



Serial No. 3 0 2 016808
For Office Use
A/c. No. _____
Customer ID _____

Product Type : _____

ACCOUNT OPENING FORM CORPORATE ACCOUNTS (OTHER THAN INDIVIDUALS)

Please open our Account at your: _____ Branch Branch Code _____

(Please fill the form in Block Letters only - All Fields marked "*" are MANDATORY)

DETAILS OF BUSINESS UNIT

* ACCOUNT TITLE

Date _____

M/S _____

MAILING ADDRESS

Date of Incorporation

*Flat/Plot No & Bldg. Name _____

*Mobile No. _____

* Road Name _____

STD Code _____

* Land Mark _____

Tel (R) _____

* City _____

Tel (O) _____

*District _____

*State _____

*Pin Code _____

FORM 60

*Email Id _____

PAN No : _____

(BLOCK LETTERS)

Constitution: Sole proprietor Partnership LLP HUF Private Ltd Company Public Ltd Company Society Trust NGO/NPO SHG Association Club University Government Body Financial Inst Bank JLG

Activity: Agri Mfg Trade Finance Bank Transport Services Govt Real Estate Stock Broker Jewels/Gems/Precious Metal dealer Money Services Others (specify)

*Name of the Authorized Signatories

Gender Male / Female / Third Gender

Existing Customer ID

No.	Name	Gender	Existing Customer ID
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

Operating Instructions: As per Resolution As per details mentioned below

IDENTIFICATION PROCEDURE (KYC) Attach Document for Proof

A. Activity Proof _____ No : _____

Issued by & Place _____

B. Address Proof _____ No : _____

Issued by & Place _____

C. CIN No : _____

D. TIN No : _____

Account Options

Savings Fixed Deposit CCD M.S.D. Others (Specify) _____

Current Amount _____ Period _____ Year _____ Months _____ Days _____

INTRODUCTION DETAILS CITY UNION BANK Customer (Introducer's) Name

I confirm that I am an account holder with CITY UNION BANK for over six months. I confirm that I personally know the applicant/s detailed above for more than 6 months and confirm his/her identity, occupation and address. A/c. No. _____ Customer ID _____

FIXED Deposit Details

Interest Payment Monthly Quarterly Half Yearly

Interest Payment / Closure Instructions by. DD Br Code _____ RTGS/NEFT/ECS

TDS to be deducted Yes No (if No, form 15H/15G to be submitted)

A/c. Number _____

Auto renewal to be made Yes No

IFSC Code / MICR Code _____

(If no, please fill the "Closure Instructions")

EDB210

Serial No. **3 0 2** **016808**

PAYMENT DETAILS Amount Rs. Ps. Cash Cheque

Cheque No. Date Drawn On _____ Bank _____ Branch _____

The Cheque should be crossed A/c Payee and drawn payable to "CITY UNION BANK A/c _____ (Customer Name)"

Transfer SB CA CCOD A/c No.

Declaration for a Sole Proprietorship Account
 Reg. Opening of a new account in the name of _____ refer to the captioned account opened by you and declare that I, the undersigned, am the sole proprietor of the concern and am solely responsible for all operations in the said account and liabilities thereof

Name : _____
 Signature : _____
 Proprietor ID :

Declaration for a Partnership Account (ID Created for all Major Partners)
 Reg. Opening of a new account in the name of _____ we refer to the captioned account opened by you and declare as We, the undersigned, are the only partners in the firm and are jointly and severally responsible for liabilities thereof. All the undersigned are severally authorised to operate the account, Nos. _____ are jointly and severally authorised to operate the account. The beneficial owner has / have ownership of / entitlement to more than 15 per cent of capital or profits of the partnership.

Name of the Partners	Customer ID	% of Share Holding	Signature with Stamp
1			
2			
3			
4			
5			
6			
7			

Declaration for HUF (ID Created for all major co-parceners)
 As our HUF firm wishes to open an account with your bank in the said name _____ we beg to say that the first signatory to this letter ie., _____ is the Karta of the Joint family and other signatories are the adult co-parceners of the said family. We further confirm that the business of the said 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. We all undertake that claims due to the bank from the said family shall be recoverable personally from all or any of us and also for the entire family properties of which the first signatory is the Karta including the share of minor co-parceners. In view of the fact that ours is not a firm governed by the Indian partnership Act 1932, we have not got our said firm registered under the said Act. We hereby undertake to inform the bank the birth or death of co-parceners or any change occurring at any time in the membership of our joint family during the currency of the account.

