



Gandhisagar, Mahal, Nagpur - 440 018 E-mail :ssbho\_ngp@shikshakbank.com Web. : www.shikshakbank.com. ESTD. 1979

(Customers profile form for each official if enclosed)

Signature of Authorised Signatory

Please Fill up the Form with Black Ink in CAPITAL LETTERS Only कृपया फॉर्म काळ्या शाईने भरावा.

|   | CURREN   | TACC      | COUN.              | T OPE                           | NING     | FOI    | RM    |                  |             |                 |              | 4                                |        |     |
|---|--|-----------|--------------------|---------------------------------|----------|--------|-------|------------------|-------------|-----------------|--------------|----------------------------------|--------|-----|
| Branch  | Bra  | nch Co    | de 🔲               |                                 |          |        |       | Date             | D           |                 | ММ           | YY                               | ′   Y  | Υ   |
| Customer ID /No.  |  |           | Acco               | unt No.                         |          |        |       |                  |             |                 |              |                                  |        |     |
| ACCOUNT OPENING FO  | RM FOR FIF   | RM / TF   | RUST /             | CORP                            | ORAT     | E/S    | OC    | IETIE            | S/          | HUF             | AC           | cou                              | NTS    | S   |
| Title of Account (Fill in block let   | tters)   |           |                    |                                 |          | F      | PAN   | Ш                |             |                 |              |                                  |        |     |
|   |  |           |                    |                                 | TT       | П      |       | П                | T           | П               |              |                                  |        |     |
| Address:  | <u> </u>   |           |                    |                                 |          |        |       |                  |             |                 |              |                                  |        |     |
|   |  |           |                    |                                 | П        |        | T     | П                | Τ           |                 | Т            |                                  | T      |     |
|   |  |           |                    |                                 |          |        |       |                  |             |                 |              |                                  |        |     |
| City  | Ph. No   | ). L      |                    |                                 | State _  |        |       |                  |             |                 |              |                                  |        |     |
| Tel. No   | Fax No   |           |                    |                                 | M        | lobile | No.   |                  |             |                 |              |                                  |        |     |
| E-mail  | Activity:_   |           |                    |                                 |          |        |       |                  |             |                 |              |                                  |        |     |
| Constitution: Sole Proprietorship Private / Public Ltd. Co Autonomous Body Society  | ). [<br>]<br>[                                     | Non-      | t./Semi.<br>-Sched | Govt. Buled Co-<br>ciation      | op. Ba   |        |       | ☐ P              | artr<br>the | ershi<br>r Ban  | ip Fir<br>ık | Trus<br>m<br>stitutio            |        |     |
| Attested Doucuments Attact By-laws of Society Resolutions Memorandum & Articles of A CST/VAT/GST Certificate  | E  | Copy Sale | s Tax R            | gn. Certi<br>Returns<br>Licence |          |        | ler s | C<br>  R<br>  Ir | ego         | l. Par<br>ne Ta | tners        | ncorpo<br>ship D<br>eturns<br>t. | eed)   |     |
| Please offer us : Statement Frequence - Daily   | Cheque Boo<br>/ Weekly / For                       |           | / / Mour           | nthly / Qu                      | uarterly | on E   |       | B ATM            | 1 Cu        | ım-Do           |              | Card<br>N                        |        |     |
| Declaration of ATM:  I/We declare that the above infror and agree to the amendments the Bank to debit my/our above men charges/fees as applicable from ti | ereof. I/We here<br>tioned Account<br>ime to time. | by reque  | est the B          | ank to iss                      | ue us a  | n ATN  | 1 CA  | RD as            | requ        | estec           | and          | autho                            | rise t | the |
| Name to be embossed on ATM  | Card:  |           |                    |                                 |          |        |       |                  |             |                 |              |                                  |        |     |
| Operating Instructions : No. of Partners / Trustees / Directions  | ectors / Office                                    | Bearers   | s                  |                                 |          |        |       |                  |             |                 |              |                                  |        |     |

