

## Progressive Co-operative Bank Limited

ronch			

Cust. ID of CIF-2				
Group Cust. ID				
If Shareholder of the Bank, Membership No.				

## ACCOUNT OPENING FORM FOR NON INDIVIDUALS

(FOR FIRMS / CORPORATES / TRUSTS / SOCIETIES / HUF / HUF FIRMS / OTHERS)
To, The Branch Manager, Type of Account:
Progressive Co-operative Bank Limited.,
Branch, Branch Code No. Date Date
Please fill in CAPITAL letters and use BLACK BALL POINT PEN for signature. Please tick (√) the appropriate boxes
Please open CD A/c. SB A/c. Other A/c. as per details given below, for which I/We Deposit
(Rupees) Payment By Cash Cheque No
Date:/ Drawee Bank Branch (Cheque from own account with other bank Details of Business / Firm / Trust / HUF / Association of Persons / Company / Society / Others
Name / Title of
Account
Constitution
Proprietorship Partnership Firm Pvt. Ltd. Co. Educational Institution Co-op. Society Trust
Ltd. Liability Partnership (LLP) HUF HUF Firms Association of Persons Others (Specify)
Mode of Operation
Proprietor All Jointly Any One As per Resolution Karta Others (Specify)
Personal Details of Authorised Signatories
Cust. ID No. Cust. ID No. Cust. ID No.
1st Applicant (Mr./Mrs./Ms.) 2nd Applicant (Mr./Mrs./Ms.) 3rd Applicant (Mr./Mrs./Ms.)
FIRE TO MAME OF TRANSTONE TO BAME
Please Offer us Following Facilities
Cheque Book SMS e-Statement Others (Specify) (separate form to be obtained for SMS Banking)
Declaration:
1) I/We am/are not related to any of the Directors of your Bank. OR
I/We am / are related to Mr. / Mrs. / Ms. (Director of your Bank)
2) I/We hereby declare that all the transaction routed through this account and funds involved will be owned by me/us. If funds owned by other party, which are routed
through my/our account I/We undertake to inform the Bank immediately  3) I/We hereby declare that, I/We the undersigned or their relatives have not been entrusted with prominent public functionary in a foreign country e.g. Heads of states of Governments
Senior Politicians, Senior Government / Judicial / Military Officers, Senior Executives of State Owned Corporations, Important Political Party Officials, etc. I/We hereby further declared to the control of the contro
that in case in the future, I or any of the undersigned or their relative have been entrusted with prominent public functionary in a foreign country as stated above, I/We will immediately notify the Bank about the same.
The Bank's rules & regulations relating to the account have been read & understood by me/us and I/We agree to abide by the said rules & regulations and any amendments made therete from time to time as displayed on Bank Website/Notice Board and those relating to various services including but not limited to SMS Banking etc. I/We understand that the Bank may at its discretion discontinue any of the services completely or partially. I/We agree that the Bank may Debit to my/our account with service charges as applicable from time to time. I/We Confirm that I/We am/are resident(s) of India.
Island Associate Wile have been stated for Court to read the state of
5) Solid Accounts: we hereby authorize the Bank to make payment of depositis to the survivor without concurrence of the legal heir/s of the deceased account holder/s.  6) I/We hereby declare that the information furnished above is true & correct to the best of my knowledge.
7) I/We have read, understood and agree to abide by the Bank's rules for(the type of account) and agree to comply with and be bound by them as they
are in force now and from time to time be in force for such accounts. I/We undertake to advise the bank promptly in writing of any change in my/our constitution/partners/directors/documents and any other material change.
FOR PROPRIETARY CONCERNS
To, Progressive Co-operative Bank Limited
BranchSir,
I, the undersigned, inform you that I am the sole Proprietor of the firm Named M/s.
and I am solely responsible for liabilities thereof. I shall promptly advise you in writing of any change that may take place in the constitution of the firm and I will be liable to you for any obligation which may be standing in the firm's name in your books on the date of receipt of such
notice and until all such obligation shall have been liquidated.  Yours faithfully,
Signature of the Proprietor (with Rubber Stamp)

Branch	operative Bank Limited.		FOR P	ARTNERSHIP FII	RMS			
said firm. We are	e firm named <mark>M/s</mark>	sible to the Ban	is havin k for the liabili	ng dealings with the ba ties of the Firm with the	nk, we infor Bank.The	m you that, we the Bank may recover	undersigned are the its claim from the est	only partners in the ate, of any or all the
	never any changes takes plac			ertake to promptly infor	m the Bank	of the same in writi	ng and our individual	responsibility to the
Bank will continu	e until all our liabilities with th	e Bank are disc	charged.				You	rs Faithfully,
1		2				3		
				by each Partner of the	firm (with R	ubber Stamp)		
/We have been ex	xplained about the benefits of	the Nomination	facility. Nomin	ation required:		Yes No		
f yes, the name o	f Nominee to be printed on Pa	ass Book/Stater	ment of Accour	nt. Ye	s No	0		
	(DA1Form) (Only for Pro							
	nder section 45ZA of the E	Banking Regu	lation Act 19	49, and rule 2(1) of t	he Co-ope	rative Banks (Nor	nination) Rules, 19	85, in respect
of the Bank dep I/We							minate the following	
the balance in t	he account may be paid b	у	Br	anch of Progressive				
Name and Ac	ddress of Nominee			A	ge I	Relationship	D.O.B if Nomir	nee is a Minor
	and the same of th							
	ominee is a Minor : e is a minor on this date, w	hose date of	birth is	I MIN I STANK	I/We app	oint Mr./Mrs.		
A3 the nonline	, is a finite of the date, i		ed y	ears, residing at				
			to rec	eive the amount of th	e deposit o	on behalf of the n	ominee in the even	t of my/our/minor's
	e minority of the Nominee Is (Two Witnesses in cas		mnression)					
# Witness Detail	-	e or triumb ii	inpression,	# Witne	ss No. 2			
Name				Name				
Address :				Addres	s:			
					<u> </u>			
City:		Pin:	TIT	City:			Pin :	
		1						
Signature :				Signatu	re :			
Date :	DMWYYY	y.		Date :	DI	Y Y M M	V V	•
If the account	is in the name of minor	alone, the No	mination sl	nould be signed by	a person l	lawfully entitled	to act on behalf o	f the Minor.
	(s) / Thumb Impression (							
311111111111111111111111111111111111111	(-/							
								17.917
1st	Applicant Signature		2nd	Applicant Signature	9	31	d Applicant Signa	iture
FOR OFF	ICE USE							
<u> </u>	Account Opened by			Officer			Manager	
E	mployee Code No.	1	Er	nployee Code No.			Employee Code N	0.
Date 0	DWWXXXX				-			M - Maker C - Checker
	KYC Complied	Photo S	canned	Sign Scanned		AOF-2 Scanned	Document	send to AOC
Date :	M C	М	С	M C		M C	M	С
400	AOF-2	Accepted & V					2 Not Accepted	
AOC		Updated in	the systems			Reasons		
Date:	M			С		М		С