



Reg No. 2935

(CIF No. : _____)

GLOBAL CO-OPERATIVE CREDIT SOCIETY LTD.

109/419-A, Asha Palace 2nd Floor, 80 Feet road, Kanpur-208012

(Registered under the Cooperative Societies Act 1965)

ACCOUNT OPENING FORM (INDIVIDUAL/ FIRMS/ COMPANIES/ TRUSTS/ SOCIETIES/ ASSOCIATIONS)

ACCOUNT CATEGORY Global Gold Bond Global Gold SIP**DEPOSIT ACCOUNT DETAILS**Principal Amount Lock-In Period Transfer the proceeds to my / our Savings/ Current Account No. or maturity and / or when due.ACCOUNT NUMBER : DATE **CUSTOMER DETAILS**Account Title : Status : **NAME(s)/ DESIGNATION(s) (Individual/ Proprietor/ Partners/ Directors/ Trustees/ Office Bearers)**

1st NAME : FATHER's NAME : MOBILE No. :

2nd NAME : FATHER's NAME : MOBILE No. :

3rd NAME : FATHER's NAME : MOBILE No. :

PAN No.: BUSINESS: Manufacturing Trading Charitable NGO

Communication Address : City : State :

Country : India Pin :

Registered Office : City : State : Country : India Pin : **INTRODUCER DETAILS**Introducer's Name : | Account No.

Introducer's Address : City : State :

Country : India Pin :

Banker's Verification NAME Verifying Officer NAME CODE No. MODUS OPERANDI: Single Joint Any One Any Other(Specify)OPTIONS: Password Chquee Protection **DOCUMENTS SUBMITTED**

- Certificate of Incorporation (for inspection only)
- Copy of upto-date Memorandum & Articles of Association
- Copy of the Bye-laws
- Certificate of Commencement of business (for inspection only)
- Certificate copy of resolution regulating the conduct of the account
- Copy of Partnership
- Copy of Trust Deed
- Sole proprietor's declaration form
- Partnership letter
- Other _____

CUSTOMER'S DECLARATION

We request Global Co-operative Credit Society Ltd. to open an account.
 We do not have any other account / credit facility with any other Bank in the above name
 We already have the following account/ credit facility with other Bank(s)

BANK NAME : <input style="width: 90%;" type="text"/>	BRANCH : <input style="width: 90%;" type="text"/>
ACCOUNT TYPE : <input style="width: 90%;" type="text"/>	ACCOUNT NO. : <input style="width: 90%;" type="text"/>

BANK NAME : <input style="width: 90%;" type="text"/>	BRANCH : <input style="width: 90%;" type="text"/>
ACCOUNT TYPE : <input style="width: 90%;" type="text"/>	ACCOUNT NO. : <input style="width: 90%;" type="text"/>

We confirm that the information provided in this form is true and complete.
 We agree to abide by the Bank's rules related to the account(s), stipulated by the Bank and other regulatory authorities from time to time.
 We understand that in the absence of instructions to the contrary deposit shall be transferred to the Saving/ Current Account opened in the name, on the date of maturity.
 We authorise the bank to deduct tax at source, where applicable, as per Income Tax Act.

CUSTOMER IDENTITY

	<input style="width: 90%;" type="text"/>	Sign Across Photographs
2 nd NAME :	<input style="width: 90%;" type="text"/>	Sign Across Photographs
3 rd NAME :	<input style="width: 90%;" type="text"/>	Sign Across Photographs

FOR SOCIETY USE

APPLICANT INTERVIEWED INTRODUCER'S SIGNATURE VERIFIED VIEW ACCOUNT ADDED IDENTIFICATION PAPERS OFFICER _____ CODE NO. _____	CHEQUE BOOK ISSUED DEPOSIT ACKNOWLEDGEMENT ISSUED SUBMITTED DOCUMENTS VERIFIED SIGNATURE CARD ADDED OFFICER _____ CODE NO. _____
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