Date: DDMMY

| Name of the Bank                             |   |                                       |  |
|--|---|---------------------------------------|--|
|  |   |                                       |  |
|  |   |                                       |  |
| /e authorize the Bank to collect bills, cheq | the Bank's Rules (as amended from time to<br>ues, etc. for and on behalf of us and undert |                                       |  |
| rms and Conditions in this behalf, mention   |   |                                       |  |
| ne bank at its option but at the risk & resp | on of Cheques / Bills & Other instrument  | is.                                   |  |
|  | lged by the Account holder/s from time to tir   | ne                                    |  |
|  | of the instruments lodged by the Account he   |                                       |  |
| shall be agent/s of the Account holder t     |   |                                       |  |
|  | ed by the Account holder/s by way of Bank [   | Orafts/ Cheques or any other manda    |  |
| lieu of cash.                                |   |                                       |  |
|  | ary to have proceeds of the instruments lode  |                                       |  |
| The Bank is hereby empowered to reco         | over the various charges, if any by debiting  | the same to the Account holder.       |  |
|  |   | :                                     |  |
|  |   |                                       |  |
|  |   |                                       |  |
| Please affix a                               | Please affix a  | Please affix a photograph with        |  |
| photograph with<br>Signature Across          | photograph with Signature Across  | Signature Across                      |  |
| Signature Across                             | l l l l l l l l l l l l l l l l l l l   |                                       |  |
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|  | •   | <b>'</b>                              |  |
| Specimen Signature                           | Specimen Signature  | Specimen Signature                    |  |
| Nama   | Name  | Name                                  |  |
| Name   | Hame  |                                       |  |
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|  | <del>,</del>  | · · · · · · · · · · · · · · · · · · · |  |
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|  |   |                                       |  |
| Please affix a                               | Please affix a  | Please affix a                        |  |
| photograph with<br>Signature Across          | photograph with Signature Across  | photograph with<br>Signature Across   |  |
|  | NODSHIP ACTOCC  | · Oluliature Across                   |  |

Specimen Signature

Name \_\_\_\_\_

Specimen Signature

Name \_\_\_\_\_

Specimen Signature
Name

|  | Concern  |  |
|--|--|--|
| The Shikshak Sahakari Bank Ltd.  |  | Date DDMMYYYYY   |
| Branch   |  | Place :  |
| Branch<br>Dear Sir,  |  |  |
| Re : Opening of new account in the name o  | of a   |  |
| We refer to the captioned account opened by  |  |  |
| I, the undersigned, am the sole proprietor o<br>writing of any change that take place in the co<br>standing in the name of concern in your boo<br>been liquidated.   | f the concern and am solely responsib<br>onstitution of the concern and I will be I  | iable to you for any obligation which may be tice and until all such obligations shall have  |
| Personal Signature   |  | Yours Faithfully,  |
|  |  |  |
| Name   |  | Signature on behalf of the Concern   |
|  |  |  |
| Letter of declaration from Proprietorship  | p Firm   |  |
| The Shikshak Sahakari Bank Ltd.  |  | Date DDMMYYYYY Place:  |
| Branch   |  |  |
| Dear Sir,  |  |  |
| Re : Opening of new account in the name  | of   |  |
|  |  |  |
| We refer to the captioned account opened by  | v vou and declare as under :   |  |
| We refer to the captioned account opened by  |  | onsible for liabilities thereof. We shall advi   |
| We the undersigned, are only partners in the   | e firm and are jointly and severally resp  |  |
| We the undersigned, are only partners in the<br>you in writing of any change that take place i   | e firm and are jointly and severally respondent<br>on the partnership and, all the present p   | artners will be liable to you on any obligati  |
| We the undersigned, are only partners in the   | e firm and are jointly and severally respondent<br>on the partnership and, all the present p   | artners will be liable to you on any obligati  |
| We the undersigned, are only partners in the<br>you in writing of any change that take place i<br>which may be standing in the firm's name in  | e firm and are jointly and severally response firm and are jointly and severally response for the present persons on the date of the receipt                                   | artners will be liable to you on any obligation  |
| We the undersigned, are only partners in the<br>you in writing of any change that take place i<br>which may be standing in the firm's name ir<br>shall have been liquidated.                                       | e firm and are jointly and severally response firm and are jointly and severally response for the present persons on the date of the receipt                                   | artners will be liable to you on any obligation  |
| We the undersigned, are only partners in the you in writing of any change that take place i which may be standing in the firm's name ir shall have been liquidated.  We declare that the Partnership is registered | e firm and are jointly and severally response firm and are jointly and severally response in the partnership and, all the present per your books on the date of the receipted. | artners will be liable to you on any obligati<br>of such notice and until all such obligatio |
| We the undersigned, are only partners in the you in writing of any change that take place i which may be standing in the firm's name ir shall have been liquidated. We declare that the Partnership is registered  | e firm and are jointly and severally response firm and are jointly and severally response in the partnership and, all the present per your books on the date of the receipted. | artners will be liable to you on any obligati<br>of such notice and until all such obligatio |
| We the undersigned, are only partners in the you in writing of any change that take place i which may be standing in the firm's name ir shall have been liquidated.  We declare that the Partnership is registered | e firm and are jointly and severally response firm and are jointly and severally response in the partnership and, all the present per your books on the date of the receipted. | artners will be liable to you on any obligati<br>of such notice and until all such obligatio |
| We the undersigned, are only partners in the you in writing of any change that take place i which may be standing in the firm's name ir shall have been liquidated.  We declare that the Partnership is registered | e firm and are jointly and severally response firm and are jointly and severally response in the partnership and, all the present per your books on the date of the receipted. | artners will be liable to you on any obligati<br>of such notice and until all such obligatio |
| We the undersigned, are only partners in the you in writing of any change that take place i which may be standing in the firm's name ir shall have been liquidated.  We declare that the Partnership is registered | e firm and are jointly and severally response firm and are jointly and severally response in the partnership and, all the present per your books on the date of the receipted. | artners will be liable to you on any obligati<br>of such notice and until all such obligatio |
| We the undersigned, are only partners in the you in writing of any change that take place i which may be standing in the firm's name ir shall have been liquidated.  We declare that the Partnership is registered | e firm and are jointly and severally response firm and are jointly and severally response in the partnership and, all the present per your books on the date of the receipted. | artners will be liable to you on any obligati<br>of such notice and until all such obligatio |
| We the undersigned, are only partners in the you in writing of any change that take place i which may be standing in the firm's name ir shall have been liquidated.  We declare that the Partnership is registered | e firm and are jointly and severally response firm and are jointly and severally response in the partnership and, all the present per your books on the date of the receipted. | artners will be liable to you on any obligat<br>of such notice and until all such obligatio  |

