A/c. No_____

The Agrasen Nagari Sahakari Bank Limited, Akola

दि अग्रसेन नागरी सहकारी बँक लिमीटेड, अकोला

Name of the Account : _____

_____

Nature of Account : _____

Specimen Signature

Full Name of the Signatory (In Block Letters)

1] _____ _____

2] _____ _____

3] _____ _____

4] _____ _____

Address _____

_____

_____

Certified

Date _____

Accountant / Manager

दि अग्रसेन नागरी सहकारी बँक लिमीटेड, अकोला
The Agrasen Nagari Sahakari Bank Limited. Akola

CURRENT ACCOUNT OPENING FORM

Date.....201

Account _____
L. Folio. _____

Manager,

Being desirous of opening a Current Account with The Agrasen Nagari Sahakari Bank Ltd. Akola.
I / We beg to hand you a Remittance of Rs.....
I / We agree to be bound by the Bank's Rules and Regulations.
Please supply me / us with a Cheque Book.

Account will be coperated by any.....severally jointly.

Special Instructions (To be initialled by all parties) _____

Title of Account _____

_____

Business or Profession: _____

Address _____

_____

Phone No./Mob. No. _____

Your's faithfully

_____

_____

_____

_____

_____

Name of Proprietor, Partner etc. In case of firm (IN BLOCK LETTERS)	Specimen Signature
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

Introduced _____

Account No. _____ Signature _____

(For the Office Use)

Account Opened on.....

Manager / Accountant

The Agrasen Nagari Sahakari Bank Ltd., Akola.

INSTRUCTIONS FOR CURRENT A/C

a) For Individual Accounts

The account will be operated upon by me and I authorise you to honour all cheques or other order which may be drawn by me on this account and to debit such cheques or bills or notes to my account with you whether such account be for the time being in credit or overdrawn.

Signature of Account Holder

b) For Joint Accounts

We request and authorise you until any of us shall give you notice in writing to the countrary to honour all cheques or other orders which may be drawn on our joint account kept by us with you or bills accepted or notes made on our behalf signed by ..... of us & to debit such cheques or orders or bills or notes to our account with you whether such account be for the time being in credit or overdrawn in the event of death, insolvancy or withdrawal of any of us the survivor or survivors of us shall have full control of any monies than and thereafter standing to our Credit in our account with you and / or any shares securities, debentures, etc., in this our account and it is understood that all monies now or hereafter standing to our credit in our account with you and or any securities debentures etc. Laying in this our account shall belong to survivors in the event any of us dying during the currency of the account. It is further understood that if any one of us forbids payments of and account (which is not payable to all of us jointly) the account if in credit shall thereupon ceases to carry interest and shall not be payable except on the discharge of all us or the survivors. We also request to you accept the endoresement of any one of us to cheques or other orders bill or notes payable to us.

We jointly and severally agree if our accounts at any time be overdrawn, to be jointly and severally liable to you for any monies for the time being owing to you thereon including commission and interest.

We have also jointly and severally agreed that all monies, securities or other movable Property (whether ours jointly or that of any or either of us either jointly or severally) in or coming in to your possession shall be and remain as security and shall stand charged for the due payment of our joint indebtedness and liabilities to you from time to time.

Signature

c) For Sole Proprietor

I hereby declare that I am the Sole - Proprietor of trading concern of Messrs..... ..... and that all dealing and transactions are being entered into by me as its Sole-Proprietor. No other individual or party is sharing with me in my business styled above I am solely responsible to the bank for all liabilities of the firm with the Bank.

Signature

d) For Partnership

We the undersigned carrying on business in co-partnership under the name & style of .... authorise you to honour our respective Signatures as reverse on behalf of our said firm.

We also request & authorise you until any one of us shall give you notice in writing to countrary to honour all cheques or other orders which may be drawn or bills accepted or notes made or receipts for monies owing to us Signed by any one of us on behalf of our said Firm and to debit such cheques, orders, bills, notes and receipts to our said Firm's account whether such account before the time being in credit or overdrawn.

We also request you to accept the endorsement of any one of us on behalf of our said Firm to Cheques or other orders, bills and notes.

Signature

e) For Parties Signing in Varnacular

I / We understand fully the difficulties of your accepting cheques signed in any language other than English.

In consideration of your allowing me / us this facility, I /We hereby agree that the bank is and will be entitled to debit my / our account with the amount of my cheques taken from the cheques book(s) supplied from time to time to me / us such cheque(s) purporting to bear my /our usual signature, through it may subsequently appear, that such cheque(s) was / were not in fact signed by me /us and / or by any person authorise by me / us provided reasonable precautions were taken by the Bank and that there was nothing on the face of the cheque(s) to arouse suspicion.

