



The Gujarat State Co-op. Bank Ltd.

(Scheduled Apex Bank)

ACCOUNT OPENING FORM

(Non Individual)

(For office use only)

CIF No.

CKYC No.

Account No.

Date

Branch to affix rubber stamp of
Branch name and Branch Code

Application Type ☐ New ☐ Update ☐ KYC Updation (Re-KYC)

Rs. _____ SYS: _____ SAN: _____

Instructions

- Fields marked * are mandatory
- Please fill up in Block letters only and use Blue/Black ink for signature. Please leave one box BLANK between TWO words
- Please tick (✓) wherever applicable
- Please Countersign in full for any over writing / alteration
- In case illiterate customers thumb impression to be affixed with two witness
- Please select update option incase of any change in customer details after account opening

1. Types of Account

☐ CURRENT REGULAR ☐ CURRENT PRIVILEGE ☐ OTHER _____

2. Entity Details

Name*

Entity Constitution Type*

- | | |
|---|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership Firm |
| <input type="checkbox"/> HUF | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Private Limited Company | <input type="checkbox"/> Trust - Public / Private |
| <input type="checkbox"/> Public Limited Company | <input type="checkbox"/> Others <input type="checkbox"/> PSU/Govt. <input type="checkbox"/> Bank/FI <input type="text"/> |
| <input type="checkbox"/> Society <input type="checkbox"/> Housing <input type="checkbox"/> Credit | <input type="checkbox"/> Others <input type="text"/> |
| <input type="checkbox"/> Association of Person (AOP) | <input type="checkbox"/> Body of individuals (BOI) |

PAN No.*

Date of Incorporation/Formation*

Date of Commencement of Business

Place of Incorporation/Formation*

GST Registration Number

3. Proof of Identity(POI)*

- | | |
|---|---|
| <input type="checkbox"/> Officially valid document(s) in respect of person authorised to transact | <input type="checkbox"/> PAN No. of Entity |
| <input type="checkbox"/> Certificate of Incorporation / Formation <input type="text"/> | Registration Certificate <input type="text"/> |
| <input type="checkbox"/> Memorandum and Article of Association | <input type="checkbox"/> Partnership Deed <input type="checkbox"/> Trust Deed/By Laws |
| <input type="checkbox"/> Resolution of Board / Managing Committee | <input type="checkbox"/> Activity Proof-1 (For Sole Proprietorship Only) |
| <input type="checkbox"/> Power of attorney granted to its manager, officer or employees to transact on its behalf | <input type="checkbox"/> Activity Proof-2 (For Sole Proprietorship Only) |

4. Initial Payment Details

Amount (in figures)

Mode of Payment : ☐ Cash ☐ Cheque

Cheque No.

Date

5. No. of Related Person (Separate ANNEXURE-A required for each related person)

6. Registered Office Address / Place of Business*

Proof of Address* ☐ Certificate of Incorporation/Formation ☐ Registration Certificate
☐ Other Document

Line 1*
Line 2
Line 3 City / Town / Village*
District* Pincode* State

7. Communication Address

Same as Registered Office Address Yes ☐ No ☐ (If no please fill the details)

Line 1*
Line 2
Line 3 City / Town / Village*
District* Pincode* State

8. Contact Details (All Communication will be sent to Mobile Number / Email-ID provided)

Tel.(Off) - FAX -
Mobile - Email ID
Mobile - Email ID

9. Service Required

☐ Cheque Book ☐ SMS Alert ☐ E-Statement

10. Entity Profile

Annual Turn Over (₹)* ☐ Below 25 Lacs ☐ 25 Lacs - 50 Lacs ☐ 50 Lacs - 1Crore ☐ 1 Crore - 5 Crore
☐ 5 Crore - 25 Crore ☐ 25 Crore - 50 Crore ☐ 50 Crore & Above
Net Worth As on
Type of Business ☐ Agri ☐ Manufacturing ☐ Trade ☐ Finance ☐ Bank ☐ Govt.
☐ Transport ☐ Services ☐ Corporate ☐ Other (Pl. Specify)

11. Credit Facility With Other Bank

☐ I / We declare that we do not enjoy credit facilities with any bank
☐ I / We declare that we enjoy following credit facilities with other bank

DETAILS OF LOAN/OD/CC ACCOUNTS

Bank Branch Name & Address

Account Type Amount Rs.

