is applicable)

[ ] Fixed Deposit [ ] **DSB**(Cash Certificate) [ ] Recurring Deposit

Amount \_\_\_\_\_ Tenure: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days. Rate of interest: \_\_\_\_\_

Payment of interest amount: [ ] Monthly [ ] Quarterly [ ] Half yearly [ ] Yearly

[ ] By transfer to our account no. \_\_\_\_\_ with your \_\_\_\_\_ branch.

[ ] Pay by Pay order favouring \_\_\_\_\_ Bank, \_\_\_\_\_ branch (A/c \_\_\_\_\_)

Bank Address: \_\_\_\_\_

### PAYMENT DETAILS

[ ] Cash Rs. \_\_\_\_\_

[ ] Transfer from account no. \_\_\_\_\_ with \_\_\_\_\_ branch

[ ] Cheque no. \_\_\_\_\_ drawn on \_\_\_\_\_ Bank, \_\_\_\_\_ Branch

dated \_\_\_\_\_ for Rs. \_\_\_\_\_

The cheque should be crossed A/c Payee and drawn payable to "Dharmavir Sambhaji Urban Co-op. Bank Ltd. A/c. \_\_\_\_\_ (Customer Name) "

**INTRODUCTION DETAILS :**

Introduction by DSU Bank Customer (Introducer's Name): \_\_\_\_\_ Account No. \_\_\_\_\_

I confirm that I am an account holder with Dharmavir Sambhaji Urban Co-operative Bank Ltd. \_\_\_\_\_ branch. I confirm that I know the applicant/s and confirm their identity and address.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR BANK USE**

Signature verified: \_\_\_\_\_

Date of A/c opening: \_\_\_\_\_

Signature verification of applicant maintaining account with another Bank:

We hereby confirm that \_\_\_\_\_ is an account holder of our branch and his signature (appended below) and address tallies as per our records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VERIFICATION:**

Signature of Authorised signatory: \_\_\_\_\_  
with rubber stamp

**DETAILS OF PARTNERS/ DIRECTORS/ TRUSTEES/ CO-PARACENERS/ PROPRIETOR**

No. 1 Name: \_\_\_\_\_ Sex: M/ F Section: SC/ ST/ OBC/ General

**SURNAME FIRST NAME MIDDLE NAME**

Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Category: General/ Staff/ Ex-staff/ Sr. Citizen/ Minor Religion: Hindu/ Muslim/ Jain/ Sikh/ Catholic/ Others

Tel (O) \_\_\_\_\_ Tel. (R) \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_ email ID: \_\_\_\_\_

Do you have an account with DSU Bank? Yes/ No. If yes, please provide details: Branch: \_\_\_\_\_ Account no. \_\_\_\_\_

PAN/ GIR No. \_\_\_\_\_ DSU Bank's Registration no. \_\_\_\_\_ No. of shares \_\_\_\_\_  
(If PAN/ GIR No. is not available attach Form 60 / 61 if applicable)

Customer ID no. \_\_\_\_\_

No. 2 Name: \_\_\_\_\_ Sex: M/ F Section: SC/ ST/ OBC/ General

**SURNAME FIRST NAME MIDDLE NAME**

Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Category: General/ Staff/ Ex-staff/ Sr. Citizen/ Minor Religion: Hindu/ Muslim/ Jain/ Sikh/ Catholic/ Others

Tel (O) \_\_\_\_\_ Tel. (R) \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_ email ID: \_\_\_\_\_

Do you have an account with **DSU Bank**? Yes/ No. If yes, please provide details: Branch: \_\_\_\_\_ Account no. \_\_\_\_\_

PAN/ GIR No. \_\_\_\_\_ **DSU Bank's Registration** no. \_\_\_\_\_ No. of shares \_\_\_\_\_  
(If PAN/ GIR No. is not available attach Form 60 / 61 if applicable)

Customer ID no. \_\_\_\_\_

No. 3 Name: \_\_\_\_\_ Sex: M/ F Section: SC/ ST/ OBC/ General

**SURNAME FIRST NAME MIDDLE NAME**

Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Category: General/ Staff/ Ex-staff/ Sr. Citizen/ Minor Religion: Hindu/ Muslim/ Jain/ Sikh/ Catholic/ Others

Tel (O) \_\_\_\_\_ Tel. (R) \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_ email ID: \_\_\_\_\_

