

Head Office : 'Kalupur Bank Bhavan', Nr. Income-Tax Circle, Ashram Road, Ahmedabad 380014

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## ACCOUNT OPENING FORM - CORPORATE

For Office use only : Account No. :		S.I. No. :	
A/c to be opened at Branch :		Branch Code:	
		Date :	D D M M Y Y Y Y

I/We request you to open my/our deposit / over draft account with your branch/bank as under: (Tick ( ✓ ) relevant type of account)

CAA/c. <input type="checkbox"/>	OD A/c. <input type="checkbox"/>	TD A/c. <input type="checkbox"/>	RD A/c. <input type="checkbox"/>	Other <input type="checkbox"/>
Scheme Name :				Scheme Code :
<b>1. Name :</b> (in capital letters only)				
<b>2. Constitution :</b> <input type="checkbox"/> Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Private Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> HUF <input type="checkbox"/> LLP <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Co-Operative Soc. <input type="checkbox"/> Bank <input type="checkbox"/> Financial Institutions <input type="checkbox"/> Gov. PSU <input type="checkbox"/> Liquidator <input type="checkbox"/> FPI Category 1 <input type="checkbox"/> FPI Category 2 <input type="checkbox"/> FPI Category 3 <input type="checkbox"/> Other_____				

**3. Correspondence Address :**

			Postal Code :
City :	State :		Country :

Registered Address ☐ same as above

			Postal Code :
City :	State :		Country :

### 4. Photo & Signature :

For Office use only : Account No.		CPC	
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Name of Account :

Photo 1	Photo 2	Photo 3	Photo 4	Photo 5
Please affix your latest Passport Size Photograph here	Please affix your latest Passport Size Photograph here	Please affix your latest Passport Size Photograph here	Please affix your latest Passport Size Photograph here	Please affix your latest Passport Size Photograph here

Name :	CIF ID	Customer Signature :
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1. _____		1. _____
2. _____		2. _____
3. _____		3. _____
4. _____		4. _____
5. _____		5. _____

Mode of Operation : \_\_\_\_\_

5. Please provide ☐ **Mobile Banking** / ☐ **SMS Banking** services to my mobile No. : \_\_\_\_\_
6. Please provide **Statement** through Email at : ☐ Weekly ☐ Monthly ☐ Quarterly Intervals on \_\_\_\_\_ @ \_\_\_\_\_
7. **Channel / Other Facilities** : ☐ Cheque Book ☐ Rupay Debit Cum ATM Card (applicable only for Proprietorship firm and HUF) ☐ Demat (Please fill up separate form)
8. **Recurring Deposit**: Installment Amount ₹ \_\_\_\_\_ No. of Installments \_\_\_\_\_ Standing Instruction A/c. No. : \_\_\_\_\_
9. **Introduction** (Not required for Saving / Recurring / Deposit A/c. Optional for Current A/c.)

Name :		Account No. :
Address :		CIF ID :
		Branch Name :
Pin:	Mobile / Tel. No. :	Type of A/c. CA/CC/OD :

I/We certify that, Mr./Mrs./Ms. \_\_\_\_\_  
is/are known to me/us personally since last \_\_\_\_\_ months/years and confirm the occupation and address stated in this application form for opening account are correct to the best of my/our knowledge & belief.

(Signature of the Introducer)

#### 10. NOMINATION DETAIL

#### FORM DA1

Nomination under section 45ZA of the Banking Regulation Act 1948 2(i) of the Banking Companies (Nomination) Rules 1985 in respect of Bank deposits

I/We \_\_\_\_\_  
(Name and Address)

Nominate the following person to whom in the event of my/our/minor's death the amount of the deposit may be returned by The Kalupur Commercial Co-Op Bank Ltd. \_\_\_\_\_ branch.

Nominee				
Name	Address	Relationship with A/c. Holder(s) if any	Age	If Nominee is a minor, her/his Date of Birth
				D D M M Y Y Y Y Y Y
				D D M M Y Y Y Y Y Y
				D D M M Y Y Y Y Y Y

As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum. \_\_\_\_\_  
(Name, Address and 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.