(We hereby declare , We will inform your bank incase of any change related to credit facility availed by us with other bank within 30 days.)

12. FATCA /CRS Declaration - (Non-Individual)

- (a) Is the account holder a Government Body/ International Organization/listed on any recognized stock exchange. ☐ Yes ☐ No
(If yes and you are listed please specify the name of the stock exchange, , If no proceed to point (b)),
- (b) Is the account holder (Entity/Financial Institution) tax resident of any country other than India ☐ Yes ☐ No
(If yes please fill FATCA/CRS self-certification), If no proceed to point (c)
- (c) Is the account holder an Indian Financial Institution ☐ Yes ☐ No
(If yes please provide your GIIN , if any, If no proceed to point (d))
- (d) Are Substantial owners or controlling persons in the entity or chain of ownership Resident for tax purpose in any country outside India or not an Indian Citizen. ☐ Yes ☐ No
(If yes than please fill of FATCA/ CRS self-certification), If no please sign the declaration).

FATCA & CRS Related Declaration cum undertaking

1. I / We hereby certify that I / we have declared my/our status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No. DBR.AML.BC.No.36/14.01.001/2015-16 dated 28 August 2015 in this regard.
2. I /We understand and acknowledge that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of our account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter-Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and or any other similar arrangements.
3. I / We certify that the information provided by me/us above as applicable to me/us and signed by me/us as well as in the documentary evidence provided by me/us are, to the best of my/our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment/categorization of my account as a US Reportable Account or Other Reportable Account or otherwise.
4. I / We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided above, as well as in the documentary evidence provided by me/us or if any certification becomes incorrect and to provide fresh and valid self- certification along with documentary evidence.
5. I/ We also agree that my/our failure to disclose any material fact known to me/us, now or in future, may invalidate me/us from transacting in the account and The Gujarat State Co-op. Bank Ltd. would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /RBI for the purpose or take any other action as may be deemed appropriate by The Gujarat State Co-op. Bank Ltd. under the guidelines issued by CBDT/RBI from time to time, if the deficiency is not remedied by me/us within the stipulated period.
6. I/We also agree to furnish and intimate to The Gujarat State Co-op. Bank Ltd. any other particulars that are called upon me/us to provide on account of any change in law either in India or abroad in the subject matter herein.
7. I/We shall indemnify The Gujarat State Co-op. Bank Ltd. for any loss that may be caused to The Gujarat State Co-op. Bank Ltd. on account of providing incorrect or incomplete information by me/us.

Declaration

I/We affirm and declare that I/we have read over and understood the present rules and regulation of the Bank, and those relating to various services offered by the Bank including but not limiting to Debit Card/Internet Bank^SMSBanking/Tele-banking and other facilities. I/We agree to abide by the same as they are in force now and also by those as would be amended further from time to time through Circulars/Notice Boards/Websites etc. I/We agree that the transactions & request executed in above mentioned account through internet, mobile, or telebanking under my/our User ID and Password will be legally binding on me/us & I/we are responsible for maintenance of secrecy and confidentiality of the information passed on to me/us by the Bank through internet/mobile/e-mail/telephone. I/We mandate from other joint holders to view/enquiry/operate the joint account mentioned above. Further, I/we agree that Bank has got all the rights to debit my/our account for any service charge or discontinue my/our account without any notice to me/us. I/We hereby undertake to inform the Bank on any change in my/our communication address or constitution, and I/we shall submit the address proof in case of transfer of our account from one Branch to other Branch. I/We hereby declare that I/We have submitted the Aadhaar Card issued by UIDAI for Identification and/or address proof towards the compliance of KYC norms under the PMLA, 2002 I/We hereby agree that the Bank may verify the same with the UIDAI, and authorize the UIDAI expressly to release the identity and address through biometric . authentication to the Bank, (applicable only where accounts are opened with Aadhaar. " " I have received the Welcome Kit containing INB Kit and ATM Card with PIN and understand that in case of any misuse/misplacement of the contents of the Kit, the Bank will not be liable for any loss." INFORMATION ON PRODUCT AND SERVICES To serve you better, we would like to communicate about updates on our various products and services; new products and features and special offers from our Bank. Please give your consent to stay informed about these products and offers. Your consent Yes / No

"I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein .immediately. In case of the above information is found to be false or untrue or misleading or misrepresenting, I/We are aware that I/We may be held liable for it. My personal/KYC details maybe shared with central KYC registry. I hereby consent to receiving information from Central KYC registry through SMS/Email on the above registered Number/E mail address.