Please fill in for a HUF	Customer ID	Signature with stamp
Name of Karta		
Name of Adult Co-parceners		
1		
2		
3		
4		

Name of Minor Co-parceners	Date of Birth
1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Beneficial Ownership

DECLARATION : 1) I/we are to abide by and be bound by the rules of the bank now in force and that may be made from time to time. 2) I/We confirm that I/We am/are resident of India. 3) I/We declare that all the particulars and information given in the Application form are true, correct, complete an upto date in all respects and I/we have not with held any information. 4) I/We understand that the above accounts will be opened on the basis of the statement / declaration made by me/us. I/we further agree that any false / misleading information given by me / us, or suppression of any material fact will render me/our account liable for action. 5) I/We confirm that the authorised signatories as approved by me/us are authorised to operate the account. 6) In case of collection of cheques and drafts sent by me/us to you, I/We request you, on the strength of my/our guarantee and on my/our responsibility to confirm my/our guarantee of the prior endorsements. I/we undertake to indemnify you again all losses, damages or detriment and keep you to protect from all claims, actions and expenses by reason of your so conforming my/our guarantee. As I/we send you from time to time cheque and bills on places where your bank has no branches. I/We hereby authorize you on my/our hereby authorize you on my/our responsibility to accept this letter as your authority for sending such instrument is lost in transit or otherwise and I/We further undertake to receive the proceeds of such bills only after the same has been cashed by you. In the event of bills discounted by you. I/We further undertake to repay your bank immediately, on demand, the proceeds of such bills. 7) I/we am/are not enjoying any credit facility / ies with any other bank/s any other branch/es of your bank and I/We undertake to inform you, in writing, as soon as any credit facility availed by me/us from any other bank/s any other branch of your bank. 8) I/we am/are enjoying credit facilities wit other banks(s) branch(es) of your bank as details given in the enclosed sheet. 9) I/We accept the Bank's right to take steps to close the account if frequents return of cheques for want of funds or any other undesirable feature is observed. 10) I hereby declare that I shall represent minor applicant in all present and future transactions of any description. I shall indemnify the Bank against the claim of the minor for any withdrawal/transaction made by me in his/her account. I/we agree that the bank may debit my / our account for service charges as applicable from time to time. 11. In the event of death of any one of us ("E or S" and "F or S") the surviving account holder/s may prematurely terminate the deposit by submitting a copy of the death certificate of the deceased account holder and a letter seeking premature withdrawal of term deposit, to the bank. 12) I/We hereby that I/We will regularly monitor and reconcile our fixed deposit/other deposit(s) accounts I/We will bring it to the notice of the bank unreconciled transactions, if any.

Declaration for Limited Companies, Clubs and Associations
(For SELF HELP GROUP (SHG) ID Created for all members of the group)

Serial No. **3 0 2**

016808

..... company, Limited (Registered Office) we request you to open an account of the above mentioned company. We shall advise you in writing of any changes that take place in the Board. I/We hand you herewith 1. Certificate of Incorporation 2. Copy of Memorandum and Articles of Association 3) Certificate of Commencement of business 4) Certified copy of a Resolution of the Board of Directors regulating the conduct of the account together with specimen of the signatures of the authorised signatories. 5) Latest Balance Sheet of the Company. 6) We agree to comply with Bank's rules for the conduct of such accounts.

Declaration regarding beneficial ownership :

(For Trust & Association) The author of the trust, trustee, the beneficiaries with fifteen percent or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership).

(For Company) Controlling ownership interest means ownership of / or entitlement to more than 25 percent of the shares or capital or profits of the company; "control" shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements.

Name in Full	Customer ID	Designation	% of Company's Share Holding	Signature
1				
2				
3				
4				
5				

(For Sole Proprietorship Account)

NOMINATION FORM NO. DA - 1

Whether Required

Not Required

Name of Nominee displayed in Pass Book / Deposit Yes No

Nomination under section 45 ZA of the Banking Regulation Act 1949 and Rule 2 (1) Banking Companies (Nomination) Rules 1985 in respect of Bank Deposit.

I / We: _____

nominated the following person to whom in the event of my / our / minor's death the amount of the deposits particulars where of are given below may be returned by City Union Bank _____ Branch in which the deposit is held

Name of nominee _____

Date of Birth _____ Nominee relation _____

As the nominee is a minor of the date, I / We appoint Shri. / Smt. / Kumari _____

Age _____

(name, address & age) to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

(OR)

I / We do not want any nomination for my / our accounts.

