



**CURRENT ACCOUNT OPENING FORM**

For Bank's use only

Date of Opening	DD / MM / YYYY	Account Number																		
Branch Name											Scheme	<input type="checkbox"/> Normal	<input type="checkbox"/> Gold	<input type="checkbox"/> Silver	<input type="checkbox"/> Platinum					
CKYCR No. of Entity			CIF No	CIF of the Entity					Membership No.											<input type="checkbox"/> Regular <input type="checkbox"/> Nominal

To be filled in by the Applicant

NAME OF THE ACCOUNT : \_\_\_\_\_ The NAME must match with the name as in PAN & Licenses

DETAILS OF THE ACCOUNT (Fields marked with "\*" are mandatory) (Please select )

Date of Establishment*	D	D	-	M	M	-	Y	Y	Y	Y		Registration No.											
PAN of the Entity*												Nature of Business	Same as marked in the Customer Details Form -Legal Entity										
GST Number													GSTN State										
Business Address*											City/Town/Village												
(Address Proof Required)	District*		State*			Country*			Pincode*														
Source of Funds											Expected/Existing Turnover in the Account per annum	₹											

DETAILS OF  PROPRIETOR  PARTNERS  DIRECTORS  AUTHORISED PERSONS (Please select )

	Name	Designation	CKYCR No.
1			
2			
3			
4			

Please attach Annexure-1 in case of more than four Partners/Directors/Authorized Signatories.

MODE OF OPERATION  Self  Proprietor  Authorised Signatory  Any One Partner  Any One Trustee  Any Two  Any Three  
 All Jointly  Karta  Others (specify) \_\_\_\_\_

CHEQUE BOOK Issue cheque book(s) with  10 leaves  25 leaves  50 leaves ; No of Books : \_\_\_\_\_ |  Not Required

MOBILE BANKING  Yes  No Name of Mobile Banking user: \_\_\_\_\_ (Please select )

Mobile Number of the user \_\_\_\_\_ Fund Transfer facility will be activated by default in Mobile Banking. Please submit separate request to disable fund transfer facility in Mobile Banking.

Personal Email ID of Mobile Banking user: \_\_\_\_\_

SMS/EMAIL ALERTS	Transaction Alerts	A/c Balance Alerts	Inward Clearing Alerts	E-Statement (select any one)
First Signatory	<input checked="" type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Second Signatory	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Third Signatory	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

OTHER BANK DETAILS (Mandatory) (Please select )

I/We am/are not operating account with any other Bank

I/We am/are operating a Current A/c No. \_\_\_\_\_ with \_\_\_\_\_ Bank at \_\_\_\_\_ Branch but not enjoying any credit facility from them.

I/We am/are enjoying credit facility(ies) from \_\_\_\_\_ Bank at \_\_\_\_\_ Branch. Nature of Credit Facility: \_\_\_\_\_ A/c No: \_\_\_\_\_ Limit ₹ \_\_\_\_\_