I/We hereby accept and acknowledge that the bank Shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me/us to the Bank.

Mode of Operation

- | | |
|---|---|
| <input type="checkbox"/> Proprietor | <input type="checkbox"/> Any One Partner / Director |
| <input type="checkbox"/> Any Two Partners / Directors | <input type="checkbox"/> As Per Board Resolution |
| <input type="checkbox"/> Any Other (Pl. Specify)_____ | |

Specimen Signature

(1) _____ (2) _____ (3) _____

(4) _____ (5) _____ (6) _____

Nomination

Nomination, if required fill form DA-1, otherwise sign below

I/We do not want to nominate any person in this account	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Sole/First Holder	Second Holder	Third Holder

Nomination Form (DA-1) – Applicable only for Sole Proprietorship

Nomination under section 45ZA of the Banking Regulation Act, 1949 and Rules, 1985 in respect of bank deposits

I/We _____ nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars whereof are given below, may be returned by The Gujarat State Co-op. Bank Ltd. (Name and address of branch / office in which the deposit is held)

Nomination
Serial No. _____**Details of Deposit**Type of deposit: _____ Account Number : Additional details, if any _____ Nominee CIF Number:
(For office use only)**Details of the Nominee**Name PREFIX FIRST NAME MIDDLE NAME LAST NAME Relationship with the depositor _____ Age _____ Date of Birth of nominee Address City/Village PIN State

As the nominee is a minor on this date, I/We appoint Shri/Smt _____ Age _____ years

Address _____

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.
(Witness are required only in case of applicant is illiterate/minor and is affixing thumb impression)

☒
Signature(s) / Thumb impression of first depositor☒
Signature(s) / Thumb impression of second depositor☒
Signature(s) / Thumb impression of third depositor

Signature / Thumb impression of first witness

Name : _____

Address : _____

Signature / Thumb impression of second witness

Name : _____

Address : _____

Declaration by Branch

1. Verified the copies with original documents. ☐
2. Applicant(s) interviewed and purpose ascertained. ☐ 3. Risk Categorisation ☐ Low ☐ Medium ☐ High

I hereby certify that this account opening form is complete in all aspects and relevant documents have been obtained as per the KYC guidelines of the Bank and RBI (as amended from time to time) and performed due diligence to verify the genuineness of the customer. The Account may please be set up in CBS. In case of signature mismatch, I certify that the customer has been personally met and has signed in my presence. Kindly open the Account.

Officer/ Asst. Manager

Branch Manager / In-Charge

Full Name: _____

Employee Code: _____

Full Name: _____

Employee Code: _____

Branch Name: _____

**Acknowledgement - DA 1**

Date: _____

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

Name of the nominee _____ Age: _____ years.

with respect to your A/c. nos. _____

Yours faithfully,

ANNEXURE-A

Personal Details (Authorised Signatory/Partner/Proprietor/Director/POA/LOA/Trustee/Beneficiaries/Senior Management)

☐ I do not have any account with GSC Bank ☐ I have an account with GSC Bank & the account number is

Applicant CIF No. CKYC No

Personal Details

Beneficial Owner If yes, provide % Share OR ☐ Senior Management

Beneficial Owner is the person holding more than 25% share capital in the company or 15% & above in Trust or more than 15% in Partnership firm. Beneficial Ownership details need not be provided if the entity is a 'Listed Company' or a 'Majorly owned subsidiary of a listed company'.

