

**ABHYUDAYA CO-OPERATIVE BANK LTD.**

(Multi-State Scheduled Bank)

**Head Office :** K. K. Tower, Off. G. D. Ambekar Marg,  
Parel Village, Mumbai - 400 012.

Branch

**AOF-2**

**ACCOUNT OPENING FORM FOR NON INDIVIDUALS  
(FOR FIRMS / CORPORATES / TRUSTS / SOCIETIES / HUF FIRMS /OTHERS)**[illegible]

To,  
The Branch Manager,  
Abhyudaya Co-op. Bank Ltd.,

### Type of Account

Account No.

Branch.

Branch Code No: 

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Date : 

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**Please fill in CAPITAL letters. Please tick (✓) the appropriate boxes.**

Please open ☐ CD A/c. ☐ SB A/c. ☐ Other A/c. \_\_\_\_\_ as per details given below, for which I/We deposit \_\_\_\_\_ /-

(Rupees \_\_\_\_\_) Payment By ☐ Cash ☐ Cheque No. \_\_\_\_\_ Date : \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Drawee Bank \_\_\_\_\_ Branch \_\_\_\_\_ (cheque from own account with other bank)

Details of Business / Firm /Trust / HUF / Association of persons / Company / Society / Others

[illegible]

### Constitution :

- ☐ Proprietorship    ☐ Partnership Firm    ☐ Pvt. Ltd. Co.    ☐ Public Ltd. Co.    ☐ Educational Institution  
☐ Co-op. Society    ☐ Public /Private Trust    ☐ Ltd. Liability Partnership (LLP)    ☐ HUF Firm  
☐ Club /Association of Persons    ☐ Non Scheduled Co-op. Bank    ☐ Others (Specify)

### Mode of Operation :

- ☐ Proprietor    ☐ All Jointly    ☐ Any one    ☐ As per Resolution    ☐ Others (Specify)

### Personal Details of Authorised Signatories :

1 <sup>st</sup> Cust. ID No.	2 <sup>nd</sup> Cust. ID No.	3 <sup>rd</sup> Cust. ID No.
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Applicant (Mr./Mrs./Ms./Mas.)

[illegible]

2nd

[illegible]

**Please offer us following facilities :**

- ☐ Cheque Book   ☐ SMS/Tele-Banking   ☐ RuPay Debit Card   ☐ e-Statement   ☐ Aadhaar Linked Facility (for proprietor only)  
☐ Internet Banking   ☐ Mobile Banking (Separate application form to be obtained for Internet/Mobile Banking)   ☐ Others (Specify)

Name to be embossed on the RuPay Debit Card (only for Proprietor)

[illegible]

The information given above is true, correct & complete to the best of my/our knowledge and belief.

I/We have read, understood and agree to abide by the Bank's rules for \_\_\_\_\_ (the type of account) and agree to comply with and be bound by them as they are in force now and from time to time be in force for such accounts. I/We undertake to advise the Bank promptly in writing of any change in my/our constitution/partners/directors/documents and any other material change.

I/We have read the terms and conditions for providing the aforesaid facilities and I/We agree to abide by and be bound by them as they are in force now and from time to time be in force for such facilities. I/We request you to provide me/us the RuPay Debit card, the initial Password/PIN (Personal Identification Number) which I shall change periodically for maintaining secrecy of my account level information. I undertake to keep my password / PIN with myself/ourselves without giving any room for disclosure of the same to any third party. Further, I shall be responsible for any disclosure of my Password/PIN or Account Level Information to any third party and the Bank shall not be held responsible for any loss/damage caused to me/us on account of such disclosures. I/We shall be availing this facility at my/our request without any liability, either expressed or implied, to the Bank. The service charges, as applicable may be debited to my/our account. I/We confirm that I/We am/are resident/s of India.

Yours faithfully,

Yours faithfully,

To,  
**ABHYUDAYA CO-OP. BANK LTD.**

Branch

Sir,

**FOR PROPRIETARY CONCERNS**

I, the undersigned, inform you that I am the Sole Proprietor of the firm Named M/s. \_\_\_\_\_

\_\_\_\_\_ and I am solely responsible for liabilities thereof. I shall promptly advise you in writing of any change that may take 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 receipt of such notice and until all such obligations shall have been liquidated.

Yours faithfully,

(Signature of the proprietor of Firm)



## FOR PARTNERSHIP FIRMS

To,  
ABHYUDAYA CO-OP. BANK LTD.  
Branch \_\_\_\_\_

Sir,

As the firm named M/s. \_\_\_\_\_ is having dealings with the Bank, we inform you that, we the undersigned are the only 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 claim from the estate, of any or all the Partners of the Firm.

