



## 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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Date \_\_\_\_\_

\_\_\_\_\_ Branch CURRENT ACCOUNT OPENING FORM

A/c No. \_\_\_\_\_ Cust ID. \_\_\_\_\_

I/we wish to open my /our Current Account in your Bank and for this purpose I/we hereby deposit Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

being the initial deposit. I/We have read and understood all the rules and regulations of the Current Account and agree to be bound by the said rules as amended from time to time. I/we agree to conduct the account operations accordingly.

NAME OF THE APPLICANT INDIVIDUAL /FIRM/COMPANY \_\_\_\_\_

M/S/MR/MRS. \_\_\_\_\_

ADDRESS \_\_\_\_\_ Tel(o) \_\_\_\_\_ (R) \_\_\_\_\_

NAME OF THE PROPRIETOR/PARTNERS/DIRECTORS

1. MR.M/S \_\_\_\_\_ ADD \_\_\_\_\_

\_\_\_\_\_ Tel(o) \_\_\_\_\_ (R) \_\_\_\_\_

2. MR.M/S \_\_\_\_\_ ADD \_\_\_\_\_

\_\_\_\_\_ Tel(o) \_\_\_\_\_ (R) \_\_\_\_\_

3. MR.M/S \_\_\_\_\_ ADD \_\_\_\_\_

\_\_\_\_\_ Tel(o) \_\_\_\_\_ (R) \_\_\_\_\_

4. MR.M/S \_\_\_\_\_ ADD \_\_\_\_\_

\_\_\_\_\_ Tel(o) \_\_\_\_\_ (R) \_\_\_\_\_

My/our specimen signature is/are enclosed herewith I/we authorize any \_\_\_\_\_ of the above \_\_\_\_\_ to conduct the account operations at a time. On the death of any one of us, the balance would be payable to the survivor/s.

Applicants' Signature (Along with Rubber Stamp)

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

INTRODUCTION : I hereby confirm that I know Mr/Mrs/M/s.

well and I confirm his/her/its occupation and address as stated in this application.

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Branch \_\_\_\_\_ Signature \_\_\_\_\_

Membership No. \_\_\_\_\_ A/c No./Type of A/c. \_\_\_\_\_

ATM CARD REQUIRED

Y

N

Account to be linked : Primary account should be from Savings or Current Account

Primary A/c \_\_\_\_\_

Secondary A/c can be Savings/Current/overdraft account/Cash credit account.

Secondary A/c \_\_\_\_\_

Secondary A/c \_\_\_\_\_

ATM Facility is not available for joint accounts where the accounts are operated jointly by all the account holders.

Name (to be embossed on the card) \_\_\_\_\_

Including space not to exceed 19 characters

ATM CARD DECLARATION

I / We hereby declare that the above information is true and correct. I/we clearly understand that all the operations effected through my/our own ATM Card at any of the ATM's installed by Dharmavir Sambhaji Bank and/or installed by other bank and permitted to be used by ATM Card holders of Dharmavir Sambhaji Bank are binding on me/us. I/we have read and understood the terms and conditions governing the network operation of ATM Card and I/we have agreed to the terms and conditions and also agree to abide by any amendments to the terms/conditions as may be stipulated by Dharmavir Sambhaji Bank from time to time.

I / we understand and undertake that the usage of the ATM Card shall be strictly in accordance with the Exchange Control Regulation and in the event of any failure to do so, I/we will be liable for action under Foreign Exchange Management Act 1999, and the amendments thereof. stipulated by the Reserve Bank of India. I/we understand that the bank may, at its absolute discretion, discontinue any of the services completely or partially without any notice to me I us. I/we agree that the bank may debit my account for service charges as applicable from time to time. I/we accept full responsibility for my our debit card and agree not to make any claims against The Dharmavir Sambhaji Urban Co-op Bank Ltd., Pimpri-Chinchwad in respect thereto.

Entered by \_\_\_\_\_

Verified by \_\_\_\_\_

## Declaration

Date  
Place:

Dear Sir,

I, the undersigned beg to inform you that I am the sole proprietor of the firm

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

and I am solely responsible for liabilities thereof. I shall not change the nature & constitution of the firm without the prior approval of the Bank and I will be liable to you on any obligations which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been fully liquidated. The documents & its contents submitted at the time of opening of this account are true and correct.

To be signed by the  
proprietor of the firm  
without rubber stamp.

Your's faithfully,

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## Declaration

Date  
Place:

Dear Sir,

As the firm of M/s. \_\_\_\_\_

Having dealings with the Bank, we beg inform you that we the undersigned are the partners in the said firm. We are jointly and severally responsible to the Bank for the liabilities of the firm with the Bank. The bank may recover its claims from the estate of any or all the partners of the firm.

We hereby undertake that we will not change or vary the constitution of the firm without your prior approval in writing and our individual responsibility to the Bank will continue until we receive from the Bank an acknowledgement of the letter and until all our liabilities with the bank are discharged. The document and its contents submitted at the firm of the opening of this account are true and correct.

To be signed by the  
partner of the firm  
without rubber stamp.

Your's faithfully,

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## RESOLUTION

Resolution No. \_\_\_\_\_

Resolution Date :- \_\_\_\_\_

RESOLVED that the banking Account for M/s. - \_\_\_\_\_  
be Opened with Dharmavir Sambhaji Urban Co-op. Bank Ltd., And the said bank be and is hereby authorized to honor  
cheques, bills of exchange and promissory notes drawn, accepted or made on behalf of the  
\_\_\_\_\_

By \_\_\_\_\_  
and to act on any instructions so given, relating to account whether the same be overdrawn or not .

Date:  
Place:

Seal of the  
company

**Chairman**