Residential Status ☐ Residential Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Name: (Same as ID proof) ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other

PREFIX FIRST NAME MIDDLE NAME LAST NAME

Maiden name (if Any) PREFIX FIRST NAME MIDDLE NAME LAST NAME

Mother's Name PREFIX FIRST NAME MIDDLE NAME LAST NAME

IT PAN Date of Birth: D D M M Y Y Y Y Gender: ☐ Male ☐ Female ☐ Transgender

Name of Father (Mandatory if PAN not submitted) UID / Aadhar No.:

PREFIX FIRST NAME MIDDLE NAME LAST NAME

Name of Spouse: PREFIX FIRST NAME MIDDLE NAME LAST NAME

Guardian's Name (In case of Minor) PREFIX FIRST NAME MIDDLE NAME LAST NAME

City of Birth Country of Birth

Nationality Indian ☐ Others ☐ Country Name

Multiple Tax Residency:

☐ Yes ☐ No

Additional Details for FATCA/CRS *(If applicables resident outside India for TAX purpose)

Foreign TIN Number 1:

TIN 1 Issuing Country

Country 1 of Residence for TAX Purpose:

Foreign TIN Number 2:

TIN 2 Issuing Country

Country 2 of Residence for TAX Purpose:

Identification Details:

Documents acceptable as proof of identity Please tick (✓) the appropriate box (any one document) and give details:

☐ Passport No. Expiry Date: D D M M Y Y Y Y

☐ Voter's Identity Card

☐ Driving Licence Expiry Date: D D M M Y Y Y Y

☐ Aadhar Card No.:

☐ NREGA Card

☐ Other Officially Valid Documents

☐ ID Card@

☐ Not Categorized@

Please attach one self-attested photocopy of the document. Originals thereof will have to be produced for verification

Proof of Address ☐ Current ☐ Permanent ☐ Overseas Address

Address type ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered office ☐ Unspecified

Proof of Address ☐ Passport ☐ Driving Licence ☐ Aadhar ☐ Voter ID Card ☐ NREGA Job Card ☐ Others _____

Address _____

City/Village _____ PIN _____ District _____

Sub-District _____ State _____

Country Name _____

Telephone (Res.) _____ Mobile No. _____

Email Address: _____

Telephone (Off.) _____ Fax No. _____

Address in the Jurisdiction Details where Applicant is Resident: ☐ YES ☐ NO
(all the details same as Permanent Address)

Correspondence / Local Address details Same as Proof of Address ☐ Yes ☐ No (If no please fill the details)

Address type ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered office ☐ Unspecified

Address _____

City/Village _____ PIN _____ District _____

Sub-District _____ State _____

Country Name _____

Address in the Jurisdiction details where the applicant is Resident out side India for Tax purposes*

Address type ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered office ☐ Unspecified

Address _____

City/Village _____ PIN _____ District _____

Sub-District _____ State _____

Country Name _____

Additional Details

Monthly Income:Rs. _____ Net Worth (approx value) Rs. _____

Marital Status ☐ Married ☐ Unmarried ☐ Others

Religion* ☐ Hindu ☐ Muslim ☐ Christian ☐ Sikh Others _____

Category* ☐ General ☐ OBC ☐ SC ☐ ST Others _____

Educational Qualification: ☐ Below SSC ☐ SSC ☐ HSC ☐ Graduate ☐ Post Graduate ☐ Professional Others _____

Occupation Type ☐ S-Service ☐ Private Sector Service ☐ Public Sector ☐ Government Sector

☐ Others ☐ Professional ☐ Self employed ☐ Retired ☐ House Wife ☐ Student

☐ Business ☐ Not categorised ☐ Occupation: _____

*Organization's Name: _____ *Designation/Profession: _____ Nature of Business: _____

Please Tick if applicable: ☐ Politically Exposed person ☐ Related to politically Exposed Person ☐ Residence for TAX purpose in Jurisdiction(s) outside India.

Date :

Place : _____

X

(Please sign in black Ink only.)
Signature(s)/Thumb impressions(s)

Paste a passport size
photograph inside this box

ANNEXURE-A

Personal Details (Authorised Signatory/Partner/Proprietor/Director/POA/LOA/Trustee/Beneficiaries/Senior Management)

☐ I do not have any account with GSC Bank ☐ I have an account with GSC Bank & the account number is

Applicant CIF No. CKYC No

Personal Details

Beneficial Owner If yes, provide % Share OR ☐ Senior Management

Beneficial Owner is the person holding more than 25% share capital in the company or 15% & above in Trust or more than 15% in Partnership firm. Beneficial Ownership details need not be provided if the entity is a 'Listed Company' or a 'Majorly owned subsidiary of a listed company'.

