



Reg No. 2935

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 Savings Bank Current Cash Credit O.D. S.B.O.D. R.D.
 F.D.S. F.D.R. Other (_____)

DEPOSIT ACCOUNT DETAILS

Principal Amount Period Interest Payment : Monthly Quarterly Cumulative

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 Introducer's Signature

Verifying Officer NAME CODE No. Banker's Signature

MODUS OPERANDI: Single Joint Any One Any Other(Specify)

OPTIONS: Password Chquee Protection

DOCUMENTS SUBMITTED

- | | |
|---|--|
| <input type="checkbox"/> Certificate of Incorporation (for inspection only) | <input type="checkbox"/> Copy of Partnership |
| <input type="checkbox"/> Copy of upto-date Memorandum & Articles of Association | <input type="checkbox"/> Copy of Trust Deed |
| <input type="checkbox"/> Copy of the Bye-laws | <input type="checkbox"/> Sole proprietor's decaration form |
| <input type="checkbox"/> Certificate of Commencement of business (for inspection only) | <input type="checkbox"/> Partnership letter |
| <input type="checkbox"/> Certificate copy of resolution regulating the conduct of the account | <input type="checkbox"/> 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 type="text"/>	BRANCH :	<input type="text"/>
ACCOUNT TYPE :	<input type="text"/>	ACCOUNT NO. :	<input type="text"/>
BANK NAME :	<input type="text"/>	BRANCH :	<input type="text"/>
ACCOUNT TYPE :	<input type="text"/>	ACCOUNT NO. :	<input 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

1st NAME :	<input type="text" value="Signature 1"/>	Sign Across Photographs
2nd NAME :	<input type="text" value="Signature 2"/>	Sign Across Photographs
3rd NAME :	<input type="text" value="Signature 3"/>	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. _____