



THE CITIZENS URBAN CO-OPERATIVE BANK LTD.

H.O. 506, New Jawahar Nagar, Model Town Road, Jalandhar - 144 001

CIF-cum-Account Opening Form for FIRM INSTITUTION

		CIF No.	
	Account No.		
Branch Name		Branch Code	(For Bank's use)

I/we request you to open account in my/our firm's/institution's name as per CIF and other details given below :-

Title of the Account	
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Business/Profession	
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Address of Registered Office/Business	
	Pin Code

Address for Communication (if different from shown above)	
	Pin Code

Office Telephone & FAX Numbers with STD Code	
CELL PHONE NUMBERS	
EMAIL ADDRESS	
WEBSITE ADDRESS	
PAN/GIR NO. (If not allotted, enclose Form 60/61)	

Please tick (✓) type of account :

Domestic	
• Non-Resident Ordinary	
• Non-Resident External	
• FCNR	
• RFC	

FEMA Rules apply

Savings Bank A/c

Note : The account is not permitted for business purposes.

Current Account	
Current Account Plus	
Current Account Premium	

Recurring Deposit	
Fixed Deposit	
Double Deposit Plan	
Monthly Income Plan	
Flexi Fix Deposit	
Others	

Please tick (✓) the constitution of the firm :

Proprietorship	
Partnership	
Society	
Trust	
Club, Association	
Joint Stock Company	
H.U. F.	
Govt-Department	
Executor	
Administrator	
Liquidator	

Link A/c. No.:	SB / CT / OD	
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	Initial Deposit/Monthly Deposit in case of RD
Rs.	In words

Period of deposit (in days/months)	
OR	
Deposit to mature on	

THE FOLLOWING PERSONS ARE AUTHORISED TO OPERATE THE ACCOUNT	
A) Full Name in Block Letter	CIF No.
B) Full Name in Block Letter	CIF No.
C) Full Name in Block Letter	CIF No.
D) Full Name in Block Letter	CIF No.
E) Full Name in Block Letter	CIF No.

Photo	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A) Signature</td> <td style="width: 50%;">D) Signature</td> </tr> <tr> <td>B) Signature</td> <td>E) Signature</td> </tr> <tr> <td>C) Signature</td> <td>Mandate for Account Operation</td> </tr> </table>	A) Signature	D) Signature	B) Signature	E) Signature	C) Signature	Mandate for Account Operation
A) Signature	D) Signature						
B) Signature	E) Signature						
C) Signature	Mandate for Account Operation						

Name and address of the Witness for illiterate applicants	The applicant/s affixed thumb impression before me.
	Signature of Witness

Note : Thumb impression of illiterate applicants has to be witnessed

PARTICULARS OF INTRODUCTION/IDENTIFICATION

Name and address of the Introducer :-	
Name	
Address	
Phone	
A/c. No.	A/c SINCE

Note : The introducer should have a properly introduced account of at least 12 months operation.

I certify that I have known for the last..... years/months and I confirm his/her occupation and address stated above in the application.

	FOR OFFICE USE ONLY
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center; font-weight: bold; font-size: small;">SIGNATURE OF INTRODUCER</p> <p>Place : <input style="width: 100%;" type="text"/></p> <p>Date : <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>	<p>Applicants interviewed by : on :</p> <p>Brief Details of Interview :</p> <p><input type="checkbox"/> Introducer came to the Bank personally and.....</p> <p><input type="checkbox"/> Signed in the presence of.....</p> <p><input type="checkbox"/> Introducer did not come to the Bank Personally but..... confirmed the fact of introduction to.....</p>
	Verifying Officer's Signature and Specimen Signature No.:

OTHER ACCOUNTS WITH US/OTHER BANKS IN THE SAME CITY/TOWN						
Applicant's Name	Particulars of other A/c. with other Branch/Branches of our Bank			Particular of A/c with other Banks in this City/Town		
	Branch Name	A/c Type	A/c. No.	Bank & Branch	A/c Type	A/c. No.

I am/We are enjoying credit facility and undertake to inform you in writing as soon as any credit facility is availed from another bank/any other branch of your bank.

Name of the Bank/Branch	Nature of Facility	Amount (Rs.)

