



# THE NAWANAGAR CO-OPERATIVE BANK LTD.

REGD. OFFICE : HIRJI MISTRY ROAD, OPP. PRANAMI SCHOOL, JAMNAGAR-361 004.  
PHONE NO. : 0288 - 2563984 / 2563985

*We Serve you at :*

## DIGVIJAY PLOT BRANCH

17-B, Digvijay Plot, Jamnagar.  
Ph. : 2676909, 2671348  
2540493, 2540167

## SHANKER TEKRI BRANCH

Nawanagar Bank Bhavan,  
Hirji Mistry Road, Jamnagar.  
Ph. : 2563939, 2563940

## HOSPITAL ROAD BRANCH

101-103, "Cross Way",  
Indira Marg Corner,  
Jamnagar.  
Ph. : 2671519, 2510862

## SARU SECTION BRANCH

"Trupti", Paras Society,  
Panchvati, Jamnagar.  
Ph. : 2662435, 2510861

## RANJIT ROAD BRANCH

Simandhar Complex,  
Nr. Ratanbai Masjid, Jamnagar  
Ph. : 2541233, 2510863

## GULABNAGAR BRANCH

Jamnagar Rajkot Highway,  
Gulabnagar, Jamnagar  
Ph. : 2571921, 2571568

## DARED BRANCH

Opp. Plot No. 209, G.I.D.C.  
Phase II, Dared, Jamnagar  
Ph.: 2730541, 2730542

## KHAMBHALIA ROAD BRANCH

Shop No. 7-8, Mayur Complex,  
Khodiyar Colony Road,  
Jamnagar  
Ph.: 2712134, 2712136.

## HARIA SCHOOL EXT. COUNTER

Hariya School Campus,  
Indira Marg, Jamnagar  
Ph. 2564438

## Account Opening Form

A/c. No.

*We  
Wel Come  
You*

**With Our Dominant Branches**

**For**

**CURRENT DEPOSIT  
ACCOUNT OPENING FORM  
(ALSO TO BE USED FOR TERM DEPOSITS  
OF OYHER THAN INDIVIDUALS)**

**Please Contact**

**THE NAWANAGAR  
CO-OPERATIVE BANK LTD.**

*આપનો સહકાર - અમારી સેવા*



## ફોર્મ સાથે રજુ કરવાના દસ્તાવેજો

### ૧. ફોટોગ્રાફ:

પ્રોપ્રાયટર / દરેક પાર્ટનર / દરેક ડાયરેક્ટર / તમામ ટ્રસ્ટીઓ / પાવર ઓફ એટર્ની હોલ્ડર ના તાજેતરના પાસપોર્ટ સાઈઝ ફોટોગ્રાફ

### ૨. સરનામાનો આધાર:

કોઈપણ એકની પ્રમાણિત નકલ

શોપ એક્ટ લાયસન્સ / કારખાના લાયસન્સ / એક્સપોર્ટ ઈમ્પોર્ટ લાયસન્સ / SSI રજી. સર્ટી / VAT રજીસ્ટ્રેશન લાયસન્સ/  
ઈલેક્ટ્રીક બીલ / ટેલીફોન બીલ (BSNL) / હાઉસ ટેક્સ પહોંચ વિગેરે કે જેમાં પેઢીનું નામ અને સરનામું દર્શાવેલ હોય.

### ૩. ઈન્કમેટેક્સ પરમેનન્ટ એકાઉન્ટ નંબર (PAN CARD)

પ્રોપ્રાયટરશીપ માટે - પ્રોપ્રાયટરના અથવાતો પેઢીના નામના પાન કાર્ડની પ્રમાણિત નકલ  
પ્રોપ્રાયટરશીપ સિવાય - પેઢી / કંપનીના તથા તમામ ભાગીદારો / ડાયરેક્ટરો / ટ્રસ્ટીઓ વિ. ના નામના પાન કાર્ડની પ્રમાણિત નકલ

નોંધ : પાન નંબર ધરાવતા ન હોય તેવા સંજોગોમાં ફોર્મ નં. ૬૦ અગર ૬૧ ( જે લાગુ પડતું હોય તે ) રજુ કરવું.  
પાન નંબર માટે અરજી કરેલ હોય તો અરજીની ઝેરોક્ષ ફોર્મ નં ૬૦ સાથે રજુ કરવી.

