THE AKOLA URBAN CO-OPERATIVE BANK LTD., AKOLA

{Multistate Scheduled Bank}

Current Account Form (For Legal Entity / Other than Individual)

Branch Name : _____ Customer ID : _____

CKYC Number : _____ Account Number: _____

☐ **Current** ☐ **Current Premium**

Please (✓) tick the appropriate boxes Date: _____

To, The Manager,

I/We wish to open a Current Account with your bank as per the details given below, with an initial amount of Rs. _____ (Rupees _____ only).

Title / Name of Account _____

Full Name of Proprietor / Partner / Director / Trusty / Karta (Start with First Name)	Customer ID
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Latest Colour Photograph of Applicant 1	Latest Colour Photograph of Applicant 2	Latest Colour Photograph of Applicant 3	Latest Colour Photograph of Applicant 4
Signature/Thumb of Applicant 1	Signature/Thumb of Applicant 2	Signature/Thumb of Applicant 3	Signature/Thumb of Applicant 4

Are you a tax resident in any country other than India? ☐ No ☐ Yes (If Yes, please fill the FATCA/CRS declaration form separately)

Mode of Operation / Operation Instruction and Balance payable to:

☐ Self / Single ☐ Either of Us or Survivor ☐ Former or Survivor ☐ Jointly / Jointly All

☐ Any _____ of us ☐ Any _____ of us or Survivor ☐ Other _____

Services required:

☐ SMS Alert ☐ email Alerts ☐ Statement ☐ ATM Card ☐ Cheque Book

☐ Mobile Banking ☐ Internet Banking ☐ Statement by email ☐ Auto Swip

Details of other Accounts

Please give the details of your other accounts in our*/other Bank

Bank	Branch	Type of Account facilities	Account Number

Beneficial Owner Declaration (Other than proprietary firm Only)**:**

I/We declare that the person(s) disclosed as the Beneficial Owner(s) are the ultimate natural person(s) who own or control the entity or on whose behalf this account is being opened. I/We confirm that the information provided is true and undertake to inform the Bank of any changes in Beneficial Ownership.

Full Name of Proprietor / Partner / Director / Trusty / Karta (Start with First Name) % of Stake

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

Signature/Thumb of Applicant: 1) _____ 2) _____ 3) _____ 4) _____

Nomination form DA - 1 (For sole proprietorship account only & Maximum 4 person can be nominated per account)

Nomination: ☐ Not Required ☐ Required If Required: ☐ Simultaneously ☐ Successively

I / We nominate following named person as my/ our nominee after my / our death and entitled legally to receive the money as per section 45 (ZA) of banking Regulation Act, 1949 and U/S Co-operative Societies, 1985 Rule2 (1)

Name & Address	%	Age	Date of Birth (in case of Minor)	Relation with Applicant

As the Nominee is minor on this date, I/We appointee Shri/Smt. _____

Address _____ to receive the amount of the deposit on behalf of the nominee in the event of my /our death during the minority of the nominee.

*Note: if the applicant is illiterate, thumb impression should be attested by two witnesses.

Full Name of witnesses Address Signature

1. _____ _____ _____
2. _____ _____ _____

Signature/Thumb of Applicant: 1) _____ 2) _____ 3) _____ 4) _____

Parties Signing in Vernacular Signature:

1) I/We understand the Bank's difficulty in accepting cheques signed in languages other than English, Hindi, or Marathi.
2) In consideration of the Bank allowing this facility, I/We agree that the Bank may debit my/our account for any cheque drawn from my/our cheque book which appears to bear my/our usual signature, even if later found not to have been signed by me/us, provided reasonable precautions were taken by the Bank.
3) I/We absolve the Bank from all liability if any of my/our cheques are returned due to signature mismatch, even if the signature is genuine.
4) I/We declare that I/We am/are signing this Account Opening Form and related documents in my/our vernacular (local) language, as I/We am/are not fully conversant with English. The contents have been explained to me/us in a language known to me/us and I/We have understood them fully.

Signature/Thumb of Applicant: 1) _____ 2) _____ 3) _____ 4) _____

For Office Use Only

1)	Applicant interviewed	:	☐ Yes	☐ No	
2)	Particulars of identification & address are obtained	:	☐ Yes	☐ No	
3)	All obtained KYC documents are verified from originals	:	☐ Yes	☐ No	
4)	Document Received	☐ Self Attested ☐ True Copies	☐ Notery	☐ Other (Specify) _____	
5)	Risk Category	☐ Low ☐ Medium	☐ High		

A/c. opened on:

A/c opened by: Enter Date, Name, Designation, Sign & Stamp of the verifying Br. Official Br. Manager