Signature (s) Thumb Impression (s) of depositor (s)

@ Name(s) Signature (s) and Address (es) of witness (es)

1. _____ 2. _____

Place :

Date :

- * Where deposit is made in the name of minor the nomination should be signed by a person lawfully entitled to act on behalf of the minor
- \$ Strike out if the nominee is not a minor. @ Thumb impression (s) shall be attested by two witness

PROFILE ""

A) Name of the Organisation _____

B) Nature of Ownership : Proprietor Partner Director Others

C) Nature of business activity : _____

D) Location of Business : Non risk areas Risk areas Both

E) Annual Business Turnover : Rs. _____

F) Threshold Limit : Rs. _____ (Credit Summation in the account shall be upto **Two Times** of the declared Annual Business Turnover)

G) Purpose of Opening : _____

ASSESSMENT OF RISK

Classification of Risk is made taking into account the type of client, Business activity, Location, Turnover and the social & financial status as specified in our policy

RISK CLASSIFICATION : LOW MEDIUM HIGH

For Office Use

Signed before me. Introducer's Signature tallied. Introduction is found in order. Documents verified for names and addresses. Permitted to Open Account. KYC norms observed.

Cheque Book/s issued Nos. from _____ to _____ Do not issue Cheque book.

Issue Visa Card Yes No Enable Net banking Yes No Enable SMS Yes No Necessary forms obtained

DSA No. **I F A** _____

Signature of Authorised Official with POA No. _____

Services Required

1. ATM-CUM-DEBIT CARD: (for International card and its variants, separate application is to be submitted)

Applicant no.	Card Type	Name as would appear on the card
1st	<input type="checkbox"/> Domestic <input type="checkbox"/> Gold International	
2nd	<input type="checkbox"/> Domestic <input type="checkbox"/> Gold International	
3rd	<input type="checkbox"/> Domestic <input type="checkbox"/> Gold International	

Please mention any other account desired to be linked

- 2. **INTERNET BANKING:** Viewing rights : 1st 2nd 3rd applicant Transaction rights : 1st 2nd 3rd applicant (please tick)
- 3. **MOBILE BANKING :** Mobile Banking Service to be enabled on this no. _____
- 4. **SMS ALERTS:** SMS Alerts on mobile number as mentioned in Part-I Required Not required
- 5. **CHEQUE BOOK:** Type of Cheque Book: Ordinary Multicity* Both * Charges applicable for Multicity cheques
- 6. **STATEMENT FREQUENCY:** Monthly Quarterly Half-yearly
(for current account) e-Statement to be sent to e-mail id as mentioned in Part-I: Required Not required

PARTNERSHIP LETTER

To **CITY UNION BANK**

Branch _____

Dear Sir,

The trading and / or mercantile firm of _____
 carrying on business as _____ at _____
 and elsewhere is desirous of opening a _____ Account with / having banking facilities and /
 or availing credit facilities that may be agreed upon, from time to time from **CITY UNION BANK** _____

The under noted are all the partners of this firm :

- 1.
- 2.
- 3.
- 4.
- 5.

of these partners the persons whose names are set out below

- 1.
- 2.

are authorised on behalf of the firm to sign documents and to execute, draw, accept, endorse negotiate and sell negotiable instruments and to borrow (with or without security) and to pledge / hypothecate / mortgage its assets and properties and they have full unrestricted authority to bind the firm. They are further authorized to sign and register all legal and other documents that may be necessary for the purpose and do all other acts. All the transactins with City Union Bank _____ or with any of its branches by the above mentioned partners including contracts of surety whether jointly or severally or along with others shall be deemed to be transactions of and binding on the firm and all its partners.

The Bank may recover its claims from the estate of any or all of the partners of the firm and in case any partner is a member of a Joint family, from the estate of the joint family and interest therein of every co-parcener of the family.

Whenever any change occurs in the constitution of the firm, we undertake to give notice of the change in writing . We further undertake that our individual liabilities and that of our respective estates to the Bank will continue until we receive from the Bank an acknowledgment for the change in the constitution and until all our liabilities to the Bank prior to the above are discharged and that notwithstanding any provisions of the Partnership Act, or any change in the membership of the firm, all acts of the undersigned or otherwise purporting to be done on behalf of the firm shall be binding on the firm and each partner or past member and his estate and in the case of death or insolvency, the deceased's or insolvent's estate.