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Name: (Same as ID proof) ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other

PREFIX FIRST NAME MIDDLE NAME LAST NAME

Maiden name (if Any) PREFIX FIRST NAME MIDDLE NAME LAST NAME

Mother's Name PREFIX FIRST NAME MIDDLE NAME LAST NAME

IT PAN Date of Birth: D D M M Y Y Y Y Gender: ☐ Male ☐ Female ☐ Transgender

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Guardian's Name (In case of Minor) PREFIX FIRST NAME MIDDLE NAME LAST NAME

City of Birth Country of Birth

Nationality Indian ☐ Others ☐ Country Name

Multiple Tax Residency:

☐ Yes ☐ No

Additional Details for FATCA/CRS *(If applicables resident outside India for TAX purpose)

Foreign TIN Number 1:

TIN 1 Issuing Country

Country 1 of Residence for TAX Purpose:

Foreign TIN Number 2:

TIN 2 Issuing Country

Country 2 of Residence for TAX Purpose:

Identification Details:

Documents acceptable as proof of identity Please tick (✓) the appropriate box (any one document) and give details:

☐ Passport No. Expiry Date: D D M M Y Y Y Y

☐ Voter's Identity Card

☐ Driving Licence Expiry Date: D D M M Y Y Y Y

☐ Aadhar Card No.:

☐ NREGA Card

☐ Other Officially Valid Documents

☐ ID Card@

☐ Not Categorized@

Please attach one self-attested photocopy of the document. Originals thereof will have to be produced for verification

Proof of Address ☐ Current ☐ Permanent ☐ Overseas Address

Address type	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered office	<input type="checkbox"/> Unspecified	
Proof of Address	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Aadhar	<input type="checkbox"/> Voter ID Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others _____
Address						
City/Village		PIN		District		
Sub-District				State		
Country Name						
Telephone (Res.)		Mobile No.				
Email Address:						
Telephone (Off.)		Fax No.				
Address in the Jurisdiction Details where Applicant is Resident: (all the details same as Permanent Address)						
<input type="checkbox"/> YES <input type="checkbox"/> NO						

Correspondence / Local Address details Same as Proof of Address ☐ Yes ☐ No (If no please fill the details)

Address type	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered office	<input type="checkbox"/> Unspecified
Address					
City/Village		PIN		District	
Sub-District				State	
Country Name					

Address in the Jurisdiction details where the applicant is Resident out side India for Tax purposes*

Address type	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered office	<input type="checkbox"/> Unspecified
Address					
City/Village		PIN		District	
Sub-District				State	
Country Name					

Additional Details

Monthly Income:Rs.		Net Worth (approx value) Rs.	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others		
Religion*	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh	Others _____	
Category*	<input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST	Others _____	
Educational Qualification:	<input type="checkbox"/> Below SSC <input type="checkbox"/> SSC <input type="checkbox"/> HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional	Others _____	
Occupation Type	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector		
	<input type="checkbox"/> Others <input type="checkbox"/> Professional <input type="checkbox"/> Self employed <input type="checkbox"/> Retired <input type="checkbox"/> House Wife <input type="checkbox"/> Student		
	<input type="checkbox"/> Business <input type="checkbox"/> Not categorised <input type="checkbox"/> Occupation:		
*Organization's Name:		*Designation/Profession:	
		Nature of Business:	
Please Tick if applicable: <input type="checkbox"/> Politically Exposed person <input type="checkbox"/> Related to politically Exposed Person <input type="checkbox"/> Residence for TAX purpose in Jurisdiction(s) outside India.			

Date :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place : _____

X

(Please sign in black Ink only.)
Signature(s)/Thumb impressions(s)Paste a passport size
photograph inside this box

LETTER OF PROPRIETORSHIP

Opening of a new account in the name of M/s _____ We refer to the captioned account to be opened with your Bank and declare as under:

I, the undersigned, is the Sole Proprietor of the firm and am solely responsible for liabilities thereof. I shall advise you in writing of any change that takes 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 the receipt of such change and until all such obligation shall have been liquidated.