Whenever any changes takes place in our Partnership, we undertake to promptly inform the Bank of the same in writing and our individual responsibility to the Bank will continue until all our liabilities with the Bank are discharged.

Yours faithfully,

1	2	3
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(To be signed by each Partner of the firm)

I have been explained about the benefits of the Nomination facility. Nomination required : ☐ Yes ☐ No

If Yes, the name of Nominee to be printed on Pass Book / Statement of Account. ☐ Yes ☐ No

Signature of Account Holder(s)

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**NOMINATION (DA1Form) : (Only for Proprietorship Firm)**

\* Nomination under section 45ZA of the Banking Regulation Act 1949, and rule 2(1) of the Co-operative Banks (Nomination) Rules, 1985, in respect of the Bank deposits.

I \_\_\_\_\_ residing at \_\_\_\_\_, nominate the following person to whom the balance in the account may be paid by \_\_\_\_\_ Branch of Abhyudaya Co-op. Bank Ltd., in the event of my death.

Name and Address of Nominee	Age	Relationship	D.O.B. if Nominee is a Minor
			DD/MM/YYYY

**In case the Nominee is a Minor :**

As the nominee is a minor on this date, whose Date of Birth is DD/MM/YYYY I / We appoint Mr./ Mrs. \_\_\_\_\_

(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.

#Signature of the Proprietor

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## FOR OFFICE USE

Account Opened By :

Astt. Accountant/Accountant

In-charge/Manager/Sr. Manager/AGM

Staff No. \_\_\_\_\_

Staff No. \_\_\_\_\_

Staff No. \_\_\_\_\_

Date: DD/MM/YYYY

M - Maker C - Checker

Branch No.	KYC Complied		Photo Scanned		Sign Scanned		AOF-2 Scanned		Document sent to CDEC	
Date :	M	C	M	C	M	C	M	C	M	C

CDEC	AOF-2 Accepted & Verified as per KYC & Updated in the systems				AOF-2 Not Accepted Reasons			
Date :	M		C		M		C	





# ABHYUDAYA CO-OPERATIVE BANK LTD.

(Multi-State Scheduled Bank)

Head Office : K. K. Tower, Off. G. D. Ambekar Marg,  
Parel Village, Mumbai - 400 012.

CIF - 2

Branch \_\_\_\_\_

## CUSTOMER INFORMATION FORM FOR NON INDIVIDUALS (FOR FIRMS / CORPORATES / TRUSTS / SOCIETIES / HUF FIRMS / OTHERS)

Docket No.	
Cust. ID	
Group Cust. ID	
If Shareholder of the Bank, Membership No.	

To,  
The Branch Manager,  
Abhyudaya Co-op. Bank Ltd.,  
\_\_\_\_\_ Branch.

Branch Code No: \_\_\_\_\_

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

Please fill in CAPITAL letters. Please tick (✓) the appropriate boxes.

Details of Business / Firm / Trust / HUF / Association of persons / Company / Society / Others \_\_\_\_\_.

Name/Title of Account	
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### Constitution :

- ☐ Proprietorship ☐ Partnership Firm ☐ Ltd. Liability Partnership (LLP) ☐ HUF Firm ☐ Pvt. Ltd. Co.  
☐ Public Ltd. Co. ☐ Co-op. Society ☐ Public / Private Trust ☐ Club / Association of Persons  
☐ Non Scheduled Co-op. Bank ☐ Educational Institution ☐ Others (Specify) \_\_\_\_\_

### Residential/Business/Office Address for communication (KYC Proof enclosed) :


City: \_\_\_\_\_ District: \_\_\_\_\_

State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Phone No. (With STD/ISD Code): \_\_\_\_\_ Fax No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ e-mail id: \_\_\_\_\_

### Business/Factory/Godown Address:


City: \_\_\_\_\_ District: \_\_\_\_\_

State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Phone No. (With STD/ISD Code): \_\_\_\_\_ Fax No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ e-mail id: \_\_\_\_\_

PAN No. : \_\_\_\_\_ Date of Establishment : \_\_\_\_\_

CIN No. \_\_\_\_\_ (For Limited Companies Only)

Registration No. : \_\_\_\_\_

Number of Years in Business : \_\_\_\_\_ Years \_\_\_\_\_ Months

### Copies of Documents Enclosed :

- ☐ Bye laws of Society ☐ Trust Deed ☐ Certification of Incorporation ☐ HUF Declaration  
☐ Resolution ☐ Copy of Regn. Certificate ☐ Partnership Deed ☐ VAT/ST Registration  
☐ Memorandum & Articles of Association ☐ Others (Specify) \_\_\_\_\_

a) Document No.: \_\_\_\_\_ Issued by: \_\_\_\_\_

Place of Issue: \_\_\_\_\_ Issued Date: \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

b) Document No.: \_\_\_\_\_ Issued by: \_\_\_\_\_

Place of Issue: \_\_\_\_\_ Issued Date: \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