☐ I/We do not wish to make a nomination

Place: \_\_\_\_\_

Date: \_\_\_\_\_ Signature(s)/Thumb Impression(s) of A/c. Holder(s) \_\_\_\_\_

#### 11. I/We declare that I/we enjoy/do not enjoy any Account / Credit Facilities with other banks. (Provide details, If any)

Bank & Branch	Place of Bank & Branch	Type of A/c Facility	Amount	A/c. No.

#### (For Proprietorship Firm only)

Dear Sir,

As the firm of M/s. \_\_\_\_\_  
will have dealings with your Bank, I wish to inform you that, I, the under-signed, am the sole proprietor of the said firm, I am responsible to the Bank for the liabilities of the firm with Bank. The Bank may recover its claims from my estate.

Whenever any change occurs in the constitution of the said firm, I undertake to inform the Bank of the same in writing and my responsibility to the Bank will continue until I receive from the Bank an acknowledgement of that letter and until all my liabilities to the Bank are discharged.

Yours faithfully,

Date : \_\_\_\_\_

Place : \_\_\_\_\_

(Signature of Proprietor)

#### (For Partnership Firm only)

Dear Sir,

We wish to inform you that we, the undersigned are the partners in the firm of M/s. \_\_\_\_\_  
which will have dealings with your Bank. We jointly and severally agree & accept responsibility to the Bank for the liabilities of the firm with the Bank. The Bank may recover its claim from the estate of any or all the partners of the firm.

Whenever any change occurs in our partnership, we agree and accept to inform the Bank of the same in writing and our Individual responsibility to the Bank will continue until all our liabilities to the bank are discharged.

Yours faithfully,

Date : \_\_\_\_\_

Place : \_\_\_\_\_

(Signature of all Partners in individual capacity)

**Terms & Conditions:**

I / we have read, understood and undertake to abide by banks rules for conduct of the accounts / services / products & charges.