(Please sign without stamp)

Name: _____

Signature: _____

Place: _____

Date: _____

LETTER OF PARTNERSHIP

We request you to take notice that we are trading in partnership under the name and style of M/s _____ and that our firm has been registered under the provision of the Indian Partnership Act with Registrar of Firms at _____ as No. _____ and further request that all transactions entered into with you by all or any one or more of us and all obligations incurred by all or any one or more of us whether under the Signature of the firm or subscribed by the individual signature of the person or persons entering upon the transaction or incurring the obligation, with or without co-obligants may be regarded by you as entered into and incurred for and behalf of all of us jointly and severally and also the assets of the firm shall be liable for amount due to the bank. We also request you to take notice that everyone of us is authorized to draw, execute endorse/accept and negotiate cheques, promissory notes, hundies, bills and other negotiable instruments on behalf of all of us and our firm and we also request you to take notice that our liability or liability of our firm to you as aforesaid shall not in any way be affected even if any third party joins in the transaction as co-obligant. We further hereby intimate to you that as per an agreement between The Gujarat State Co-op. Bank Ltd. on the one part and ourselves on the other part to be estate whether joint or separate and person of each or every one of us is liable to you in respect of all or any of the aforesaid transactions or obligations. The retiring partner shall be liable to issue notice to you regarding retirement in the manner required under section 32 of the Partnership Act and such retiring partner/s shall be liable and continue to be liable for any act done by any of the partners until public notice is given of the retirement as aforesaid. Further, in the matter of making payment towards the liability arising in the account or acknowledging the liabilities or any part thereof as and when called upon by the bank to do so for the specific purpose saving limitation we declare that the payment or acknowledgement/s so made or given by one or more of us shall be liable shall save limitation against all of us jointly and or severally for the purpose of Law of Intimation, as such acknowledgement/s of debt and or payment/s shall be taken as given and made as agent/s of the other partners. This letter shall operate and be effective notwithstanding any provision on our deed of partnership which may conflict with any of the terms herein. (Please sign without stamp).

Name of Partner 1: _____

Signature 1: _____

Name of Partner 2: _____

Signature 2: _____

Name of Partner 3: _____

Signature 3: _____

Name of Partner 4: _____

Signature 4: _____

Place: _____

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

DECLARATION OF BENEFICIAL OWNERSHIP (Not Applicable for Sole Proprietorship Accounts)

1. Name of the Customer / Company

2. Registered Number (Wherever Applicable)

3. Registered Address

The Customer / Company as stated above hereby confirms and declares that on the below date.

(Please tick the correct option - option 3 is applicable only for the Company)

1. ☐ The following natural person(s) (listed in table below) exercise control or ultimately have a controlling ownership interest i.e. Having ownership/entitlement of more than 25% (in case of company) / or more than 15% (in case of Non-Companies) of capital / profit / property or controlling through voting rights, agreement, arrangement etc.

OR

2. ☐ There are no natural person(s) who exercise control or ultimately have a controlling ownership interest as stated above, therefore details of:
- ☐ All partner(s)(for partnership)/trustee(for trust)/senior managing officials(for unincorporated bodies) who are natural person(s) stated in the below Table
- ☐ Natural person(s) holding the position of directors/senior management in the Company are given in the below Table.

(*If you have ticked any of the above, please complete the Table below before signing the declaration)

Sr No.	Full name of Beneficial owner / controlling natural person(s)	Date of Birth	Nationality	Address	Type of KYC Documents		Controlling ownership interest(%)
					Identity	Address	

OR

3. ☐ The Company is listed on _____ (Name of the Stock Exchange)
or is a majorly owned subsidiary of _____ (Name of the Listed Company)
listed on _____ (Name of the Stock Exchange)

The Customer/Company undertakes that the facts stated above are true and correct. The Customer/Company also undertakes and agrees that it will notify The Gujarat State Co-op. Bank Ltd. without delay of any changes in the controlling persons / shareholders, person exercising control or having controlling ownership interest in the Company / Partnership / LLP / AOP / Society / Trust / Club / University / Institution, as declared in the table above.

For and on behalf of [Name of Company / Partnership / LLP / AOP / Society / Trust / Club / University / Institution]:

Signature of the Authorized Official*: _____

Full Name of the Authorized Official: _____

FOR BRANCH USE ONLY

We Certify that the beneficial owner(s) of the said Entity has / have been determined on the basis of declaration made by the above mentioned Company / Firm / Trust and the details furnished above have been verified from information, Whenever available, in public domain.

