दि हिंदुस्थान
को-ऑपरेटिव्ह
बँक लि., मुंबई.

The Hindusthan Co-op. Bank Ltd., Mumbai.

H. O.: Horizon Tower, 1st & 2nd Floor, Jai Shashank Co-Op. Hsg. Society Ltd., Opp. ATI, V. N. Purav Marg, Chunabhatti, Mumbai - 400 022. ☎ 2405 2121 / 2424 / 2525 ✉ support@hindusthan.bank.in 🌐 www.hindusthan.bank.in

CURRENT ACCOUNT OPENING FORM

Date : / /

The Branch Manager,

_____branch.

For Office use only

Customer ID No. : | | | | | | | | | | | | | | | |

Account No. : | | | | | | | | | | | | | | | |

ATM Card No. | | | | | | | | | | | | | | | |

Please open a Current Account in yours Books at your Branch as per details given below, for which I /we handover Rs._____ [Rupees _____].

I/We wish to avail following schemes / facilities from your Bank.

ATM Card	☐ Yes	☐ No	Name in card	
SMS Banking	☐ Yes	☐ No	Mobile No.	
Tele Banking	☐ Yes	☐ No	Mobile No.	

I/We declare that your Bank's rules and regulations governing above schemes/facilities have been read and understood by me/us. I/We accept them as well as any other changes made by the Bank from time to time and they are binding upon me/us.

I/We request you to provide ATM Card in the name as stated above in our Current Account. We understand that in case of Current Account, ATM Card facility will be provided if the A/c. is operated only by Any One.

Company/Firm Name _____

Office Address _____

_____ Tel No. _____

Registered / Factory Address _____

Mail ID : _____ Mob No. _____ Tel No. _____

Constitution ☐ Proprietorship ☐ Partnership ☐ Ltd. Liability partnership(LLP) ☐ Pvt. Ltd.Co. ☐ Public Ltd.Co. ☐ Trust ☐ Association ☐ Co-operative Society ☐ Others (Specify) _____

Registration No. _____ PAN No._____

GSTN No. _____

Mode of Operation ☐ Proprietor ☐ Jointly ☐ Any One ☐ As per Resolution ☐ Others (Specify) _____

Nature of Business _____

Existing Bank A/c. Name of the Bank _____ A/c.No _____

Personal Details	(To be filled by Separately) **Proprietor / Partner / Director Mr. / Mrs.**	(To be filled by Separately) **Partner / Director Mr. / Mrs.**	(To be filled by Separately) **Partner / Director Mr. / Mrs.**
Surname			
First Name			
Father/Spouse Name			
Mother Name			
Maiden Full Name (Application for Married Women only)			

Residential Address :

Flat No. / Bldg. Name			
Road / Street / Area			
Landmark / Town			
City / District			
Pin Code / State			

THE HINDUSTHAN CO-OP. BANK LTD., MUMBAI

Other Details of

Pan No. / Form No. 60			
Aadhar No.			
Tel. No. (Residence)			
Fax No.			
Mobile No.			
Email ID			
Gender	☐ Female ☐ Male ☐ Transgender	☐ Female ☐ Male ☐ Transgender	☐ Female ☐ Male ☐ Transgender
Date of Birth	____/____/____ DD / MM / YYYY	____/____/____ DD / MM / YYYY	____/____/____ DD / MM / YYYY

Other Personal Details

Religion

1] Hindu 2] Sikh 3] Christian 4] Muslim 5] Jain 6] Other (Specify)

1 2 3 4 5 6 _____	1 2 3 4 5 6 _____	1 2 3 4 5 6 _____

Caste

[1] Other - General [2] SC [3] ST [4] Nomadic Tribe [5] OBC (Specify)

1 2 3 4 5 _____	1 2 3 4 5 _____	1 2 3 4 5 _____

Residence

[1] Company Owned [2] Fully Owned Pvt. Housing [3] Living with Parents / Family Owned [4] Rented House [5] Others specify

1 2 3 4 5 _____	1 2 3 4 5 _____	1 2 3 4 5 _____

Marital Status

No. of Dependents (Specify No.) **Spouse + Parents + Children (Total)**	☐ Unmarried ☐ Married	☐ Unmarried ☐ Married	☐ Unmarried ☐ Married
	[____+____+____=]	[____+____+____ =]	[____+____+____=]
Annual Income	Rs. _____	Rs. _____	Rs. _____

Educational Qualifications

[1] Graduate [2] Others/Under Graduate [3] Post Graduate [4] Professional (Specify)

1 2 3 4 _____	1 2 3 4 _____	1 2 3 4 _____

Existing Bank Accounts

Accounts with Hindusthan Bank

[1] Branch	[1] _____	[1] _____	[1] _____
[2] A/c. No.	[2] _____	[2] _____	[2] _____

Accounts with Other Banks

[1] Bank	[1] _____	[1] _____	[1] _____
[2] Branch	[2] _____	[2] _____	[2] _____
[3] A/c. No.	[3] _____	[3] _____	[3] _____

Assets Ownership Details

Flat / House	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Commercial Property	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Car	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Two Wheeler	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No

THE HINDUSTHAN CO-OP. BANK LTD., MUMBAI

Verification Docmuments Enclosed

Identity proof :	☐ Driving Licence	☐ Election I.D. Card	☐ PAN Card
☐ Passport	☐ Government's/Employer's I-Card		☐ Other (Specify)
Residence Proof :	☐ Ration Card	☐ Electricity bill	☐ Telephone Bill
	☐ Passport	☐ Driving Licence	☐ Aadhar Number
Society / Trust / Company :	☐ Resolution	☐ Partnership Deed	☐ Bye laws
	☐ Registration Certificate		☐ M.A. / A.A. Copy

Yours faithfully,

Photograph/s

1	2	3
Passport Size Photo	Passport Size Photo	Passport Size Photo

Signature (s) / with Rubber Stamp.

