



# TEXTILE TRADERS CO-OPERATIVE BANK LIMITED

Head Office : 6, Vasant Vihar Soc., Nr. Mithakhali Six Roads, Navrangpura, Ahmedabad - 9.  
Ph. : 079-26430154, 26430545 Fax : 079-26422991  
Website : www.ttcb.com | Email : headoffice@ttcbank.co.in

## CURRENT /CASH CREDIT ACCOUNT OPENING FORM

The Branch Manager

Textile Traders Co-operative Bank Ltd.

\_\_\_\_\_ Branch

Date :

Customer ID

Account No.

I/We request you to open an account for which I/We initially deposit Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ Only).

Name of Account : Mr./Mrs./Ms. / M/s.

Nature / Activity of Business

Date of Establishment (In Case of Impersonal a/c.)         PAN

Address Details

Communication Address

Pin Code

Tel./Mob.  Mobile  E-mail ID

### Details of Proprietor / Partners / Directors / Trustees / Authorized persons

1

Mr./Ms./Dir.

Address

Photo

Pin Code

Date of Birth         Gender   Marital Status

Occupation / Designation  PAN

Sign by black pen

Nationality  Customer ID  Member / Nominal No.

Passport / Driving Licence No.  Place of Issue

Issue Date         Expiry Date

2

Mr./Ms./Dir.

Address

Photo

Pin Code

Date of Birth         Gender   Marital Status

Occupation / Designation  PAN

Sign by black pen

Nationality  Customer ID  Member / Nominal No.

Passport / Driving Licence No.  Place of Issue

Issue Date         Expiry Date

3	Mr./Ms./Dir.																		
	Address																		
	Photo																		
														Pin Code					
		Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender	M	F	Marital Status					
		Occupation / Designation											PAN						
	Sign by black pen	Nationality						Customer ID						Member / Nominal No.					
		Passport / Driving Licence No.											Place of Issue						
		Issue Date	D	D	M	M	Y	Y	Y	Y	Expiry Date	D	D	M	M	Y	Y	Y	Y

4	Mr./Ms./Dir.																		
	Address																		
	Photo																		
														Pin Code					
		Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender	M	F	Marital Status					
		Occupation / Designation											PAN						
	Sign by black pen	Nationality						Customer ID						Member / Nominal No.					
		Passport / Driving Licence No.											Place of Issue						
		Issue Date	D	D	M	M	Y	Y	Y	Y	Expiry Date	D	D	M	M	Y	Y	Y	Y

5	Mr./Ms./Dir.																		
	Address																		
	Photo																		
														Pin Code					
		Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender	M	F	Marital Status					
		Occupation / Designation											PAN						
	Sign by black pen	Nationality						Customer ID						Member / Nominal No.					
		Passport / Driving Licence No.											Place of Issue						
		Issue Date	D	D	M	M	Y	Y	Y	Y	Expiry Date	D	D	M	M	Y	Y	Y	Y

In Case of Minor																			
Minor's Date of Birth		D	D	M	M	Y	Y	Y	Y										
Name of Parent/s Natural/Legal Guardian																			
Address of Guardian																			
City					State					Country					Pin Code				
Relationship with minor			Father			Mother			By Court Order (If yes please annex a copy)										
Others (Please Specify)																			

**Mode of Operation :**

<input type="checkbox"/> Self	<input type="checkbox"/> Either or survivor	<input type="checkbox"/> Anyone or survivors or survivor
<input type="checkbox"/> Jointly by	<input type="checkbox"/> Former or survivor/Later or Survivor	<input type="checkbox"/> Others
X	X	X
X	X	X
X	X	X

**Introduction Details**

Introducer's Name				Cust ID	
Branch	A/c. Type	Account No.			
Tel./Mob.	Mobile	E-mail ID			

I know the applicant/s for the last \_\_\_\_\_ months/years. I confirm the identity, occupation and address of the applicant/s.