- (I) I/we hereby agree with the terms and condition of the service and it is acceptable to me / us.
- (1) Interest will be credited as per RBI directives from time to time.
  - (2) Bank will take request for "stop payment" instruction, but the bank will not be responsible and liable if such cheque is paid inadvertently.
  - (3) Bank is empowered to refuse payment if signature does not match with the specimen signature.
  - (4) I/we undertake to keep the bank informed about change in my/our address details, contact details, occupation details etc. within 30 days of change.
  - (5) Please issue cheque book and recover applicable charges from my / our account as per banks norms.
  - (6) I/we also agree to maintain the minimum/quarterly average balance which bank may prescribe as the minimum/quarterly average balance to be maintained to avail the facilities and agree to pay the charges if the said balance is not maintained and any other charges stipulated by bank as per scheme of account.
  - (7) I/we shall fill up separate pay-in-slips prescribed by bank for various fixed deposit schemes. I/we understand that the time deposit shall be under auto – renewal scheme of the bank unless otherwise specified by me / us.
  - (8) I/we authorize bank to make reference and inquiries as may be deemed necessary in their discretion with regard to the information furnished in this application. Bank is empowered to exchange, share or part with all the information data or documents relating to me / our application inter se amount themselves or to other bank / financial institutions / agencies / person as many be deemed necessary or appropriate or as may be required for processing of such information / data or for furnishing of the processed information / products of other bank / financial institutions / credit bureaus / agencies / users registered with such agencies.
  - (9) Account in the name of minor can be opened by his guardian subject to birth date verification of minor.
  - (10) I / we undertake to keep the bank informed about change in my/our mobile/email/both with immediate effect to use digital channel facilities without any interruption. Preferred contact details will be registered for digital channels like Mobile Banking and Internet Banking.
  - (11) If the account becomes inoperative due to non-operation for two continuous years, bank is entitled to recover prescribed charges from the account.
  - (12) Bank is entitled to close my/our account after giving 7 days notice, if bank is not satisfied by the conduct of operations in the account or my/our account is treated as "Undesired Account" as per policy of bank.
  - (13) I/we declare that provided mobile number belongs to me/us or my/our immediate family member. I/we also agree for verification of the number by bank with the MNRL (Mobile Number Revocation List) or any other database under any other prevailing Act in whatsoever manner. I/we understand that the bank may take appropriate action if any discrepancies are found.
- (II) For RuPay Debit Card cum ATM card:
- (1) I/we accept full responsibility for my / our RuPay Debit Card and agree not to make any claims against Kalupur Bank in respect thereto.
  - (2) I/we have read and understood the terms and conditions governing the usage of RuPay Debit Card. I/we accept to be bound by the said terms and conditions and to any changes from time to time by the Kalupur Bank. I/we authorised Kalupur bank to issue a RuPay Debit Card cum ATM card to the person/s as name mentioned in application of a/c opening form. I/we unconditionally and irrevocably authorize bank to debit my / our account annually for Debit Card charges / fees if any stipulated by the bank.
  - (3) I/we understand and undertake that the usage of the RuPay Debit Card shall be strictly in accordance with the exchange control regulations and in event of any failure to do so. I/we will be liable for action under the Foreign Exchange Management Act (FEMA) 1999 and the amendments thereof stipulated by RBI from time to time.
- (III) Mobile banking declaration:
- I/we agree & abide by the terms and conditions of Mobile Banking available on website of bank [www.kalupurbank.com](http://www.kalupurbank.com) and agree that the bank shall not be held liable and absolved from liabilities whatsoever for loss to customer arising out of any reasons beyond the control of the bank including technology failure of network of any service provider and / or the bank's system and / or any breakdown, interruption, suspension or failure of the telecommunication equipment of the customer or the bank.
- I/we agree that
1. To download the Mobile Banking Application from the play store of the mobile OS vendor.
  2. That transaction initiated through mobile banking application are irrevocable, bank shall not entertain any request for revocation of transaction or stop payment request for transaction initiated through mobile banking as the transactions are completely instantaneous and are incapable of being reversed.
  3. Not to use mobile banking channel for transfer of funds for illegal activities.
  4. To be responsible for the safe custody and security of mobile banking application. Downloaded on our mobile phones and immediately inform the bank about loss or theft of mobile phone for disabling of mobile banking services to prevent unauthorized usage.
  5. To NOT share the login password and MPIN/TPIN with anyone, including bank's Staff / Associate / Representative.
  6. To operate within the maximum transaction limit(s) permitted by the bank for mobile banking from time to time.
  7. To be responsible for any loss caused arising out of usage of mobile banking.
  8. To accept all changes / modifications / additions/removals of any of the extant terms and conditions governing mobile banking service.
- (IV) 1. All the terms and conditions including Features, Charges and QAB/Minimum balance requirement as per scheme of respective Savings/Current account has been explained to me/us. The features are also available on Bank's website.

**I / we understand that change in any of the above terms & conditions will be notified by the Bank on its website [www.kalupurbank.com](http://www.kalupurbank.com) and also will be displayed on the notice board of the branches. (one month in advance).**

Customer Signature : 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**12. DAI Acknowledgment**

**DA1 ACKNOWLEDGMENT**

Account No. \_\_\_\_\_ Name of Depositor \_\_\_\_\_

Nomination in favour of \_\_\_\_\_ dated \_\_\_\_\_ has been registered in the books of the Bank. Kindly note that in case of a nominee being a Non - Resident Indian, the repatriation of funds will be subject to the guidelines of RBI.

Place :

Date :

Branch Manager / Officer

Date :

**For Office Use Only :**

I / We hereby certify that this account opening form is complete in all respect and relevant documents have been obtained and verified with original

A/c Canvassed by, Employee No. : 

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Enclosure details by Branch :

No. of Addon forms enclosed	
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No. of KYC documents enclosed	(	Self Certified	True Copies	Notarised	)
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CPC request No.							
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Initial Deposit Rs. \_\_\_\_\_ ☐ Cash ☐ Cheque No. \_\_\_\_\_

Name : \_\_\_\_\_

Name : \_\_\_\_\_

Employee ID : \_\_\_\_\_

Employee ID : \_\_\_\_\_

Designation : \_\_\_\_\_

Designation : \_\_\_\_\_

Signature : \_\_\_\_\_

Signature : \_\_\_\_\_

FOR CPC. DEPT. USE ONLY

RECEIVED DATE : .....

A/C. FORM

SIGN

EMP. ID

A/C. FORM CHECKED BY : .....

A/C. FORM OPENED BY : .....

A/C. FORM AUTH. BY : .....