

## Coastal Local Area Bank Ltd. (A COMMERCIAL BANK)

Seetharampuram, VJA-2

Branch

## **CURRENT ACCOUNT / OVERDRAFT** ACCOUNT OPENING FORM

(to be filled by branch)

Organization Data Forn	n	Cus	tomer	ID			제	NP 1	177	54	(AA)	197 ±7	1	Cas	UV.	11	AD   3	): <sup>1</sup>
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Name of the Organization / inc in full and in capital letters	bivid	lual's	5				- 7											
Constitution	Cor	pora partm	al/s Pro tion □ ent□, L er (Spe	, Sta	tuto	rv B	odv	□.	Gov ocie	ern ty⊑	men I, As	t Un socia	derta	king □, S	□, elf H	Gove	ernm	er
Date of Setup / Registration /			-			- v				Re	egist	tratio	n No	:	* 54	),cc		
Place of Setup / Registration / Incorporation :	In I	India								(	Outs	ide I	ndia	Single day				
Line of activity	Wo	rks Cole S	re □, / Contract Sale Ti ropic □	s □, rade	Tran	spor Reta	il Tr	Profe	ssio	n 🗆	I, Exp	ort [	l, Imp	ort 🗆	l, Sal	es A	gency	y 🗆
Specific activity (ies)					45.1	1824	4.35		17600	i yes	ey si	v 181	-7/35	el sa	ala i	House	ira (a)	
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Area of Operation			ia : Wit ide Ind										ate C	], Ot	her S	States	s also	) [
Registered/Main Office Address :	E TOTAL			i a in	p) is			Sin	40		in a		PIN:	gytti			lay	
Local Office/Works Address :							-0-v-0						PIN:					
Phone Number								Y-1										
Email Address :				1				- 4		1					-17			
PAN No: (Enclose Copy of PAN)							T	ANI	No:									
Registration No for (if available):			Duty								VAT							
		es T								100	1100	Tax	:					也。
Annual Turnover, Income and Net worth:	Anr	nual <sup>*</sup>	Turnov	er Rs	S.		ī	Anr	nual	Inc	ome	Rs.		N	let W	orth/	Rs.	
Nature of transaction to be put to	throu	igh th	ne acco	unt.	2)		Exp	pecte	ed a	ver	age	sales	s turn	over	in th	ne ac	coun	t.
	Per	rson	Name															8
Contact Person Name,	Des	signa	tion			- 1		Ť.				13/1			6.30-	YA Y	N. FE	
Designation, Phone, Mobile,	_	Phone: Mobile:																
Email:		Email:																
Name(s) of Individual's Proprietor Authorized Signatories □, (Enclos	□, K	(arta	and Ma	jor C	Copa	rcen	ers c	of HU	JF [	□, F	Partn	ers [	], Dir	ecto	rs 🗆	Men	nbers	; [
No. Name	5 d 3	separ	ate iist	ni u		esign			3.30		.00	7.0410	- 12	Cus	stom	er ID	(Arrest	
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The Account will be operated by proprietor singly (or)  The account will be operated by any partner singly. (or)  The account will be operated by the following partners jointly  1)	Operation	ng Instructions (Strike off whichever is	not applicable.)	
The account will be operated by any partner singly.  (or)  The account will be operated by the following partners jointly 1) 2) 3) The account will be operated by the following Directors / Officials of the company as per the Company's notification attached. 1) 2) 3) Any other  Accounts with other Banks (NOC form each Bank needs to be attached) 1) We donot enjoy any credit facility with any other Bank. 11) We enjoy the following credit facilities.  S.No. Name & Address of the Bank Nature of Credit Facility Limit 1 2 3 3 4 4 5 Signature Applicant 1 5 Signature Applicant 2 Signature Applicant 3  I/We declare that the information given above is true and correct to the best of my/our knowledge and belief. I/We hereby author the bank to verify the details given in this form.	The Acco	ount will be operated by proprietor singly		Sektharampuraph, VJA
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			correct to the best of my/our kr	lowleage and belief. I/we hereby authorize
1/			)	2)
Date:3)	Date :_	3		oture of Authorized Signaturalise)
Signature of Authorized Signatory(ies)  Note: Basing on constitution of the organization, documents listed overleaf should be submitted along with this Form			Signa	ature of Authorized Signatory(les)

