THE AHMEDABAD MERCANTILE CO-OP.BANK LTD.

(MULTI STATE SCHEDULED BANK)



Head Office: "AMCO HOUSE", Nr. Stadium Circle, Navrangpura, Ahmedabad - 380 009

Phone: 26426582 / 84 / 88 Fax: (079) 26564863 Email: amcobankad1@rediffmail.com,amco7466@dataone.in • Website: www.amco-bank.com __CODE Branch: __ Date: Customer ID: MM YYYY C-KYC No. Account No.: (Tick ($\sqrt{ }$) relevant Type Account) I/We request you to open my/our Current/Hypo/BD/FDOD/ account with your Branch / Bank Title of Account HUF Trust LLP Association Proprietorship Partnership Corporate other PI. Specify_____ FULL NAME IN CAPITAL LETTERS/ પુરુનામ Date of Birth/ જન્મતારીખ Pan/પાન or Form 60/61 M/F Partner/Proprietor/Director/Trustee/Authorised Signatory DD MM YYYY Of Individual 5. _____ Address/ सरनामु ः Phone No./ ફોન નં. Permanent Address/ કાયમી સરનામું : 1. _____(O) ____ Street: Area:_____(M)____ Citv : ______ Pin _____ (M) _____ Email ID : _____ 2. Address for Correspondence /પત્ર વ્યવહારનું સરનામું : 3. Nature of Business 4. G S T NO.

5. PAN NO of FIRM

6. UDHYOG AADHAR NO.

8. Other Facilities Required

7. Please make available Mobile Banking & SMS Facility to My Mobile No.

Internet Banking

Rupay Debit Cum ATM Card

THE AHMEDABAD MERCANTILE CO-OP.BANK LTD. (MULTI STATE SCHEDULED BANK) **Customer ID Customer Profile Form** I. Personal Details / Details of Firm: Full Name: _ Occupation _ Sp. Category: Industry **Trading** Agency General ST SC **Minority** Other II. Annual Income Range Rs. 2.5 to 5.0 lakh Rs. 5.00 to 10 Lakh Abobe Rs.25 Lakh Below Rs. 2.5 lakh Rs. 10 to 25 Lakh Estimated Annual Income From the Business / Profession / Occupation p.a. Other Income Any Rs. p.a. Average Annual Turnover (Rs) Net Worth in Rs. III. ASSET OWNED / POSSESED Firms Own Office Partners / Directors Godown Vehicles Owned: No. of Cars **FORM DA 1** Nomination under section 45ZA of the Banking Regulation Act 1949 & Rules 2. (I) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits. I/We Address Nominate the following person to whom in the event of my/our/minor's death the amount of the deposit may be returned by the Ahmedabad Mercantile Co. Op. Bank Ltd. Branch. Nominee Name **Address** Relationship with Age If Nominee is a minor **Depositor** her/his date of birth Years As the Nominee is a minor on this date, I/we appoint Shri/Smt./Kum Address to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee. OR I/We Do not Wish to make a nomination Place Signature(S) of Depositor(S) Date _____

I/we declare that	I/we have account / enjoy cre	dit facility with following b	oank (Please Provide Detai	ls)
Bank / Branch	Address of Bank Branch	Type of Facility	Amount (Limit)	Account No.
		or Partnership Firm Onl	v	
ear Sir, We beg to inform	you that we, the under signed	are the proprietor in the fi	rm of M/s	Which
aling with your Bank, V	We jointly and severly agree ar cover its claims from the estate	nd accept responsible to th	e Bank for the liabilities of th	ne firm with the Bank.
Whenever any ch	nange occurs in our partnersl to the Bank will continue until a	hip, We agree and accep	ot to inform the Bank of the	e same in writing and
arriada responsibility t	to the Bank will continue and a		Your's Faith Fully	
			2	
ate				
ace	_		(Personal signature	es of all partners)
		Partnership Letter		
o, ne Ahmedabad Mercar I	the state of the s			
hmedabad.	Dranon .		Date:	
ear Sir,			cari	ying on business as
at		and els	ewhere (therein after referr	ed to us 'the firm') hav
e said firm and each of	ith the Ahmedabad Mercantile us has full unrestricted author	ity to sign on behalf of and	I to bind the firm. We also gi	ve below the names o
ther partner, if any who gned this firm.	also have unrestricted autho	ority to bind the firm and w	/no have not, owing to abs	ence or for other reas
e the partners who hav	ve signed and the partners wh			
	n to the Bank, The Bank may r f a joint family from the estate c			
	occurs in the constitution of the			
	and that of our respective esta ion and until all our liability to th			Bank acknowledgme
	ndertake that all acts of the firn			Bank shall have rece
otice of any change in	the constitution of the firm sl	nall be binding on the firn		
•	ch acts shall have been discha hip firm is registered/unregiste	•		
ours faithfully,				
Full name of	Partners	Individual Signatures	Signatures of	on behalf of the firm
	For	Proprietorship Firm Or	nly	
s the firm of M/s.	your bank, I beg to inform you	I the under signed and th	a baldar aftha agid firm I a	m roop oppible to the h
	n with bank, The Bank may rec			im responsible to the t
Whenever any ch	arges occurs in the constitution	on of the said firm, I under	take to inform the bank of t	
sponsibility to the Banl e discharged.	k will continue till I receive forn	n the Bank an acknowleds	sement of that letter and un	til my liabilities to the E
o alconargou.				
ate:			Yours Faithfully	
Place :			(Personal signa of the firm)	ture of the Propritor