Yours faithfully,

Place : _____

Date : _____

(Note : The partners should sign individually and not on behalf of the firm)

808810

Serial No. 3 0 2

016808

HINDU UNDIVIDED FAMILY (HUF) LETTER

The Manager,
CITY UNION BANK

Place :

Date :

Branch

Dear Sir,

The business of (family name) carrying on in the firm's name and style of (name of the firm) at (place) is the ancestral business of the Joint Hindu Family governed by the Mitakshra / Dayabhaga Law of which I / We am / are the present Karta or Managing Member(s) and I / We the undersigned am / are the present coparcener(s). As the aforesaid business by the nature thereof cannot be carried on without banking facilities. I am / we are desirous of opening a (Name of the Account) with the City Union Bank branch.

2. The following members, viz;

(I)

(II)

(III)

are authorised jointly or severally to represent and sign on behalf of the said joint family business in manner as appears below and have full unrestricted authority to bind all the members of joint family however constituted from time to time.

3) We undertake that any advance granted to the Joint Hindu Family firm will be used for the ordinary purposes of the family business. We further undertake with the intention of binding not only the present members of the said joint family but also all future members thereof and all persons entitled to a share therein and ourselves personally and our respective interest in the joint family properties as well as our separate estates.

4. Whenever any change occurs in the Managership or in the nature of the said ancestral business or in the constitution of the said joint family or said ancestral business due to the death of a co-parcener whether or not resulting in a share devolving on his widow(s) or by the birth of a co-parcener, or if at any time any of us desire to give up or sever his connection with the said ancestral business or if we desire to close the said ancestral business or if any minor member of the said family attains majority, to give notice thereof to the above branch of the Bank at writing.

5. Until receipt of such notice by the above branch of the Bank and whether any provisions Indian Partnership Act 1932 shall apply or not, the Bank shall be entitled to regard each of us as partners in respect of all dealings or transactions with the Bank, which may be found to be outside the scope of the said ancestral business and that such dealings and transactions shall be binding on each of us as such partner and our respective estates.

6. Notwithstanding any provisions of the said Act, or any change in the members of the said firm all acts purporting to be done on behalf of the said joint family business before the bank shall have received notice in manner afore-said shall be binding on the said joint family and its properties and on each of us and our respective estates and the liability of the said firm and of each of us and or our respective estates shall continue until all liabilities in respect of such acts shall have been discharged.

7. The names and dates of birth of the present minor members of the aforesaid joint family are given below:

Yours faithfully,

(Karta and all the major co- parceners of the Hindu Undivided Family are to sign here for and on behalf of the firm **with the firm's seal**)

(Karta and all the major co- parceners of the Hindu Undivided Family are to sign here in their **individual capacity.**)

Particulars of the minor members of the Joint Family :

Father's / Guardian's Name	Date of Birth	Signature of Father / Guardian

Current Account / Credit facility with other bank

I/We declare that I / We do not enjoy credit facilities with other bank/s.

I/We enjoy credit facility /have current account with other banks, details of which are furnished below: (If credit facility is enjoyed with other bank, NOC should be obtained and produced for opening the account).

Name of the Bank	Account No.	Facility	Amount

Signature _____
(Authorised Person)

We certify that the facts stated above are true and correct. We undertake and agree that we will notify **City Union Bank** without delay of any changes in the controlling persons, person exercising control or having controlling ownership interest in the Company, partnership firm, unincorporated association or body of individuals and trusts, as declared in **the table above**.

For and on behalf of (name of Company, partnership firm, unincorporated association or body of individuals and trusts):

Signature of the Authorized Office*:

Full Name of the Authorized official :

Designation / Position:

Date:

Place:

(* The declaration should be signed by an active / designated partner in case of partnership Firm, a trustee in case of Trust)

For Branch use only

We certify that the beneficial owner(s) of the said firm has / have been determined on the basis of declaration made by the abovementioned Company / Firm / Trust and the details furnished above have been verified from information, wherever available, in public domain

(Signature of the Branch Head)

Name :

Employee No. ;

Date :

“FORM NO. 60 [See second proviso to rule 114B]

Form for declaration to be filed by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B

