

(For 4th Applicant/Operator)

Name of Document : _____
 Document No. : _____ Issued by : _____
 Place of Issue : _____ Issued Date : ____ Day ____ Month ____ Year

Proof of Address Details (Firm / company/ trust / sole proprietorship etc.)

Name of Document : _____
 Document No. : _____ Issued by : _____
 Place of Issue : _____ Issued Date : ____ Day ____ Month ____ Year

MANDATES :

a. **By Proprietor of Sole Proprietorship Firm :** As the concern, known by the name of _____ propose to have dealing with your Bank. I beg to declare that I the undersigned, the sole proprietor of the said concern and that no other person is interested in it as partner or otherwise. I further undertake to inform you, in case there is any change in the constitution of the said concern.

Signature of the Proprietor

b. **By partner of the Partnership Firm :** As the firm of _____ propose to have dealing with your 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. We authorize the Bank to recover its claim and dues from any or all of us and the estate of any deceased partner. In case of death/retirement of any of partner Bank may continue dealing with the remaining partners. We shall inform the Bank in case of any change in our partnership & our liability shall continue until we get the Acknowledgment from the Bank of such changes.

Partner 1	Partner 2	Partner 3	Partner 4
(Signature)	(Signature)	(Signature)	(Signature)

Date : ____ Day ____ Month ____ Year

c. **For other customer Type :** As the concern of _____ Propose to have dealing with your with bank I/We beg to inform you I/We the undersigned are jointly/separately responsible to the ban for liabilities of my/our concern. I/We authorise the bank to recover its claim and dues from me/us. I/We shall inform the bank in case of any charge in my/our status & my/our liability shall continue until I/We get the acknowledgement from the bank of such changes.

(Signature)	(Signature)	(Signature)	(Signature)

Date : ____ Day ____ Month ____ Year

INTERVIEW AND CUSTOMER DUE DILIGENCE FORM (TO BE USED FOR APPLICANT/SIGNATORY)

For Bank use only :

LINE OF ACTIVITY

Manufacturing, Nature of Activity _____ Trading Nature of Comodity _____ Service, Nature of Services _____
 Professional Nature of Profession _____ Non Commercial Nature of Activity _____
 (Please ✓ If yes & × if no)
 Whether antique dealers? Whether conducting money service Bureau? Whether dealers in arms? Whether builders or developers?
 Whether political party? High Net worth Individuals? If yes, provide Income/Wealth Tax returns
 Whether Bullion/Jewellery Dealers? Whether trading in equites / speculative activity?

Account with other Bank Yes No. (If yes, Pls. fill up the following details)

1. Bank _____ Branch _____ Type of Account _____
 2. Bank _____ Branch _____ Type of Account _____
 Sales/Business Turnover ₹ _____ Annual Income ₹ _____ Net worth ₹ _____

Income Tax paid during the last two years ₹ < 10000 ₹ 10000-50000 ₹ 50000-1 lac > 1 lac

AML :

KYC/AML risk classification Low Medum High
 PAN Verified from www.incometaxindia.gov.in Applicant's name checked with Suspicious entities list
 The applicant is KYC compliant Permitted to open Account

Date _____
 Place _____

Signature of the Officer / Jr. Asst. Manager

KHARDAH CO-OPERATIVE BANK LTD.

P. K. BISWAS ROAD, P.O.-KHARDAH
KOLKATA-700117

BRANCH : KHARDAH / RAHARA

SAVINGS BANK DEPOSIT A/C OPENING FORM (ADDITIONAL SHEET)

1ST APPLICANT

2ND APPLICANT

3RD APPLICANT

01. Mother's Name :

02. Marital Status :

03. Spouse Name :

04. Source of Income :

05. Monthly Income :

06. Taluka / Sub-Division :

07. Mobile Number where SMS to be delivered :

Date :

Signature of the Applicant with Date

A/C NO. :

1) ✓
.....

Client ID (s) :

2)
.....

3)
.....