Place			
Date	DDMMYY	Introducer's Signature	Introducer's Sign verified

**Declaration / Undertaking**

I/We confirm having received, read and understood the Current Account Rules and hereby agree to be bound by the terms and conditions, outlined in this form which govern the account(s) that I/We am/are opening with Textile Traders Co-operative Bank Ltd. and amendments thereto that may be made from time to time and those relating to various services including but not limited to ATM Card / Tele / Internet Banking / SMS service.

I / We confirm that I/We am/are resident of India.

I/We hereby declare that the information furnished above is true and correct to the best of my/our knowledge.

- I/We confirm that I/We do not enjoy credit facilities with other bank/s
- I/We enjoy credit facilities / have Current Accounts with other bank/s (Please attach details of such facilities separately)

Name of Bank & Branch Address	Type & No. of A/c	Nature of Facility	Limit

- I/We authorise you to collect the cheques/drafts etc., handed over to you for collection/negotiation as per rules of the bank at my/our risk and responsibility and indemnify against any loss suffered by you in the matter during the course of collection / realisation with interest @ applicable rates and incidental charges.
- I hereby declare that I am the sole Proprietor/Proprietress of the aforesaid concern.
- Please provide me cheque book - ATM Card-Internet/Phone Banking/SMS Service.

**Signatures of Applicants**

1.		2.		3.		4.	
5.		6.		7.		8.	



# DOCUMENTS REQUIRED TO BE SUBMITTED WITH THIS ACCOUNT OPENING FORM

## For Individuals :

### Any one of the following (Photo ID)

- Passport
- Voter's ID Card
- Employer's ID Card (Govt. Semi/Quasi Govt/LSG)
- Driving License (Lamination Card)
- PAN Card (Compulsory)
- Govt. approved College / University ID Card
- Any other proof acceptable to Bank
- Unique ID Aadhaar

**AND**

### Any one of the following (Address Proof)

- Photo Credit Card
- Last Municipal Tax Bill
- Latest Telephone Bill (MNTN/BSNL Land Line)
- Latest Electricity Bill
- Statement of existing bank Account
- Demat Account Statement
- Any other proof acceptable to bank

## In addition, the following documents are required

- Proof of PAN / GIR No. or form 60 (in case of cash deposit)
- Latest passport size photograph (2 copies)

## For Proprietary / Partnership Firm

### Any two of the following

- Shop & Establishment Certificate
- S.T. / I.T. Return (Copy)
- C.S.T. / VAT Certificate
- S.T. / P.T. / Ser. T. (Register Certificate or License)
- Appropriate Authority's certificate in case of practitioner in any faculty.

- Declaration of Proprietorship / Partnership on firm's letter
- Registration Certificate of firm (for Partnership firm, if held) Partnership deed.

## For Limited Company

- Certificate of Incorporation
- Certificate of commencement of business (in case of public limited company)
- Memorandum and Articles of Association duly certified by a Director / Secretary as true and up-to-date.
- Duly certified Resolution passed by its Board of Directors as per the following specimen.
- Latest form 32 (From ROC) for any changes

Resolved that a Banking Account of the Company be opened with TEXTILE TRADERS CO-OPERATIVE BANK LTD. \_\_\_\_\_ branch and that the said Bank be and is hereby authorised to honour all cheques, Promissory Notes, Bill of exchange and other instruments accepted, endorsed or made on behalf of the Company by (i) \_\_\_\_\_ (ii) \_\_\_\_\_ (iii) \_\_\_\_\_ and to act upon all instructions so given relating to the account whether the account be in credit or overdrawn.

## For Hindu Undivided Family

- Declaration of HUF

## For Club / Association of persons / Co.op. Societies / Trusts etc.

- Duly certified copies of constitution and bye-laws / Trust deed
- Certificate of registration issued by the respective competent registering authority
- Resolution passed by the Managing Body authorising opening of account including mandate for operation of the account

## For Office Use Only

KYC Compliance checked and allowed to open an account.