1	First Name <input type="text"/>	2	Date of Birth/ Incorporation of declarant
	Middle Name <input type="text"/>		<input type="text"/>
	Surname <input type="text"/>		<input type="text"/>
3	Father's Name (in case of individual)	First Name	<input type="text"/>
	Middle Name		<input type="text"/>
	Surname		<input type="text"/>
4. Flat / Room No.	<input type="text"/>	5. Floor No.	<input type="text"/>
6. Name of Premises	<input type="text"/>	7. Block Name / No.	<input type="text"/>
8. Road / Street / Lane	<input type="text"/>	9. Area / Locality	<input type="text"/>
10. Town / City	<input type="text"/>	11. District	<input type="text"/>
12. State	<input type="text"/>	14. Telephone Number (with STD Code)	<input type="text"/>
13. Pin code	<input type="text"/>	15. Mobile Number	<input type="text"/>
16. Amount of Transaction (Rs.)	<input type="text"/>	18. In case of transaction in joint names, number of persons involved in the transaction.	<input type="text"/>
17. Date of Transaction (Rs.)	<input type="text"/>		
19. Mode of Transaction :	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Card <input type="checkbox"/> Draft / Banker's Cheque <input type="checkbox"/> Online Transfer <input type="checkbox"/> Other		
20. Aadhaar Number issued by UIDAI (if available)	<input type="text"/>		
21. If applicable for PAN and it is not yet generated enter date of application and acknowledgement number	<input type="text"/>		
20. If PAN not applied, fill estimated total income (including of spouse, minor child etc., as per section 74 of Income-tax Act, 1961) for the financial year in which the above transaction is held			
a) Agricultural income (Rs.)	<input type="text"/>	b) Other than Agricultural income (Rs.)	<input type="text"/>
23. Details of document being produced in support of identity in Column 1 (Refer instruction overleaf)			
Document Code	<input type="text"/>	Document identification number	<input type="text"/>
Name and Address of the authority issuing the document	<input type="text"/>		
24. Details of document being produced in support of identity in Column 4 to 13 (Refer instruction overleaf)			
Document Code	<input type="text"/>	Document identification number	<input type="text"/>
Name and Address of the authority issuing the document	<input type="text"/>		

Verification

I, do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/ our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, the day of 20.....

Place:

(Signature of declarant)

Note:

1. Before signing the declaration, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income tax Act, 1961 and on conviction be punishable,
 - (i) in a case where tax sought to be evaded exceeds twenty five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;
 - (ii) in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.
2. The person accepting the declaration shall not accept the declaration where the amount of income of the nature referred to in item 22b exceeds the maximum amount which is not chargeable to tax, unless PAN is applied for and column 21 is duly filled.

Instruction:

(1) Documents which can be produced in support of identity and address (not required if applied for PAN and item 20 is filled):-

Sl.	Nature of Document	Document Code	Proof of Identity	Proof of Address
A	For Individuals and HUF			
1.	AADHAR card	01	Yes	Yes
2.	Bank/Post office passbook bearing photograph of the person	02	Yes	Yes
3.	Elector's photo identity card	03	Yes	Yes
4.	Ration/Public Distribution System card bearing photograph of the person	04	Yes	Yes
5.	Driving License	05	Yes	Yes
6.	Passport	06	Yes	Yes
7.	Pensioner Photo card	07	Yes	Yes
8.	National Rural Employment Guarantee Scheme (NREGS) Job card	08	Yes	Yes
9.	Caste or Domicile certificate bearing photo of the person	09	Yes	Yes
10.	Certificate of identity/address signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer as per annexure A prescribed in Form 49A	10	Yes	Yes
11.	Certificate from employer as per annexure B prescribed in Form 49A	11	Yes	Yes
12.	Kisan passbook bearing photo	12	Yes	No
13.	Arm's license	13	Yes	No
14.	Central Government Health Scheme /Ex-servicemen Contributory Health Scheme card	14	Yes	No
15.	Photo identity card issued by the government./ Public Sector Undertaking	15	Yes	No
16.	Electricity bill (<i>Not more than 3 months old</i>)	16	No	Yes
17.	Landline Telephone bill (<i>Not more than 3 months old</i>)	17	No	Yes
18.	Water bill (<i>Not more than 3 months old</i>)	18	No	Yes
19.	Consumer gas card/book or piped gas bill (<i>Not more than 3 months old</i>)	19	No	Yes
20.	Bank Account Statement (<i>Not more than 3 months old</i>)	20	No	Yes
21.	Credit Card statement (<i>Not more than 3 months old</i>)	21	No	Yes
22.	Depository Account Statement (<i>Not more than 3 months old</i>)	22	No	Yes
23.	Property registration document	23	No	Yes
24.	Allotment letter of accommodation from Government	24	No	Yes
25.	Passport of spouse bearing name of the person	25	No	Yes
26.	Property tax payment receipt (<i>Not more than one year old</i>)	26	No	Yes
B	For Association of persons (Trusts)			
	Copy of trust deed or copy of certificate of registration issued by Charity Commissioner	27	Yes	Yes
C	For Association of persons (other than Trusts) or Body of Individuals or Local authority or Artificial Juridical Person)			
	Copy of Agreement or copy of certificate of registration issued by Charity commissioner or Registrar of Cooperative society or any other competent authority or any other document originating from any Central or State Government Department establishing identity and address of such person.	28	Yes	Yes