→ CM				
TITLE OF ACCOUNT				
ACCOUNT NUMBER				
Operating Instruction / ખાતા સંચાલનની સુચના (યોગ્ય સુચ	ના ઉપર 🗸) કરો)			
Self Either or survivor Jointly Any C				
NAME SPE	CIMEN SIGN. PHOTO			
	PHOTO 1			
Customer I D				
	PHOTO 2			
Customer I D				
	РНОТО 3			
Customer I D				
	PHOTO 4			
Customer I D				
	РНОТО 5			
Customer D	1110103			
Oustonier i D				
Any one document from each of the undernoted list. as a p	hoto ID and a proof of residence must be obtained for all join			
account holders.				
(1) Copy of Passport	(7) Electricity Bill			
(2) Election ID Card	(8) Telephone bill			
(3) Copy of PAN Card	(9) Aadhaar Card (10) Cartificate of Registration (For Professional)			
(4) Driving License (5) Govt/Defence ID Card	(10) Certificate of Registration (For Professional) (11) Any other document acceptable to bank			
(6) Shops & Establishment Regi.Certificate Please Specify				
(b) Shops a Establishment Regi. Certificate Please Specify				

Terms & Conditions:

I/we have read, understood and abide by banks rules for conduct of the accounts / services/products & charges.

- (!) I/we hereby agree with the terms and condition of the service and it is acceptable to me/us,
- (1) Interest wilt be credited as per RBI directives from time to time.
- (2) Sank will fake request for 'stop payment" instruction, but the bank will not be responsible and liable if such cheque being paid inadvertently.
- (3) Bank, is empowered to refuse payment if signature does not match with the specimen.
- (4) I/we undertake to keep the bank informed about change in my residence/occupation address.
- (5) Please issue cheque book and recover applicable charges from my account as per banks norms.
- (6) I/we also agree to maintain (he minimum / quarterly average balance which bank may prescribe as the minimum / quarterly average balance to be maintained to avail the facilities and agree to pay the charges if the said balance is not maintained and any other charges stipulated by bank.
- (7) I/we understand that any change in this regard will be noticed by the Bank on its website www.amcobank.com and also will be displayed on the notice board of the branches (one month in advance).
- (8) I/we shall fill up separate pay-in-slips prescribed by bank for various fixed deposit schemes, I/we understand that the time deposit shall be under auto renewal scheme of the bank unless otherwise specified by me / us.
- (9) I/we authorize bank to make reference and enquiries as may be deemed necessary in their discretion with regard to the information furnished in this application. Bank is empowered to exchange, share or part with all the information data or documents relating to me / our application Inter se amount themselves or to other bank / financial institutions / agencies / person as many be deemed necessary or appropriate or as may be required for processing of such information / data or for furnishing of the processed information / products of other bank / financial institutions / credit bureaus / agencies / users registered with such agencies.
- (10) Account in the name of minor can be opened by his guardian subject to birth date verification of minor.
- (11) If any account becomes dormant due to non-operation for two continuous years, bank is entitled to recover prescribed charges from my account.
- (12) Bank is entitled to close my account after giving 7 days notice, if bank is not satisfied by the conduct of operations in the account

(II) For RuPay Debit Card cum ATM card:

- (1) I/we accept full responsibility for my /our RuPay Debit Card and agree not to make any claims against Amco Bank in respect thereto.
- (2) I/we have read and understood the terms and conditions governing the usage of RuPay Debit Card, I/we accept to be bound by the said terms and conditions and to any changes from time to time by the Amco Bank, I/we authorised Amco Bank to Issue a RuPay Debit Card cum ATM card to the person/s as name mentioned in application of a/c opening form, I/we unconditionally and irrevocably authorize bank to debit my / our account annually for Debit Card charges / fees if any stipulated by the bank.
- (3) I/we understand and undertake that the usage of the RuPay Debit Card shall be strictly in accordance with the exchange control regulations and In event of any failure to do so. I/we will be liable for action under the Foreign Exchange Management Act (FEMA) 1999 and the amendments thereof stipulated by RBI from time to time.