A/c. Opened by

Signature of Officer

Date

Name of the Officer

Please present originals for reference

## Declaration in Case of HUF

As our HUF firm wishes to open an account with your bank in the name of \_\_\_\_\_ we beg to say that the first signatory to this letter, i.e. Shri \_\_\_\_\_ is the karta of Joint Hindu Family and other signatories are the adult co-parceners members of the said family. We further confirm that business of the said family is carried on mainly by the said karta as also the other signatories hereto in the interest and for the benefit of the entire body of co-parceners members of the joint family. We all undertake that claims due to the bank from the said family shall be recoverable personally from all or any of us and also from the entire family properties of which the first signatory, the karta, including the share of minor co -parceners in view of the fact that our's is not firm governed by Indian partnership act 1932, We hereby undertake to inform the bank about the death or birth, divorce, marriage, remarriage of a co-parcener member or any change occurring at any time in the membership of our joint family during the currency of the account.

<b>Name &amp; Signature of Karta</b>		
<b>Name &amp; Signature of Adult co-parceners/Members</b>		
<b>Name &amp; date of birth of Adult co-parceners/Members</b>		
<b>Name &amp; date of birth of Adult co-parceners/Members</b>		
<b>Name &amp; date of birth of Adult co-parceners/Members</b>		
<b>Name &amp; date of birth of minor co-parceners/Members</b>		
<b>Name &amp; date of birth of minor co-parceners/Members</b>		

## Declaration in case of Partnership Firm

Re: Opening of a new account in the name of partnership firm M/s. \_\_\_\_\_ registered at \_\_\_\_\_ with No. \_\_\_\_\_

We refer to the captioned account opened by you and declare as under :

We the undersigned, are the partners in the above mentioned firm which has dealings with your bank. We jointly and severally undertake responsibility to the bank for the liabilities of the firm with the Bank. The Bank may recover its claims from the estate of any or all of the partners of the firm. Whenever any change occurs in the 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 that letter and until all our liabilities with the Bank are discharged.

Name of Partners & Signature without stamp	Signature(s) with stamp
1. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
2. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
3. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
4. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
5. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
6. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

## Letter of Sole Proprietorship cum declaration

I wish to inform that I \_\_\_\_\_ am trading under the name & style of M/s. \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ and that I am the sole proprietor of the said concern of my a/c whether such obligations or transactions are in the course of business under incurred with you or arising from the operation of my a/c. whether such obligations or transactions are in the course of business under the said name and style or otherwise. Notwithstanding any change in the constitution of my concern or disposal of my proprietorial interest in business or if the said name and style of my business is closed for any reason, I shall continue to be liable to discharge all my obligations to you at all times and undertake to intimate you about such changes and close the A/c.

X

(Signature without rubber stamp)

# NOMINATION (Nomination Form DA-1)

(Nomination under Sec. 45 ZA of the Banking Regulation Act, 1949 and rule 2(1) of the Co operative Societies (Nomination) Rules. 1985 in respect of bank deposit)

I/We(Name & address) \_\_\_\_\_

nominate the following person to whom in the event of my / our / minor's death the amount of deposit in the account, particulars whereof are given below, may be returned by Textile Traders Co. Operative Bank Ltd. \_\_\_\_\_ Branch

Nature of Deposit	Distinctive No.	Name, Age and Address of Nominee	Relationship with Depositor	If Minor Birth Date	Other Details

As nominee is minor on this date I/We appoint Mr./Ms. \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ to receive the amount of deposit in the account on behalf of the nominee in the event of my/our/minors/death during the minority of the nominee.

We do not want to nominate any person in this regard.