Form of nomination (Mandatory for sole prop Nomination Required : Yes / No	rietors / individuals)			
Form DA1 - Nomination Form				
Nomination under Sec.45ZA of the Banking Re Rules, 1985 in respect of Bank deposits.	egulation Act,1949 and Rule 2(1)	of the Bank	ing Companie	s (Nomination
I/We:			(Nam	e) residing a
following person to whom in the event of my/our.				
given below, may be returned by Coastal Local				
Name & Address of the nominee	Relationship with Depositor, if any	Age	Date of birth	of Nominee
		Amilia e		
		300 30 43		
As the nominee is a minor on this date, I/We ap	opoint	(Name	)	
		(A	ddress)	( Age
	ng account with Coastal Local Area	And the second s		
deposit in the account on behalf of the nominee	the state of the s	th during the	minority of the	e nominee.
	OR			
I/We Do not wish to keep Nomination				
1)2)	The second secon			
	) / Thumb impression of Depo			
\* Thumb impress	sion (s) shall be attested by two	witnesses.		
Personal details & Signature of witness :				
1) Name :	2) Name :			
Address :				
Address .	Address .			See Jan 19
	<del>a de la composición del composición de la compo</del>	<del> </del>		
Sign:				
Place & Date :	Place & Date :	<u> </u>		kalida ari
	FOR BRANCH USE ONLY			
	FOR BRANCH USE ONLY			
Particulars of Form DA1 (if received) entered in	Nomination Register Sr. No.		Dt.	
Officer Ledger Keeper		L		
Zedger Reeper				
		VAR ADEQUATE		e a carter possible
	Acknowledgment			
We have noted the nomination in Nomination Register Sr. No	Dt	for your acco	unt No.	
Branch Seal.	Branch N	Manager(		Branch)

List of Documents to be submitted by the organization (depending on constitution) along with Organization Data Form.

Constitution	Purpose ·	Documents to be submitted
Proprietary Concern	For Identity of the Proprietary concern, its activities, address.  For identity of the proprietor.	<ul> <li>(i) Prescribed Proprietary Declaration Letter.</li> <li>(ii) Shop and Establishment Registration Certificate or any other similar documents indicating the activities of the concern.</li> <li>(iii) Telephone / Utility Bill in the name of the concern if any.</li> <li>(iv) Certificate of CST / VAT / Service Tax / Sales Tax / Professional Tax Full Income Tax Returns etc. may be taken as Proof of Business of address. (any two of ii, iii, iv may be taken)</li> <li>(v) Customer Information Form (C.I.F.) of the proprietor along with prescribed enclosures such as Proof of ID / Address, Photograph etc.,</li> </ul>
Hindu Undivided family	For Identity of the HUF, its activities, address and authority for opening and operation of account(s) For identity of the Karta and authorized Major co-parceners of the HUF.	<ul> <li>(i) Prescribed Joint Hindu Family Letter Signed by all the major Co-parceners.</li> <li>(ii) Declaration form from the Karta with Photograph.</li> <li>Customer Information Form (C.I.F.) of Karta and each of the authorized Major co-parceners along with prescribed enclosures such as Proof of ID. Address, Photograph etc.,</li> </ul>
Partnership Firm	For Identity of the Firm, its activities, address and authority delegated for opening and operation of its account(s)  For identity of all the partners.	(i) Registration Certificate, if the firm is registered. (ii) Partnership Letter (iii) Telephone/Utility Bill in the name of the firm (iv) Power of Attorney granted to a partner or an employee of the firm to open and to operate the account(s) of the firm by all the partners. Customer Information Form (C.I.F.) of each Partner along with prescribed enclosures such as Proof of ID / Address, Photograph etc.,
Company / Corporation	For Identity of the Company / Corporation, its activities, address and authority delegated for opening and operation of account(s)  For Identity of the authorized directors / officials.	(i) Certification of Incorporation (ii) Memorandum and Articles of Association (iii) Current list of directors (iv) Telephone / Utility Bill in the name of the company / corporation (v) Resolution of the Board of Directors / Power of Attorney issued delegating powers to opening and to operate the account(so of the company / corporation.  (vi) Copy of Pan allotment Letter.  Customer Information Form (C.I.F.) of each authorized person and key directors such as Chairman / M.D./CEO etc., along with prescribed enclosures such as Proof of ID / Address, Photograph etc.,
	Separation of the same	(The Branch is to ensure that declared persons are the actual directors o the Company)
Trust / Foundation	For Identity of the Trust, its activities address and authority delegated for opening and operation of account(s)  For Identity of the authorized Trustees.	(i) Certificate of Registration, (ii) Trust Deed / Settlers Declaration (iii) Telephone / Utility Bill in the name of the Trust (iv) List of Trusters and thei bio-data (v) Resolution of the Managing Committee of the Trust delegating powers to open and to operate the account(s) of the Trust. (vi) Any official document identifying Trustees/Settlors/Benificiaries/ Authorised Persons to operate the account, and also Founders/ Managers/Directors of the Foundation and their addresses. (Customer Information Form (C.I.F.) of each be taken)
Society, Club Association, NGO and Any other Organization	For Identity of the organization, its activities address and authority delegated for opening and operation of account(s)  For Identity of the authorized Managing Committee Members	(i) Certificate of Registration, if registered, (ii) Bye laws (iii) Telephone Utility Bill in the name of the organization (iv) List of Managing Committee Members (v) Resolution of the Managing Committee of the Organization delegating power to open and to operate the account(s) of the organization (vi) Customer Information Form along with Identity and Address Proof of Managing Members such as Chairman/Secretary/Treasurer etc., and the authorised person to operate the Account be taken.
Local Body / Government Department	For Identity of the applicant, its activities address and authority delegated for opening and operation of its account(s)	Notification / Resolution / Letter delegating powers to open and to operate the account(s) of the body / department.  Customer Information Form (C.I.F.) for each authorised Person along with Identity and Address Proof is to be taken.