(2) In case of a transaction in the name of a Minor, any of the above mentioned documents as proof of Identity and Address of any of parents/guardians of such minor shall be deemed to be the proof of identity and address for the minor declarant, and the declaration should be signed by the parent/guardian.

(3) For HUF any document in the name of Karta of HUF is required.

(4) In case the transaction is in the name of more than one person the total number of persons should be mentioned in Sl. No. 18 and the total amount of transaction is to be filled in Sl. No. 16. In case the estimated total income in column 22b exceeds the maximum amount not chargeable to tax the person should apply for PAN, fill out item 21 and furnish proof of submission of application.

DOCUMENTATION CHECK LIST
(Activity and Address proof)

A. FOR HINDU UNDIVIDED FAMILY

1. Declaration from the Karta
2. Proof of Identification of Karta
3. Prescribed Joint Hindu Family Letter signed by all the adult co-parceners.

B. FOR PROPRIETORSHIP CONCERN

Any Two of the Following Documents:

1. Registration Certificate.
2. Certificate / license issued by the Municipal authorities under Shop & Establishment Act.
3. Sales and income tax returns.
4. CST/VAT/GST certificate
5. Certificate / registration document issued by Sales Tax / Service Tax / Professional Tax authorities
6. License / certificate of practice issued in the name of the proprietary concern by any professional body incorporated under a statute.
7. Complete Income Tax return (not just the acknowledgment) in the name of the sole Proprietor where the concern's income is reflected, duly authenticated / acknowledged by the Income Tax Authorities.
8. Utility bills such as Electricity. Water and Land line Telephone bills In case where the branches are satisfied that it is not possible to furnish two such documents, branches shall accept only one of these documents as proof of business activity - provided if the Branch Head undertakes contact point verification and collect such other information and classification would be required to establish the existence of such firm and shall confirm and satisfy themselves that the business activity has been verified from the address of the proprietary concern.
9. A letter of confirmation to this effect duly signed by the Branch head should be forwarded in **Format B**.

C. FOR PARTNERSHIP FIRMS

1. Registration certificate, if the firm is registered.
2. Partnership deed.
3. An officially valid document as mentioned in the KYC Policy in respect of the person/s holding an attorney to transact on its behalf.

D. FOR LIMITED LIABILITY PARTNERSHIP

1. Certified copy of incorporation documents filed with Registrar of Companies (Form 1,2,3).
2. Certificate issued by the Registrar of Companies.
3. Copy of LLP Agreement signed by all the partners.
4. An officially valid document (as mentioned in KYC Policy) in respect of the persons holding an attorney to transact on its behalf.

E. FOR TRUST

1. Registration certificate, if the trust is registered.
2. Trust deed.
3. An officially valid document (as mentioned in KYC policy) in respect of the person holding a power of attorney to transact on its behalf.

F. FOR UNINCORPORATED ASSOCIATION OR A BODY OF INDIVIDUALS

1. Rules and bye-laws.
2. Resolution of the managing body of such association or body of individuals.
3. Power of attorney granted to transact on its behalf.
4. An officially valid document (as mentioned KYC policy) in respect of the person holding an attorney to transact on its behalf and
5. Such information as may be required by the bank to collectively establish the legal existence of such an association or body of individuals.

G. FOR COMPANIES

1. Certificate of incorporation.
2. Memorandum & Articles of Association.
3. A resolution from the Board of Directors and power of attorney granted to its managers, officers or employees to transact on its behalf and
4. An officially valid documents (as mentioned in KYC policy) in respect of managers, officers or employees holding an attorney to transact on its behalf.

Acknowledgement DA-1

Serial No.

3 0 2

016808

We acknowledge receipt of nomination made by you in favour of:

Name of the Nominee

Age Year..... Date of Birth

With respect to your Account Number

Yours faithfully

Date :

Signature of Bank Official with Seal