1	2	3

Introduction Details

Name of Introducer [Mr./Ms./M/s._____]

Address for Communication [_____]

[_____]

[_____City _____ Pin Code _____]

Current A/c. No. [_____] at the Branch [_____]

Customer ID. No. [_____] At the Bank

I Certify that the applicant/s is / are known to me since _____ Months/Years and I confirm the address of the applicant as stated in this application.

Signature of Introducer _____

Form Scrutinized & Signature of Introducer verified as per our records. Account opened in Branch records.

Document Received : ☐ Self-Certified ☐ True Copies ☐ Notary

Risk Category : ☐ High ☐ Medium ☐ Low

IN PERSON VERIFICATION CARRIED OUT BY		INSTITUTION DETAILS	
Identity Verification	☐ Done Date	Name	
Emp. Name		Code	
Emp. Code		SDN SEARCHED ☐ (Y/N)	
Emp. Designation		Jr. officer / Sub Accountant	Branch Manager
Emp. Branch		Staff No. : _____	_____

FOR PROPRIETORY CONCERNS

To,
The Hindusthan Co-Op. Bank Ltd.
Branch : _____
Sir,

I, the undersigned, inform you that I am the Sole Proprietor of the firm named M/s _____ _____, and I am solely responsible for liabilities there of. I shall advise you in writing of any change that may take place in the constitution of the firm and I will be liable to you 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. I nominate Mr./Mrs. _____ (Relation) _____ whom in event of my death the balance of credit in my account be paid by The Hindusthan Co-Op. Bank Ltd.

Yours faithfully,

_____

Signature of the Proprietor

THE HINDUSTHAN CO-OP. BANK LTD., MUMBAI

FOR PARTNERSHIP FIRMS

Sir,

As the firm named M/s. _____, is having dealings with the Bank, we 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 claim from the estate, of any or all the Partners of the firm.

Whenever any change takes place 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 acknowledgment of the letter and until all our liabilities with the Bank are discharged.

Yours faithfully,

_____ _____ _____ _____

(To be signed by each Partner of the firm)

FOR LIMITED COMPANY / INSTITUTION

Resolved that Banking Account for _____ be opened with The Hindusthan Co-operative Bank Ltd. and the Bank be and is hereby authorised to honour cheques, Bills of Exchange, Promissory Note drawn, accepted or made on behalf of the _____ by _____ _____ and to act on any instruction so given relating to the account whether the same be overdrawn or not.

Dated _____ at _____

CHAIRMAN

FOR A HUF

As our HUF firm wishes to open an account with your bank in the said name _____ we beg to say that the first signatory to this letter i. e. _____ is the Karta of the Joint Family and other signatories are the adult co-parceners of the family. We further confirm that the business of the said family is carried on mainly by the said Karta as also by the other signatories hereto in the interest and for the benefit of the entire body of co-parceners 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 for the entire family properties of which the first signatory is the Karta, including the share of minor co-parceners.

In View of the fact that ours is not a firm governed by the Indian Partnership Act of 1952, we have not got our said firm registered under the said Act./ We hereby undertake to inform the bank of the death or birth of a co-parceners or any change accuring at any time in the membership of our joint family during the currency of the account.

Name & Signature of Karta _____ sd/- _____

Name & Signature of Adult co-parceners

1) _____ sd/- _____
2) _____ sd/- _____
3) _____ sd/- _____
4) _____ sd/- _____

Name & Dates of Birth of Minor Co-parceners

1) _____ _____ / _____ / _____
2) _____ _____ / _____ / _____
3) _____ _____ / _____ / _____

DOCUMENT REQUIRED

Proprietorship Firm	Partnership Firms	Pvt. Ltd. / Ltd. Companies	Trusts	Co-Operative
Proof of Business / Place : Any TWO of the following : 1) GST Registration Cert. 2) Professional Tax Cert. 3) UDYAM Registration Cert. 4) Any Other Business proof	Partnership Deed	Certificate of Incorporation	Trust Deed	Registration Certificate By Laws
	Proof of Business	Proof of Business / office Place	Proof of Office Place	Proof of Office Place
PAN Card of Proprietor	PAN Card of Firm	Certificate of Commencement of Business (For Ltd. Co.)	Resolution	Resolution
Residence Proof of Proprietor	Proof of Business / office Place	Article of Association Memorandum of Association	PAN Card	PAN Card
Photo of Proprietor	PAN Card of Partners	PAN Card Company	Residence Proof of Trustees	Residence proof of Signatories
	Residence Proof of Partners	Resolution	PAN Card of Trustees	PAN Card of Authorised Signatories
	Photos of Partners	Residence Proof of Directors	Photo of Trustees	Photos of Signatories
		PAN Card of Directors		
		Photos of Directors		