Do you have an account with **DSU Bank**? Yes/ No. If yes, please provide details: Branch: \_\_\_\_\_ Account no. \_\_\_\_\_

PAN/ GIR No. \_\_\_\_\_ **DSU Bank's Registration** no. \_\_\_\_\_ No. of shares \_\_\_\_\_  
(If PAN/ GIR No. is not available attach Form 60 / 61 if applicable)

Customer ID no. \_\_\_\_\_

No. 4 Name: \_\_\_\_\_ Sex: M/ F Section: SC/ ST/ OBC/ General

**SURNAME FIRST NAME MIDDLE NAME**

Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Category: General/ Staff/ Ex-staff/ Sr. Citizen/ Minor Religion: Hindu/ Muslim/ Jain/ Sikh/ Catholic/ Others

Tel (O) \_\_\_\_\_ Tel. (R) \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_ email ID: \_\_\_\_\_

Do you have an account with **DSU Bank**? Yes/ No. If yes, please provide details: Branch: \_\_\_\_\_ Account no. \_\_\_\_\_

PAN/ GIR No. \_\_\_\_\_ **DSU Bank's** Registration no. \_\_\_\_\_ No. of shares \_\_\_\_\_ (If PAN/ GIR No. is not available attach Form 60 / 61 if applicable)

Customer ID no. \_\_\_\_\_

For M/s. \_\_\_\_\_

Signature with Rubber stamp

**DECLARATION****Hindu Undivided Family (HUF)**

As our HUF Firm wishes to open an account with your bank in the said name \_\_\_\_\_ we say that the first signatory to this letter i.e. \_\_\_\_\_ is the Karta & Manager of the HUF and other signatories are the adult co-parceners of the said family.

We further confirm that the business of the joint family is carried on mainly by the said Karta as also by the other signatories hereto in the interest and for the benefit of the entire body of co-parceners of the joint family. In view of the fact that ours is not a firm governed by the Indian Partnership Act 1952, we have not got our said firm registered under the said Act. We hereby undertake to inform the bank of the death of a co-parcener or any change occurring at any time in the membership of our joint family during the currency of the account. The account shall be operated by the Karta & Manager.

Name of Karta

Signature

1. \_\_\_\_\_

\_\_\_\_\_

With rubber stamp

Name &amp; Signature of Adult Co-parceners

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

Name of Minor Co-parceners (to be signed by guardian on behalf of minor)

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**ACCOUNT OPERATING INSTRUCTIONS** Single Jointly and Severally Jointly**DECLARATION**

We the authorised signatories of M/s. \_\_\_\_\_ declare that the particulars given above are true and correct. We further state that we have read and understood the Terms and Conditions and that the concern/ firm/ trust/ society/ association/ HUF/ Company are bound by the said Terms and Conditions. We further authorise the Bank to debit our account for service charges as may be applicable from time to time.

We further state that we have been authorised to open and operate the said account/s pursuant to resolution dated \_\_\_\_\_ passed in the meeting of the Board/ Managing Committee held on \_\_\_\_\_.

For M/s. \_\_\_\_\_ (Affix rubber stamp)

Authorised Signatory

Authorised Signatory

Authorised signatory	Authorised signatory	Authorised signatory	Authorised signatory
SIGNATURE	SIGNATURE	SIGNATURE	SIGNATURE
Customer ID no. : _____	Customer ID no. : _____	Customer ID no. : _____	Customer ID no. : _____
Name: _____	Name: _____	Name: _____	Name: _____
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p>PHOTO of Authorised signatory</p> </div>	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p>PHOTO of Authorised signatory</p> </div>	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p>PHOTO of Authorised signatory</p> </div>	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p>PHOTO of Authorised signatory</p> </div>

Please sign in **BLACK INK** within the box.

Signature of Official in whose presence signed P.A. No. _____ Date: _____	Signature of Official who has scanned the signature P.A. No. _____ Date: _____	Signature of Official who has checked the scanned signature P.A. No. _____ Date: _____
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**FOR OFFICE USE**

1. Form duly filled : Yes/ No.
2. Signatures verified : Yes/ No
3. Account opened on (date) \_\_\_\_\_
4. Account no/s. \_\_\_\_\_

Signature of the Official

Date: \_\_\_\_\_