### ૪. આઈડેન્ટિટી પુસ્ત્ર

કોઈપણ એકની પ્રમાણિત નકલ

પ્રોપ્રાયટર / તમામ પાર્ટનર્સ / તમામ ડાયરેક્ટર્સ / તમામ ટ્રસ્ટીઓ / પાવર ઓફ એટર્ની હોલ્ડર ના  
ડ્રાઈવીંગ લાયસન્સ / ઈલેકશન કાર્ડ / પાસપોર્ટ / કોઈપણ ફોટો આઈડેન્ટિટી કાર્ડ

### ૫. અન્ય દસ્તાવેજો

લાગુ પડતું હોય તેની પ્રમાણિત નકલ રજુ કરવી.

૧. ભાગીદારી દસ્તાવેજ

૨. ટ્રસ્ટ ડીડ

૩. ટ્રસ્ટ રજીસ્ટ્રેશન સર્ટીફિકેટ

૪. આર્ટીકલ્સ અને મેમોરેન્ડમ ઓફ એસોશીએશન

૫. સર્ટીફિકેટ ઓફ ઈનકોર્પોરેશન

૬. એકાઉન્ટ ઓપનીંગ અને ઓપરેટીંગ સુચના માટેનો ઠરાવ

૭. પાવર ઓફ એટર્ની દસ્તાવેજ

### ૬. ઓળખાણ :

બેંકના કરંટ / કેશ ક્રેડીટ હાયપોથીકેશન / ઓવરડ્રાફ્ટ ખાતું ધરાવતા ખાતેદાર અથવા તો શેર હોલ્ડર્સ ની રબ્બર સ્ટેમ્પ સાથે સહી કરાવવી. ( છ માસથી ઓછા સમય માટે ખાતું ધરાવતા ખાતેદાર અને ઈનઓપરેટીવ ખાતું ધરાવતા ખાતેદાર ની સહી ઓળખાણ તરીકે માન્ય રહેશે નહી )

\* ઉપરોક્ત દરેક દસ્તાવેજોની ઝેરોક્ષ નકલ સાથે ઓરીજનલ દસ્તાવેજો વેરીફાઈ કરવા માટે રજુ કરવા જરૂરી છે.



**PART I - APPLICANT DETAILS**

**Account Name :**

**Business Address :**

(Address proof required)

**Phone No. : (O) (R) (Mob.)**  
( I / We wish / do not wish to receive phone call for any other marketing activities )

**CONSTITUTION :** Date of Incorporation \_\_\_\_\_  
[ ] Sole Proprietorship [ ] Partnership [ ] Pvt. Ltd. Co./ Pub. Ltd. Co. [ ] Trust  
[ ] Association [ ] Individual / Joint [ ] Other \_\_\_\_\_  
(To be specified)

**Name of Proprietor / Parnters / Directors / Trustees :**

Sr.No.	Name	Sr.No.	Name
1.	_____	4.	_____
2.	_____	5.	_____
3.	_____	6.	_____

**PAN Details** : P.A No. [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Form No. 60 [ ]

**Type of Business** : [ ] Trader [ ] Mfg. [ ] Other (To be specified) \_\_\_\_\_  
[ ] Service Provider

**Mode Of Operation** : [ ] Proprietor [ ] Any one Partner / Survivor [ ] HUF Karta  
[ ] Sign Jointly any \_\_\_\_\_ [ ] Either or Servivor  
[ ] Self [ ] \_\_\_\_\_

**(for Term Deposit Account only)**

**TDS to be Deducted** : [ ] Yes [ ] No ( Provide form 15H/15G/Tax exempt Certificate every year )  
**Are you Senior citizen** : [ ] Yes ( Birth Date proof required ) [ ] No

I/We authorise you to debit charges like Incidental charge, Cheque return charges, Stop payment charges, TOD interest, Outstation Cheque collection charges and such Other charges in my/our account from time to time.  
I/We agree to abide by the Bank's rules relating to the conduct of the above account services / products.  
I/We authorise the Bank/their representatives to verify the details given herein for above accounts.  
We certify that all details mentioned in this account opening form are correct and true.

Signatures ( with rubber stamp )

** ** **	
1	
2.	
3	
4.	
5.	
6	

**: INTRODUCTION :**

I confirm that I personally know applicant/ firm detailed herein before for \_\_\_\_\_ months / years and confirm identity, business and address thereof.