I / We also hereby absolve the Bank from all liability and consequences if it return any of my / our cheques on the ground that the signature thereon was not correct according to the specimen of my / our Signature, even though the signature may really be correct.

(Declaration to be signed by the proprietor of the firm opening an account in the name of the firm.)

To,
The Manager,
The Agrasen Nagari Sahakari Bank Ltd. 201
AKOLA

Dear Sir,

As the firm of .....have dealings With your Bank,. I beg to inform you that myself, the undersigned, is the sole proprietor of the said firm I am solely responsible to the Bank for all liabilities of the firm with the Bank, The Bank may recover its claims from my personal estate as well as from estate of my firm.

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

Yours faithfully

To be Signed hereby the proprietor
of the firm _____

To,
The Manager,
The Agrasen Nagari Sahakari Bank Ltd.
AKOLA

Dear Sir,
We the undersigned beg to inform you that we are Partners in the firm of

_____

_____ and are jointly and severally responsible for the liabilities thereof, We shall advice you in writing of any change that may 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.

Yours faithfully

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

(४)

(फक्त सहकारी पत पेढ्या आणि मर्यादित जबाबदारीच्या कंपन्या यांचे करिता)

.....२०१

प्रति
व्यवस्थापक
दि अग्रसेन नागरी सहकारी बँक लिमिटेड,
अकोला

महोदय,

_____ यांचे डायरेक्टरांचे बोर्डाचे / व्यवस्थापक मंडळाचे

ता. _____ माहे _____ २०१ रोजी भरलेल्या सभेत मंजूर झालेल्या ठरावाची नक्कल

१) की, दि अग्रसेन नागरी सहकारी बँक लिमिटेड, अकोला यांस _____

_____ बँकर्स म्हणून निवड करण्यात यावी व तशी

करण्यात येत आहे.

२) कि, बँकमधील खात्यावरील सर्व चेक्स्वरील सह्या करण्याचा तसेच बिल्स्-नोटस् व इतर निगोशिएबल

इन्सटूमन्टिस् लिहीणे, स्विकारणें किंवा बेचन करणे इत्यादी व्यवहार श्री _____

_____ यांनी _____ यांचे वतीने करावे.

३) ठरावाची नक्कल (संस्थेच्या शिक्यानिशी) व नमुनाच्या सह्या पुरविण्यात याव्यात.

मी असे लिहून देतो की दिलेल्या नकली डायरेक्टरांचे बोर्डाचे / व्यवस्थापक मंडळाचे तारीख _____ २०१

रोजी भरलेल्या सभेत मंजूर झालेल्या ठरावाच्या आहेत. साक्ष दाखल म्हणून (पेढीचा / कंपनीचा शिक्का)

वरील संस्थेचा अध्यक्ष या नात्याने माझी स्वत:ची सही आज _____ माहे _____ २०१

रोजी करीत आहे.

अध्यक्षाची सही

सेक्रेटरी / मॅनेजर

दि अग्रसेन नागरी सहकारी बँक लिमीटेड, अकोला
The Agrasen Nagari Sahakari Bank Ltd., Akola

''ग्राहक सेवा'' भिरड कॉम्प्लेक्स, गांधी चौक, अकोला-४४४ ००१ **Annexure - III**

माहिती पत्रक

(खाते उघडण्याच्या फॉर्मचा संलग्नक)
जो प्रत्येक अर्जदारासाठी वेगळा घ्यावयाचा आहे
(कृपया लागू असलेल्या ठिकाणी ✓अशी खुण करा)

खाते क्रमांक ☐☐☐☐☐☐☐☐☐☐☐☐

पूर्ण नांव _____

वडिलांचे / पतीचे नांव _____

अ) व्यवसाय :

१) व्यवसाय १) ☐ नोकरी २) ☐ सेल्फ एम्प्लॉईड/प्रोफेशनल ३) ☐ धंदा ४) ☐ विद्यार्थी
५) ☐ सेवानिवृत ६) ☐ शेती व इतर पुरक कार्य ७) ☐ अन्य(निर्दिष्ट करावे...)

२) प्रोफेशनल १) ☐ डॉक्टर २) ☐ वकील ३) ☐ इंजिनिअर ४) ☐ धंदा
असतील तर ५) ☐ चार्टर्ड अकाऊंटंट ६) ☐ अन्य

३) पैसे येण्याचे साधन :

४) अ) मासिक उत्पन्न

१) ☐ ० ते २०,०००/- रु. पर्यंत
२) ☐ २०,०००/- पेक्षा जास्त पण ५०,००० रु. पर्यंत
३) ☐ ५०,०००/- रु. पेक्षा जास्त पण १ लाखापर्यंत
४) ☐ १ लाख पेक्षा जास्त पण ५ लाख पर्यंत
५) ☐ ५ लाख पेक्षा जास्त पण १० लाख पर्यंत
६) ☐ १० लाख पेक्षा जास्त

ब) वार्षिक उलाढाल : .....