(HI) Mobile banking declaration:

I/we agree & abide by the terms and conditions of Mobile Banking available on website of bank www.amcobank.com and agree that the bank shall not be held Hable and absolved from liabilities whatsoever for loss to customer arising out of any reasons beyond the control of the bank including technology failure of network of any service provider and / or the bank's system and / or any breakdown, interruption, suspension or failure of the telecommunication equipment of the customer or the bank.

I/we agree that

- 1. To download the Mobile Banking Application from the play store of the mobile OS vendor.
- 2. That transaction initiated through mobile banking application ere irrevocable, bank shall not entertain any request for revocation of transaction or stop payment request for transaction initiated through mobile banking as the transactions are completely instantaneous and are incapable of being reversed.
- 3. Not to use mobile banking channel for transfer of funds for illegal activities.
- 4. To be responsible for the safe custody and security of mobile banking application. Downloaded on our mobile phones and Immediately inform the bank about loss or theft of mobile phone for disabling of mobile banking services to prevent unauthorized usage.
- 5. To NOT share the login password and MPIN/TPIN with anyone, including bank's Staff/Associate / Representative.
- 6. To operate within the maximum transaction limit(s) permitted by the bank for mobile banking from time to time.
- 7. To be responsible for any loss caused arising out of usage of mobile banking.
- 8. To accept ail changes/modifications / additions/removals of any of the extant terms and conditions governing mobile banking service.

Customer Signature	1		
	2		
	3		
	4		
	5		
	DA1 ACKNOWLEDGN	MENT	
Account No	Name of Depositor		
Nomination in favour of	the Bank. Kindly note that in case of nominee being a no	Dated	has been
Place:			
Date:		Brand	ch Manager / Officer

Req	uirement for Opening	g Current / Overdraft / Cash Credit			
For	Individuals & Proprie	etary Concern			
(1)	Address Proof	Anyone of following 'A'			
(2)	Identity Proof	Anyone of following 'B'			
(3)					
(4)	Photograph Two passport size				
For	Pvt Ltd, & Public Li	imited Company :			
(1)		ssociation & memorandum of associati	ion.		
(2)	Copy of certificate	of incorporation.			
(3)		of commencement of business.			
(4)					
(5)		of all authorized directors of company.			
(6)			oof of all authorized directors of company,		
(-)	anyone of following		,		
(7)		& its letter of company.			
(8)		ompany, - anyone of following 'A'.			
. ,	Address Proof	inpany, anyone or reneming it.	(B) Identity Proof		
	Copy of Electric Bill		(1) Copy of Driving License		
	Copy of Telephone Bi	ill	(2) Copy of PAN Card		
	Copy of Municipal Ta		(3) Copy of Passport		
` '	Copy of Driving Licen		(4) Copy of Aadhaar Card		
	(5) Copy of School/College Identity Card		(5) Copy of ID Card of reputed employers		
	(6) Copy of Any other document acceptable to bank		(6) Copy of Any other document acceptable to bank		
	Partnership Firm :	ourners acceptable to burns	(c) copy c.v.n., canon accument acceptable to ballin		
	· ·	leed with signature of all partners.			
		firm & partners, if not, furnish Form 60	or 61.		
		oof anyone of following 'A'.			
	•	proof of all partners anyone of followin	g 'A' & 'B.		
		tion of firm, (if firm is registered)			
For	Other than above;				
(1) Copy of trust deed in case of trust A/c.					
(2) Copy of rules & regulations of association/club in case of such A/c.					
(3)					
	(as per bank's Proforma)				
(4)	(4) Two Photographs of all authorized trustees.				
(5) ((5) Copy of PAN card of all trustees & trust.				
(6) F	(6) Residence & Identify proof of authorized persons, anyone of above 'A & *B'.				
(7) F	(7) For HUF, a letter of HUF should be obtained.				
• Of	fice Use (Declaration	by Br.)			
I he	re by certify that this	account opening form is complete in a	Il respect and relevant documents have ben obtained and verfied with original		
A/C	A/C Canvassed by, Employee No.				
_					
Enc	losure details by brar	nch:			
	-(10/0 D				
No.	of KYC Documents	enciosed			
laste.	al Danasit Da	Cook	Cheque No.		
mitla	al Deposit Rs.	Cash	Cheque IVO.		

13. KYC ID Documents list