

Please fill in for a HUF

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, i.e., _____ 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 of 1952, we have not got our said firm registered under the said Act.

We hereby undertake to inform the Bank of the death or birth of a co-parcener of any change occurring at anytime in the membership of our joint family during the currency of the account.

Name & Signature of Karta

1 _____ sd/- _____

Name & Signature of Adult Co-parceners

1 _____ sd/- _____

2 _____ sd/- _____

3 _____ sd/- _____

4 _____ sd/- _____

Name & Date of Birth of Minor Co-parceners

1 _____ sd/- _____

2 _____ sd/- _____

3 _____ sd/- _____

Please fill in for a Partnership firm

Re: Opening of a new account in the name of: _____

we refer to the captioned account opened by you and declare as under:

We, the undersigned, are the only partners in the firm and are jointly responsible for liabilities thereof. We shall advise you in writing of any change that take place in the partnership and, all the present partners will be liable to you on any obligation 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 liquidated.

Name of Partners

1 _____ sd/- _____

2 _____ sd/- _____

3 _____ sd/- _____

4 _____ sd/- _____

5 _____ sd/- _____

6 _____ sd/- _____

7 _____ sd/- _____

8 _____ sd/- _____

Please fill in for a Sole Proprietorship Account

Re: Opening of a new account in the name of _____ we refer to the captioned account opened by you and declare as under:

I, the undersigned, am 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 notice and until all such obligation shall have been liquidated.

Name: _____

Signature
(Please sign without stamp)

FORM 60

(To be filled by those who do not have PAN/GIR No.)

Customer ID _____

Are you a Tax Assesse Yes No.

If Yes, details of Ward/Circle/Range where last return was filed _____

Reason for not having PAN Card _____

Details of documents produced in support of address:

I/We _____ do hereby declare that what is stated is true to the best of my knowledge and belief. Verified at _____ this the _____ day of _____

Applicant's Signature

(To be filled by those who do not have PAN/GIR No.)

Customer ID _____

Are you a Tax Assesse Yes No.

If Yes, details of Ward/Circle/Range where last return was filed _____

Reason for not having PAN Card _____

Details of documents produced in support of address:

I/We _____ do hereby declare that what is stated is true to the best of my knowledge and belief. Verified at _____ this the _____ day of _____

Applicant's Signature

(To be filled by those who do not have PAN/GIR No.)

Customer ID _____

Are you a Tax Assesse Yes No.

If Yes, details of Ward/Circle/Range where last return was filed _____

Reason for not having PAN Card _____

Details of documents produced in support of address:

I/We _____ do hereby declare that what is stated is true to the best of my knowledge and belief. Verified at _____ this the _____ day of _____

Applicant's Signature

BRANCH DECLARATION

I confirm having met the customer and verified the original with the document proof.

I hereby confirm having done the due diligence. I hereby certify that this account opening form is complete in all respects and relevant documents have been obtained. The account may please be set in Flexcube.

SBURM'S ID

BOM/BM/Designated Officer Emp No.

SE / Branch Staff Emp No.

BOM/BM/Designated Officer Emp Name _____

SE / Branch Staff Emp Name _____

SE / Branch Staff Signature _____

BOM/BM/Designated Officer Signature _____

For PGK Acocunts - Please afix the PGK acknowlegment slip on the application form

Account No.

Customer ID

Please affix PGK here

FOR DCS USE ONLY

Received on	<input type="text"/>
Scrutinized on	<input type="text"/>
Data Entered on	<input type="text"/>
Authorized on	<input type="text"/>

Received by	<input type="text"/>
Scrutinized by	<input type="text"/>
Data Entered by	<input type="text"/>
Authorized by	<input type="text"/>