### Nature of Activity / Business :

- ☐ Manufacturing ☐ Trading Services ☐ Retail Business ☐ Stock Broker ☐ Real Estate  
☐ Service ☐ Professional Other (Please Specify) \_\_\_\_\_

Business Gross Annual Income: ☐ Upto Rs. 1 Lakh ☐ Above Rs. 1 Lakh- 5 Lakh ☐ Above Rs .5 Lakh – 10 Lakh  
☐ Above Rs.10 Lakh- 20 Lakh ☐ Above Rs. 20 Lakh

Business Turnover in last 12 month : ☐ Upto Rs. 10 Lakh ☐ Above Rs. 10 Lakh- 50 Lakh ☐ Above Rs .50 Lakh – 2 Crore  
☐ Above Rs. 2 Crore to 10 Crore ☐ Above Rs. 10 Crore.



**Expected value of transaction per annum in Rupees (Inland/Foreign) :**

Cash ☐ < 1 Lakh ☐ <5 Lakh ☐ <10 lakh ☐ < 50 Lakh ☐ < 1 Crore ☐ >1 Crore  
Non Cash Transaction ☐ < 1 Lakh ☐ <5 Lakh ☐ <10 lakh ☐ < 50 Lakh ☐ < 1 Crore ☐ >1 Crore  
(Cheque/Transfer)

**Source of Fund:** ☐ Business Income ☐ Donations/Grants ☐ Others \_\_\_\_\_

**Abhyudaya/Other Bank Accounts :**

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Type of Account \_\_\_\_\_  
Bank \_\_\_\_\_ Branch \_\_\_\_\_ Type of Account \_\_\_\_\_

**Names of Authorised Signatories:**

Cust. ID No. \_\_\_\_\_ Cust. ID No. \_\_\_\_\_ Cust. ID No. \_\_\_\_\_

Applicant (Mr./Mrs./Ms./Mas.)

1st \_\_\_\_\_  
2nd \_\_\_\_\_  
3rd \_\_\_\_\_

**Latest Passport Size Photograph/s & Signature(s) with Rubber stamp :**

1

Passport size Photo  
To be pasted here  
and signature should  
be put across the  
photograph at lower  
portion.

Signature to be put  
here in Black ink.

2

Passport size Photo  
To be pasted here  
and signature should  
be put across the  
photograph at lower  
portion.

Signature to be put  
here in Black ink.

3

Passport size Photo  
To be pasted here  
and signature should  
be put across the  
photograph at lower  
portion.

Signature to be put  
here in Black ink.

(Signature with Rubber Stamp)

(Signature with Rubber Stamp)

(Signature with Rubber Stamp)

**Declaration :**

1) ☐ I/We am/are not enjoying any credit facilities with any other Bank/Branch of your Bank and undertake to inform you promptly as and when credit facility/ies is/are availed by me/us from other Banks/Branches of your Bank.

☐ I/We am/are enjoying credit facilities as under :

OR

Name of the Bank & Branch

Facility & A/c No.

Facility Amount

i \_\_\_\_\_  
ii \_\_\_\_\_  
iii \_\_\_\_\_

2) ☐ I/We am/are not related to any of the Directors of your Bank.

OR

☐ I/We am/are related to Mr./Mrs./Ms. \_\_\_\_\_ (Director of your Bank)  
as \_\_\_\_\_ (Relationship).

3) ☐ We hereby declare that following natural persons are Beneficial owner(s) for this account :-

i \_\_\_\_\_ ii \_\_\_\_\_ iii \_\_\_\_\_  
(Desg.) (Sign.) (Desg.) (Sign.) (Desg.) (Sign.)

Cust. ID No. \_\_\_\_\_ Cust. ID No. \_\_\_\_\_ Cust. ID No. \_\_\_\_\_

**CIF-2 : KYC documents verified with originals & found in order.**

Account Opened By :

Staff No. \_\_\_\_\_

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

Astt. Accountant/Accountant

Staff No. \_\_\_\_\_

In-charge/Manager/Sr. Manager/AGM

Staff No. \_\_\_\_\_

M - Maker C - Checker

**FOR OFFICE USE**

Branch No.	KYC Complied		Photo Scanned		Sign Scanned		CIF-2 Scanned		Document sent to CDEC	
Date :	M	C	M	C	M	C	M	C	M	C

CDEC	CIF - 2 Accepted & Verified as per KYC & Updated in the systems				CIF - 2 Not Accepted Reasons	
Date :	M		C		M	C