Account No. : \_\_\_\_\_ Signature of introducer : \_\_\_\_\_  
Account Type : Current / Cash Credit (with Rubber Stamp)

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

Introducer's Signature verified : \_\_\_\_\_





**PART - II CONSTITUTION LETTER**

**LETTER OF PROPRIETORSHIP**

As the firm of \_\_\_\_\_ maintains an account with the Bank, I have to inform you that I, the undersigned, am the sole proprietor of the said firm. I am responsible to the Bank for the liabilities of the firm with the 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 with the Bank are discharged.

Yours faithfully,

To be signed here by the sole proprietor of the firm (Without Rubber Stamp)

\*

**PARTNERSHIP LETTER**

As the firm of \_\_\_\_\_ have dealings with the Bank, we beg to inform you that we the undersigned are the partners in the said firm. We are jointly and severally responsible to the Bank for the liabilities of the firm with the bank. The Bank may recover its claims and dues from any or all of the partners of the firm and the estate of any deceased partners.

Whenever any change occurs in our partnership, we undertake to inform the Bank of the same in writing and our individual responsibility to the Bank will continue until we receive from the Bank an acknowledgement of the letter and until all our liabilities with the Bank are discharged.

The account of the firm may be operated upon by and under the signature of the undersigned and all documents, promissory notes, cheques etc, may be signed by any of the undersigned in the name of the firm, and shares securities and valuables held by the Bank in any account whatsoever of the firm may be withdrawn by any of the undersigned on his passing a receipt or discharge in the name of the firm and all such acts and operations will be binding on the firm.

In the event of death or retirement of any partner, the Bank shall be entitled at its discretion to deal with the surviving or continuing partner or partners, as the case may be and allow the surviving or continuing partner or partners to continue operation on the account of the partnership and overdraw moneys therefrom and make deposits therein also release the securities, if any, held by the bank for its dues to such surviving or continuing partner or partners against receipt of any such amounts as it may in its discretion consider proper. Without in any way affecting its right to recover the balance of its due from the retiring partner or the heirs and legal representatives of the deceased partner and otherwise deals with the continuing or surviving partner or partners in respect of the affairs of such firm in such manner as the Bank thinks proper without reference to the heirs and legal representatives of the deceased partner or the retiring partner and such heirs and legal representatives of the retiring partner(s) shall have no claim against the Bank in respect of such dealings.

Yours faithfully,

\*

\*

\*

\*

\*

\*

To be signed by all partners of the firm individually, without rubber stamp



**( LETTER FOR BILLS, HUNDIES, ETC.)**

With reference to all cheques, bills, hundies and other like instruments which are now or may at any time hereafter, be lodged by me/us with you, whether for collection or for discount and whether accompanied by share certificates, bills of lading, railway receipts or other documents of title or not so accompanied I/me hereby agree with you as follows:

1. If you have no office in the town in which any cheque, bill hundies and other like instruments given to you for collection or discount ( and hereinafter for brevity referred to as 'instrument") is to be presented for payment or acceptance, you will be at liberty to appoint an agent for presenting such instrument for payment or acceptance and for delivering the accompanying documents of title, if any against payment or/acceptance as the case may be and for doing all other acts incidental to presentation of the instrument for payment or acceptance. The agent so appointed will be deemed to have been appointed as my./our agent under section 194 of the Indian Contract Act.
2. If any instrument lodged by me/us with you for collection or discount or any accompanying documents of title has or have to be sent from one town to another, whether by any of your offices to another office of yours or to an agent appointed under clause 1 or by such agent to any of your office the instrument and the accompanying documents of title if any, may be sent by registered post. Neither you nor the agent will be responsible for any loss or delay or any mutilation or alteration of documents arising from, or occasioned by their transmission by post.
3. You and any agent appointed under clause 1 will be at liberty to receive in payment of any instrument ( other than cheque) lodged for collection or discount a cheque, banker's draft or other mandate for payments in lieu of cash and to deliver against receipt of such of cheque, draft or other mandate any share certificates bills of lading, railway receipts or other documents of title that may be deliverable against payment of the said instrument, and neither you nor the agent will be liable for dishonour of any cheque, draft or other mandate so received as if the same included in the word "instrument" occurring in clauses 1 and 2.
4. I/We hereby agree that all cheques, bills, hundies or other instruments and/or share certificates or documents which I/We may from time to time hand you over for discount or against which you make advances or pass consideration to me/us and the shares or goods hereby represented and proceeds hereof are to be held by you as a continuing security for the payment on demand of the said cheques, bills, hundies or other instruments so discounted and/or all advances, banking accommodation and/or expenses which you may make, afford or incur to or for me/us therewith and all other liabilities to you present and future and you are to be at liberty to exercise all my/our rights (if any) as unpaid seller or seller of the said shares or goods and without further reference to me/us to sell, insure, warehouse or otherwise deal with the said shares or goods as though you are the absolute owners thereof and you are expressly authorised by me/us without being obtained to do so to refuse to deliver share certificates, goods covered by the bills, hundies or other instruments (whatever be their tenor) except against payment I/We agree that account of sale and accounts of your expenses shall be accepted by me/us as conclusive evidence of the correctness of the matter therein written, and I/We decalre that this agreement and your rights hereunder shall in no way be effected by my death or the death of any one of us or by any change in my/our name, style or constitution. We agree on being required by you so to do execute such Powers of Attorney, Transfer deeds and other documents you may from time to time require for enabling you as pledgee to sell, realise or otherwise dispose of any property which you may be entitled hereunder to retain as pledgee.
5. Neither you nor agent appointed under clause 1 will be responsible for any loss or damage arising from the loss or miscarriage or any communication sent by post or by telegram or from any delay in their delivery or any error in a telegram unless such loss, miscarriage, delay or error is due to your agent's negligence.