Witness : _____ Signature : _____ Name : _____ Address : _____ _____ Place : _____ Date : _____	Witness : _____ Signature : _____ Name : _____ Address : _____ _____ Place : _____ Date : _____
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Signature of Depositor/s (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

## FORM NO. 60

(See third provision of rule 114 B)

Form of declaration to be filled in by a person who does not have either a PAN or GIR number and who makes payment in cash in respect of transactions specified in clause (a) to (h) of rule 114 (b)

1. Name and address of declarant \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Particulars of Transaction :

3. Amount of 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 No. :

6. Details of the document being produced in respect of address in column (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

### Verification

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

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of the Declarant



Instructions : Documents can be produced in support of the address are :

(a) ration card, (b) passport, (c) driving licence, (d) identity card issued by any institution, (e) copy of electricity bill or telephone bill showing residential address, (f) any documents or communication issued by any authority of central govt, state govt, or local bodies showing residential address, (g) any other documentary evidence in support of the address given in the declaration.



## Additional Personal Information (Optional)

Religion  Country

**Marital Status**     Single     Married     No. of Children

**Education**     Non -SSC     SSC / HSC     Under Graduate     Graduate     Post Graduate  
 Professional

**Occupation**     Salaried     Business     Retired     Student     House Wife  
 Self Employed / Professional     Other

**If Salaried, Employed with**

Public Ltd. Co.     Pvt. Ltd. Co.  
 Govt. Sector     Multinational  
 Other \_\_\_\_\_

**Name of the Employer** \_\_\_\_\_

**Designation**

Non-Management     Junior Management  
 Middle Management     Top Management

**If Self Employed Professional**

CA     Engineer     Doctor  
 Trader     Lawyer     Consultant  
 Architect     Other \_\_\_\_\_

**If in Business**

Public Ltd.     Pvt. Ltd.     Partnership  
 Proprietorship     Trust     Other

**Monthly total Family Income (approx.) Rs. :**

Upto Rs. 5000     5001-10000     10001-20000  
 20001-30000     30001-50000     Above Rs. 50000

### Asset Ownership

<b>Consumer Durable Ownership</b>	<input type="checkbox"/> Computer	<input type="checkbox"/> Home Theatre System
	<input type="checkbox"/> Digital Camera / handycam	<input type="checkbox"/> Air Conditioner
	<input type="checkbox"/> LCD/LED Television	<input type="checkbox"/> Washing Machine
<b>Vehicle Ownership</b>	<input type="checkbox"/> Two Wheeler	<input type="checkbox"/> Four Wheeler
<b>Make &amp; Model of Car</b>	<input type="text"/>	
<b>The house presently you live in</b>	<input type="checkbox"/> Rented	<input type="checkbox"/> Owned
	<input type="checkbox"/> Office provided	<input type="checkbox"/> Purchased against Loan

### BANKING / INVESTMENT ACTIVITIES

**Present Banker**     Nationalised     Pvt. Sector     Co-operative     Foreign     Other

**Preferred**     Co. Deposits     Housing     Business     Durables

**Investments**     Shares     Others     Bank Deposits     PPF

**Loans availed**     Car     Business     Durables  
 Loan agst. Shares     Others

**Internet Access**    If Yes     At Home     At Office

**SPOUSE DETAILS :**

Name \_\_\_\_\_  
Occupation \_\_\_\_\_ Email ID \_\_\_\_\_

**CREDIT CARD DETAILS**

Issued by \_\_\_\_\_  
Card details \_\_\_\_\_

**Do you have Medical Insurance ?**     Yes     No

**I/We affirm that information furnished herein above is true to the best of my/our knowledge.**

Signature of applicant/s    (1)

(2)

(3)