ब) वैयक्तिक :

५) जन्म तारीख : तिथी ☐☐ महिना ☐☐ वर्ष ☐☐☐☐

६) विवाहित आहे किंवा नाही : होय ☐ नाही ☐

७) शैक्षणिक पात्रता १) ☐ मॅट्रीक पर्यंत १) ☐ पदवीधर ३) ☐ पोस्ट ग्रॅज्युएट
४) ☐ प्रोफेशनल (निर्दिष्ट करावे) .....)

८) पती/पत्नीची शैक्षणिक पात्रता १) ☐ मॅट्रीक पर्यंत २) ☐ पदवीधर ३) ☐ पोस्ट ग्रॅज्युएट

९) कुटूंबातील सदस्य :

	वयोगट १० वर्षापर्यंत	११ ते २० वर्षापर्यंत	२१ ते ४५ वर्षापर्यंत	४६ ते ६० वर्षापर्यंत	६० वर्षापेक्षा जास्त	एकूण
पुरुष :	☐ +	☐ +	☐ +	☐ +	☐ +	☐
स्त्री :	☐ +	☐ +	☐ +	☐ +	☐ +	☐

१०) कोणी नातेवाईक परदेशात स्थायिक झालेतं काय ? होय ☐ नाही ☐ उत्तर होय असेल तर त्यांचे नांव, पत्ता व नाते

१) नाव _____ नाते _____ पत्ता _____

२) नाव _____ नाते _____ पत्ता _____

११) गेल्या तीन वर्षात तुम्ही किती वेळा परदेशात जाऊन आले : ☐ केव्हाच नाही ☐ १ ते ५ वेळा ☐ ५ पेक्षा जास्त वेळा

क) दुसऱ्या बँकेशी व्यवहार आहेत काय ? होय ☐ नाही ☐ जर होय असेल तर

१२) बँकेचे नांव व शाखा _____

१३) खात्याचे प्रकार व क्रमांक _____

ठिकाण : _____

दिनांक : _____

अर्जदाराची राही

१/२/३ स्तरावर खाते उघडावे

शाखा :

दिनांक :

शाखाधिकारी

To,
Branch Manager
The AGRASEN NAGARI SAHAKARI BANK LTD., AKOLA
Branch : M.G. ROAD, AKOLA

Ref. : Withdrawal against local uncleared Cheque /Drafts/Payordor

Dear Sir,
We confirm having request you to allow us withdrawal in our _____ account with you against local uncleared cheque, Drafts, Pay Order to the extent of _____ _____Rs. _____ (Rupees_____ _____ Only) outstanding any one time provided such local uncleared cheques, draft, pay order to not include cheque drawn by ourselves. We will pay interest on the amount withdrawn against uncleared effects.

With further confirm that in case of any of the Cheques, Drafts, Payorder or other effects against which withdrawals are allowed are returned unpaid we would be prepared to adjust our account immediately any pay interest at the applicable rate on the temporarily overdraft so created.

We further confirm that this facility to us on account of our above request is in your absolute discreation and may be discontinued at any time without any previous intimation to us.

We understand that it is in on the faith if this undertaking that you have granted us the facility as foresaid.

Your faithfully

प्रति,
शाखा व्यवस्थापक
दि अग्रसेन नागरी सहकारी बँक लिमिटेड,
मुख्य शाखा : अकोला

महोदय,

मी खालील सही करणार _____
आपल्या बँकेच्या मुख्य शाखेची सेव्हींग / करंट खातेदार असून मी सेव्हींग खात्यासाठी रु. ५००/- करंट खात्यासाठी रु. १०००/- एवढी किमान शिल्लक (Minimum Balance) खात्यात नेहमी ठेवील.

किमान शिल्लक (Minimum Balance) अभावी मी दिलेले चेक आपणास अनादरीत करण्याचा अधिकार मी या पत्रान्वये देत आहे. व तसेच चेक अनादरीत झाल्यास होणाऱ्या पुढील कार्यवाहीस मी स्वत: सर्वस्वी जबाबदार राहील.

खातेदाराची सही

_____

12) Name of the Bank and Branch : _____
13) Type of Accounts /Facilities : _____

Place :
Date : (Signature of the Customers)

Open the account under level 1/2/3

Place :

Date : (Signature of the Officer)

CENTRAL KYC REGISTRY | Know Your customer (KYC) Application Form | Individual

Instructions:
A) Fields marked with "*" are mandatory fields.
B) Please Fill the form in English and in BLOCK Letters.
C) Please read guidelines / detailed instructions overleaf
D) List of Two character ISO-3166 country codes are available overleaf.