Yours faithfully,

* _____	* _____
* _____	* _____
* _____	* _____







## PART IV Nomination Form [ For Ind/Prop. ]

### FORM NO DA1

Nomination u/s 45 ZA read with Section 56 of the BR Act. 1949 and Rule 2(1) of the Co-operative banks(Nomination) Rules, 1985 in respect of the bank deposit.

I/We \_\_\_\_\_

nominate the following person to whom in the event of my/our/minor's death the amount of the deposits, particulars where of are given below, may be returned by The Nawanagar Co-operative bank Ltd. Jamnagar

Nature of Deposit : \_\_\_\_\_ Distinguising No. \_\_\_\_\_

Additional Details(if any) : \_\_\_\_\_

#### **NOMINEE**

Name :

Address :

Relationship with Depositor : \_\_\_\_\_ Age of Nominee : \_\_\_\_\_ If Nominee is minor his/her Birth Date :

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.

Place : Jamnagar

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

\* signature(s) Thumb impresion(s) of depositor(s)

witness (es)+

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

Address : \_\_\_\_\_

Signature of

witness : \_\_\_\_\_

(\*) Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

(+) thumb impresion(s) shall be attested by two witnesses.

## Form No. 60

(See third proviso to tule 114 B)

**Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B**

1. Full name and address of the declarant

2. Particulars of transaction

3. Amount of the transaction 4. Are you assessed to tax ? Yes / No.

5. If yes, (i) Details of Ward/Circle/Range where the last return of income was filed?

(ii) Reasons for not having permanent account number/General Index Register Number ?

6. Details of the document being produced in support of address in column(1)

Verification : I/We, \_\_\_\_\_

do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_.

Date :

Place :

\_\_\_\_\_  
Signatruue of the declarant



if proprietor or any partner is HUF fill this form

**PART V - HUF LETTER**

We the undersigned, for ourselves and \_\_\_\_\_ as Karta and Ejaman of the family, also guardian of \_\_\_\_\_ request you to take notice that we are members of Hindu Undivided Family / firm.

[ ] The joint family/firm is carrying business under the name and style of M/s. \_\_\_\_\_, which is our joint family trade.

[ ] The Hindu Undivided family is engaged in \_\_\_\_\_ activity / occupation not in the nature of the bussiness or trade.

Other members of the Hindu Undivided family are as under;

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_
- 5. \_\_\_\_\_ 6. \_\_\_\_\_

Minor members :

Name	Date of Birth (proof tobe attached)
1. _____	_____
2. _____	_____

We, the undersigned, co-parceners and members of the said HUF, hereby authorise (Karta) \_\_\_\_\_ to operate upon the Bank account severally, jointly and all transactions entered into and obligations incurred or to be hereafter incurred by them will be binding on all of us. Any acts done/to be done to comply with Bank's rules which are in force or as amended from time to time in the matter of maintaining and conduct of such accounts will be binding on us.

Name :	Signature :
_____	_____
_____	_____
_____	_____
_____	_____

**DECLARATION IN CASE OF ACCOUNT IN THE NAME OF MINOR**

Type of Guardian : [ ] Father [ ] Mother [ ] Court Appointed

I hereby declare that the date of birth of the minor who is my \_\_\_\_\_ is \_\_\_\_/\_\_\_\_/\_\_\_\_ and I am his / her natural and lawful guardian / guardian appointed by court order, dated \_\_\_\_/\_\_\_\_/\_\_\_\_ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I declare that the amounts withdrawn from this account by me will be used for the benefit of the minor. I indemnify the Bank against the claim of the above minor for any withdrawal / transactions made by me in his / her account.