## We declare that: i) We do not enjoy any credit facilities with any Bank. ii) We enjoy the following credit facilities with other Banks at present. Name of the Bank Nature of facility 1.

**Amount** 

Name \_\_\_\_\_

I/we agree to comply with and be bound by the Bank's Rules (as amended from time to time of the conduct of such account We authorize the Bank to collect bills, cheques, etc. for and on behalf of us and undertake to abide by and be bound by the terms and Conditions in this behalf, mentioned below.

## Terms and Conditions regarding collection of Cheques / Bills & Other instruments.

The bank at its option but at the risk & responsibility of the account holder/s may -

- 1. Collect proceeds of the instruments lodged by the Account holder/s from time to time.
- 2. Appoint an agent/s to collect proceeds of the instruments lodged by the Account holder and as such agent/s appointed shall be agent/s of the Account holder to collect such instruments.
- 3. Recover proceeds of instruments lodged by the Account holder/s by way of Bank Drafts/ Cheques or any other mandate in lieu of cash.
- 4. Take action / steps as deemed necessary to have proceeds of the instruments lodged.

| 5. The Bank is hereby empowered to r                  | ecover the various charges, if any by debitin         | g the same to the Account holder.                     |  |  |  |
|---|---|---|--|--|--|
| Please affix a<br>photograph with<br>Signature Across | Please affix a<br>photograph with<br>Signature Across | Please affix a<br>photograph with<br>Signature Across |  |  |  |
|   |   |   |  |  |  |
| Specimen Signature                                    | Specimen Signature                                    | Specimen Signature                                    |  |  |  |
| Name  | Name  | Name  |  |  |  |
| Please affix a<br>photograph with<br>Signature Across | Please affix a<br>photograph with<br>Signature Across | Please affix a<br>photograph with<br>Signature Across |  |  |  |
|   |   |   |  |  |  |
| Specimen Signature                                    | Specimen Signature                                    | Specimen Signature                                    |  |  |  |

Name

Name \_

## Resolution of a Company / Society / Trust etc. for opening a Bank Account Date: DDMM A certified copy of the Extract from the minutes of the meeting of the Boart of Directors / Committee of Management of the Society / Trust of \_\_\_ duly convened, at which a proper quorum was present held on \_\_\_ \_at\_ We hereby certify that the following resolution of the Board of Directors / the Committee of Management of the Society / Trust \_ was passed at the meeting of the and has been duly recorded in the minute book of Board / the Committee held on \_\_\_\_\_ the said Resolved that an account for the Company/Society/Trust be opened with the Shikshak Sahakari BankLtd. Branch and that the said Bank be and is hereby authorised to honour Cheque / Draft / Any other mandate drawn by company / Society / Trust and to act upon any instructions so given relating to the account whether the same be overdrawn or not relating to the transactions of the Company / Society / Trust. **CERTIFIED TRUE COPY CHAIRMAN OF THE MEETING SECRETARY**

## FOR BANK'S USE ONLY

- 1. Address of the applicant/s has been confirmed on the basis of
- 2. Photograph/s has/ have been affixed and signed in my presence.
- 3. Applicant / Applicants have signed in my presence.
- 4. Allowed to open account.
- 5. Recommended to issue SSB ATM-Cum-Debit Card.

Date: DDMMYYYY

Manager/Assistant Manager

Note: The Bank reserve the right to suspend all the services of the Account without prior notice or without assigning any reason.