Application Type : ☐ New ☐ Update
Account Type : ☐ Normal ☐ Small
KYC Number

Photo

Signature / Thumb Impression

☐ PERSONAL DETAILS

Name* (Same as ID proof) :
Maiden Name (If any*) :
Father / Spouse Name* :
Mother Name* :
Date of Birth* : Gender* : ☐ Male ☐ Female ☐ Transgender
Marital Status* : ☐ Married ☐ Unmarried Nationality* ☐ Indian ☐ Others
Residential Status* : ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin
Occupation* ☐ Private Sector Service ☐ Public Sector ☐ Government Sector ☐ Business ☐ Professional
☐ Self Employed ☐ Retired ☐ Housewife ☐ Student ☐ Other
Tick if applicable : ☐ Residence for Tax purposes in jurisdiction(s) outside India

ADDITIONAL DETAILS REQUIRED (If Application is resident outside India for Tax pruposes)

(Please read guidelines / details for 'Jurisdiction of Residence' and Tax Identification Number')
ISO -3166 Country Code of Jurisdiction of Residence* :
Tax Identification Number or equivalent (If issued by jurisdiction)* :
Place / City of Birth* : ISO-3166 Country Code of Birth* :

PROOF OF IDENTITY (PoI)*

☐ PAN : ☐ UID(Aadhar) :
☐ Voter ID Card : ☐ NREGA job Card :
☐ Passport Number : ☐ Passport Expiry Date :
☐ Driving License : ☐ Driving License Expiry Date :
☐ Other (any document notified by teh CentralGovernment):

PROOF OF IDENTITY (PoI)*
CURRENT/PERMANENT/OVERSEAS ADDRESS DETAILS *(One Certified copy of anyone of the following Proof of Address [PoA] needs to be submitted)*

Line 1* :
Line 2 :
Line 3 : City/Town/Village :
State/U.T* : Pin/Post code : ISO - 3166 Country Code
Proof of Address* ☐ Passport ☐ Driving License ☐ Aadhaar Card ☐ Voter Identity Card ☐ NREGA CARD ☐ Others

CORRESPONDENCE LOCAL ADDRESS DETAILS* (In case the PoA is not the local address where the customer is currently residing to be declared only one no PoA is required)

Line 1* :
Line 2 :
Line 3 : City/Town/Village :
State/U.T* : Pin/Post code : ISO - 3166 Country Code

ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT (If Applicant is resident outisde India for Tax purposes)

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Line 1* :
Line 2 :
Line 3 : City/Town/Village :
State/U.T* : Pin/Post code : ISO - 3166 Country Code

☐ CONTACT DETAILS

Tel. (Off) : Tel. (Res) : Mobile :
FAX : Email ID

☐ DETAILS OF RELATED PERSONS (In case of additional related persons. Please fill Annexure B1 form)

☐ Addition Related persons ☐ Delation of Related Person KYC Number (if available)
Related Person Type: ☐ Guardian Of Minor ☐ Nominee ☐ Assignee ☐ Authorized Representative ☐ Beneficial Owner ☐ Beneficiary
Name*:
PROOF OF IDENTITY (PoI)* (Mandatory if KYC number is not available. One Certified Copy of any one of the following Proof of Identity[PoI] needs to be submitted)
☐ PAN : ☐ UID (Aadhaar) :
☐ Voter ID Card : ☐ NREGA Job Card :
☐ Passport Number : ☐ Passport Expiry Date : D D M M Y Y Y Y
☐ Driving License : ☐ Driving License Expiry Date
☐ Others (any document notified by the central government):

☐ OTHER DETAILS

Income Range : ☐ Below 1 Lac ☐ 5 Lac to 10 Lac ☐ 10 Lac to 15 Lac ☐ 15 Lac to 25 Lac ☐ 25 Lac an above
Net Worth (In INR) : As on :
Educational Qualification : ☐ Below ☐ SSC ☐ HSC ☐ Graduate ☐ Masters ☐ Professional (CA, CS, CMA, Other)
Please Tick If Applicable : ☐ Politically Exposed person Related to Politically Exposed Person
Any Other Information :

☐ OTHER DETAILS

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 any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

I would like to share my personal / KYC details with Central KYC Registry.

Signature / Thumb Impression of the Applicant

Place :
Date :

ATTESTATION / FOR OFFICE USE ONLY

Identity Verification : ☐ Self-Certified ☐ True Copies ☐ Notary
Date : ☐ High ☐ Medium ☐ Low

Identity Verification : ☐ Done
Date :
Emp. Name :
Emp.Code :
Emp. Designation :
Emp. Branch :
Signature :

[Employee Signature]

Name
Code
Stamp

[Institution Stamp]