(Signature of the Branch Manager / Incharge) _____

Name : _____ Employee Code : _____

Date :

BRANCH HEAD VISIT REPORT

Name of Entity: _____

Name of Proprietor / Partner / Authorised signatory: _____

Address of Business: _____

_____ PIN:

Name and Address of Neighbour Entity: _____

_____ PIN:

Person whom you Met: _____ Contact No:

Date of Visit: Time of Visit: : AM / PM

Approximate distance from Branch: _____

No. of years in current business: _____ Year(s) _____ Month(s)

No. of Staff Available: _____ Equipment available: _____

OFFICE OWNERSHIP:

☐ Owned ☐ Rented/ leased ☐ Pagdi ☐ Others please specify _____

BUSINESS BOARD SEEN OUTSIDE: ☐ Yes ☐ No

VISITING CARD OBTAINED: ☐ Yes ☐ No

OFFICE SITUATED OPERATED FROM:

☐ Residence ☐ Business Center ☐ Factory ☐ Residence Cum Office ☐ Office Complex

☐ Shopping Mall ☐ Any Other Please Specify _____

DETAILS VERIFIED FROM:

☐ Office Staff ☐ Neighbor ☐ One of Authorised signatory

☐ Others, Please specify _____

NATURE OF BUSINESS ACTIVITY:

☐ Self Employed ☐ Retailer ☐ Agent- Broker ☐ Trader ☐ Jeweler ☐ Whole seller

☐ Agriculture Products ☐ Others, Please specify _____

ADDITIONAL COMMENTS / INFORMATION ON VERIFICATION: _____

I hereby confirm that I have personally visited and verified the address of customer as per the address mentioned in account opening form and the document provided. I hereby confirm that details provided by customer in account opening form match with my observation and the account is recommended for opening.

Emp. Full Name: _____

Employee Code: _____

Branch Name: _____

Branch Manager / In charge

CHECKLIST OF DOCUMENTS FOR ACCOUNT OPENING

Individual	<input type="checkbox"/> Self-attested copy of PAN card <input type="checkbox"/> Any one officially Valid Documents (OVD) from Aadhaar Card / Election Card / Driving License / Passport / Job Card issued by NAREGA/ Any one of the letters issued by the National Population Register. Which contains details of name and address of Applicant. <input type="checkbox"/> Passport size photograph of applicant
Proprietorship	<input type="checkbox"/> Document of Proprietor as mentioned in individual <input type="checkbox"/> Registration proof of Entity 1 <input type="checkbox"/> Registration proof of Entity 2
Partnership	<input type="checkbox"/> Document of partners/ Beneficial owners as mentioned in Individual <input type="checkbox"/> PAN card of Partnership firm <input type="checkbox"/> Partnership deed <input type="checkbox"/> Registration certificate of partnership firm <input type="checkbox"/> Partnership resolution to open and operate account
Co-operative society/Trust / Non Profitable organisation	<input type="checkbox"/> Document of signing authority / Beneficial owners as mentioned in Individual <input type="checkbox"/> By laws/ Trust deed <input type="checkbox"/> PAN card of institution <input type="checkbox"/> Registration certificate <input type="checkbox"/> Address proof of institution <input type="checkbox"/> List of trustees on letterhead of trust <input type="checkbox"/> Resolution of appointment of Authorised person to operate account (Chairman, Secretary, Treasurer etc.) <input type="checkbox"/> Board resolution to open and operate account (Please note : Income Tax Registration u/s 12A is mandatory to open saving account of trust.)
Private and Public Limited company	<input type="checkbox"/> Document of Directors/ Authorised persons/ Beneficial owners as mentioned in Individual <input type="checkbox"/> PAN card of company <input type="checkbox"/> Memorandum and Article of Association <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Certificate of commencement of Business (For limited company) <input type="checkbox"/> Address proof of company <input type="checkbox"/> Ministry of Company Affairs (MCA) website print of company master data attested by Branch head <input type="checkbox"/> Board resolution to open and operate account <input type="checkbox"/> List of directors on letter head of company
Original copy should be presented with self attested xerox copy in case of Individual, while in other types xerox copy of proof / document should be stamppe & signed by head of Institution or authorised person / signatory.	