## Rules governing maintenance & conduct of Current Accounts

1. Resident Indian National individual/s and impersonal institutional entities having contractual capacity with acceptable introduction, KYC documents and passport size photographs, copy of constitution, (in case of impersonal a/cs.) etc. can open current a/c.
2. With initial cash deposit of Rs. 1,000/- or with such sum that may be decided by Bank from time to time, a current a/c. can be opened.
3. For Current A/c. minimum average credit balance of Rs. 3,000/- or as may be decided by bank from time to time is required to be maintained. Bank may levy penalty for non-maintenance of minimum balance of Rs. 3,000/-
4. Deposit upto Rs. 1/- Lac is insured by DICGC as per their rules.
5. On Inward/outward ECS/return of cheques, Rs. 50/- (or a sum that may be decided by bank from time to time shall be recovered per instrument.)
6. Cheques drawn on bank presented through clearing shall be honoured on the basis of subsisting opening balance in the a/c. on the day of presentment of inward cheques.
7. Inward Dr. ECS/cheques drawn on bank if often required to be returned with financial reason, under such circumstances with an advance notice bank shall unilaterally close the a/c.
8. For acceptance of "Stop Payment" instruction bank shall recover Rs. 50/- per instrument or such sum that may be decided by Bank from time to time.
9. All current a/c. holders shall be supplied with the copy of their statement of a/cs. on monthly basis. Any discrepancy noticed in statement of a/c. should be notified to the Manager within a period of 7 days only.
10. For closing a/c., all individuals of personal a/cs. and all authorized signatories of impersonal a/c. should submit written application alongwith unused cheque leaves. Upon failing to do so, in the event of occurrence of any monetary or otherwise liabilities it would be exclusive responsibility of a/c. holder.
11. Cheque book issue charges per cheque or as may be revised from time to time shall be recovered.
12. Change in address with documentary proof should be notified to the bank. Any loss sustained or inconvenience caused upon failure to intimate, bank shall not be liable.
13. Statements of a/c. and cheque books are important security documents. Ensure it's safe keeping under lock and key. Amount in words and figures in cheque should be written clearly and distinctly leaving no room for alteration or insertions therein.
14. All individuals and proprietorship firm (a/c. holders) shall be offered "Nomination" facility. If they desire, can appoint one nominee.
15. Cheques, Bills, Dividend Warrants, DDs lodged with bank for collection and payable at upcountry centres will be sent by RPAD/POD through India Post/Courier, at the sole risk and responsibility of the a/c. holders. For its non/late/miss delivery or loss in transit, bank shall not be liable financially or otherwise to customer or third parties.
16. Instruments lodged for clearing/collection and returned dishonoured shall be handed over back to the a/c. holder or his/her authorized representative only in person or else dispatched by RPAD to a/c. holder at his/her cost. For late or non delivery of returned instrument bank will not be liable in any manner.
17. If a/c. is closed by the customer within 12 months from the date of its opening, bank shall levy Rs. 50/- as incidental charges.
18. When an a/c. is not being operated satisfactorily as per bank's rules governing maintenance and conduct of a/c., bank will have a right to discontinue/refuse extension of cheque book facility/acceptance of ECS debit/credit facility including closure of a/c.
19. Cheques bearing "A/c. Payee" crossing shall be accepted for collection/clearing for named payee's a/c. only. Such cheques shall not be collected for the credit of third parties a/cs.
20. While opening current a/c. of any prospective customer bank shall accept introduction of satisfactory introducer only whose a/c. is operated for a period more than 6 months at the utmost satisfaction of bank.
21. In the event of written request for duplicate statement of a/c. from customer bank shall recover Rs. 50/- per page or the sum as may be revised from time to time and may entertain demand.
22. For acceptance of Dr. ECS instruction/attestation of signature and such other services bank shall levy service charges inforce.
23. Bank enjoys it's Paramount "Charge of lien" "Right of set off" and "right of appropriation" against balance lying in different a/cs./instruments tendered for collection while transacting and rendering normal banking business.
24. On half yearly basis bank shall levy incidental charges for First page minimum Rs. 10 and for subsequent pages Rs. 20/- pr page to customer's a/c. Any revision made from time to time therein shall be binding to customer.
25. We are bound by the provisions of the Prevention of Money Laundering Act 2002, the rules notified thereunder, and guidelines issued by RBI on KYC norms from time to time.

Any changes effected by bank in above rules as per RBI directives/bank's Board of Directors decision shall be binding to a/c. holder.

General Manager

**We have read and shall abide by above rules.**

Signature of the Applicant/s \_\_\_\_\_