\_\_\_\_\_  
( Signature of Guardian )



## DECLARATION ABOUT CREDIT FACILITIES

"That I/We am/are not enjoying any credit facility with any other Bank/any other branch of your bank and I/We undertake to inform you in writing, as soon as any Credit Facility is availed of by me/us from any other Bank/any other branch of your Bank."

I / We enjoy following credit facilities with \_\_\_\_\_ bank. No objection Certificate of this bank is enclosed.

Type of Advance

Limit Rs.

Signature

## OFFICE USE

Signature of all account holders before me and all required documents are collected.

Date :

Signature of Desk Officer

Account opened as an account type \_\_\_\_\_ account No. \_\_\_\_\_ nomination registration no. \_\_\_\_\_

Date :

Account opening form, attached documents, account opening master checked.  
Thanks letter dispatched to account holder and introducer on date \_\_\_\_\_.  
nomination registered as no. \_\_\_\_\_ and I permit transactions in this account.

Date :

Manager / Asst. Manager / Accountant



Note : Not compulsory for accounts having expected annual turn over upto Rs. 50,000/- in the account

**INFORMATION SHEET**

Account / Customer No.

(Annexure of Account Opening form to be obtained for **each applicant separately**)

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

Father / Husband's Name \_\_\_\_\_

**A) Occupation:**

1) Occupation       Salaried       Self employed/professional       Business       Student  
                          Retired       Agriculture & Allied       Other(Specify \_\_\_\_\_)

2) If Self employed :       Doctor       Lawyer       Engineer       C.A.       Others

3) Source of Funds \_\_\_\_\_

4)(i) Monthly Income       upto Rs. 20,000/-       From Rs. 20,001 to Rs. 50,000/-  
                                  From Rs. 50,001/- to Rs. 1,00,000/-       From Rs. 1,00,001/- to Rs. 5,00,000/-  
                                  From Rs. 5,00,001 to Rs. 10,00,000/-       Above Rs. 10,00,000/-

(ii) Annual Turnover \_\_\_\_\_

**B) Personal**

5. Date of Birth : DD / MM / YY [ / / ]      6. Marital Status :  Married       Unmarried

7. Educational Qualification :       upto HSC       Graduate       Post-Graduate  
    Professional (Pl. specify \_\_\_\_\_)

8. Spouse's Qualification :       upto HSC       Graduate       Post-Graduate  
    Professional (Pl. specify \_\_\_\_\_)

9. Family Members :

Age Group	upto 10 yrs.	11 to 20 yrs.	21 to 45 yrs.	45 to 60 yrs.	Above 60 yrs.	Total
No. of Males						
No. of Females						

10. Any relative settled abroad Yes  No.  If yes, please mention their names and address

- 1. Name \_\_\_\_\_ Address \_\_\_\_\_
- 2. Name \_\_\_\_\_ Address \_\_\_\_\_
- 3. Name \_\_\_\_\_ Address \_\_\_\_\_

11. How Many time you have been abroad in last three years :  
 Never       1 to 5 Times       more than 5 times

12. Do you have a credit card :  Yes  No (Pl Specify \_\_\_\_\_)

**C) Dealing with other Banks :  Yes  No, if yes**

13. Name of the Bank and Branch \_\_\_\_\_

14. Type of accounts/ facilities \_\_\_\_\_

**D) Existing Credit Facilities, If Any :**

- 15. Car Loan :       Yes       No.      19. Housing Loan       Yes       No.
- 16. Consumer Loan :       Yes       No.      20. Against Security       Yes       No.
- 17. Credit Card :       Yes       No.      21. Education Loan       Yes       No.
- 18. Business/Agl :       Yes       No.      22. Other (Specify)       Yes       No.

**E) ASSETS :**

- 23. Vehicle       Car       Two Wheeler       Other       None
- 24. House you live in       Ancestral       Owned       Rented       Employer's
- 25. Life insurance policy for       upto 1 Lac       upto 2 Lac       upto 5 lac       above 5 lac
- 26. Other Investment       upto 1 Lac       upto 2 Lac       upto 5 lac       above 5 lac
- 27. Any Other Assets

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

( Signature of the customer )