Instructions for disposal of maturity proceeds/Auto Renewal of term deposits

I/We authorise the Bank to automatically renew the Term Deposit Receipt under the same scheme for entire maturity proceeds/ Rs.....for.....Days/Months/Years on the maturity date at the prevailing rate of interest at that relevant time and pay the balance amount to me/us in cash/ bankers' cheque or credit the amount to my/our Link Account (Given on page no. 1) with you without insisting on production of the Term Deoosit Receipt unless otherwise informed by me/us in writing before the date of maturity. I/We undertake to surrender the said Term Deposit Receipt while collecting the renewed Term Deposit Receipt. In case of non-surrendering of the previous Term Deposit Receipt, I/we confirm that the said receipt shall be treated by the Bank as cancelled and the Bank shall have the right to get from me/us suitable indemnity/undertaking(s)/other document(s) as they think fit and proper.

(Strike out which is not applicable) Authorised Signatories

I/we intend to avail the ticked (✓) products/services also (to be applied seperately)

Internet Banking <input type="checkbox"/>	Debit /ATM Card <input type="checkbox"/>
Tele Banking <input type="checkbox"/>	SMS Alerts <input type="checkbox"/>

Sweep/Reverse Sweep Facility

I/we hereby authorize you to transfer amount in excess of Rs.....in my/our Account No.....on any day into a fixed deposit of..... days tenor in units of Rs. 1000. I/We further authorise that inadequacy of funds in my/ our Account referred above is met any time by prematurely breaking the fixed deposit in units of Rs. 1000 and transferring the required amount into the said Account.

Date : Authorised Signatories

I/We have read and understood the terms and conditions applicable to the account type chosen above.

I/We also understand that Bank reserves its right to close the account when the conduct of the account is incompatible with terms and conditions stipulated for such accounts.

In case of Savings Bank and Current Accounts, please mention the nature of transactions intended :

Indicate the likely amounts to be transacted in the SB.CT account :

Rs. _____ Authorised Signatories

TICK (✓) IN THE RELEVANT COLUMN & SIGN

PROPRIETARY FIRM

I declare that I am the sole proprietor of the said firm and request and authorise you to honour all Cheques, Bills of Exchange, Promissory Notes and other order drawn, accepted or made by me, in the name of my firm on said account, whether the account be in credit or overdrawn. I shall be solely responsible for all liabilities of my said firm to the Bank. I agree that the bank may recover its claims from my personal assets as from the assets of my said firm..... Whenever any change occurs in constitution of the firm, I undertake to inform the bank of the said in writing. I shall, however, continue to be personally liable for all dues of my said firm to the bank until I receive from the bank as acknowledgement of my letter and until all my liabilities to the bank as on the date of the receipt of such notice by the bank, are fully satisfied.

Date : Signature

TICK (✓) IN THE RELEVANT COLUMN & SIGN

PARTNERSHIP FIRM

We are partners in the said firm and we request and authorise you until any notice in writing to the contrary is given to you by either/any of us. to honour all Cheques, Bills of Exchange, Promissory Notes and other orders, drawn, accepted or made on behalf and in the name of the said firm by.....and to act on any instruction so given relating to the account, whether the account be in credit or overdrawn.

As far as endorsement on Cheques, Bills, note and other orders are concerned, they will be made by either/any one of us on behalf and in the name of our said firm.

Date :

Signature(s)

JOINT STOCK COMPANY

We forward herewith for inspection and return :

- Certificate of Incorporation
- Certificate of Commencement of Business

We also forward :

- Certified copy of the Memorandum & Articles of Association
- Certified copy of the Resolution
- Certified list of recent directors of the Company
- Specimen of the signature of the officials authorised to operate the subject account as given in individual CIF forms

We undertake to advise the bank in writing of any change in the Articles of Association or in the Constitution of the Board of Directors of the Company, or of any reconstruction of the company.

A copy of the Resolution at the meeting of the Board of Directors of.....(Ltd.) on.....RESOLVED that a Banking Account of the Company to be opened with The Citizens Urban Co-op. Bank Ltd. and that the said Bank be and is hereby authorised to honour all Cheques, Bills of exchange, Promissory Notes and other orders accepted, endorsed or made on behalf of the Company by..... and to act on any Instructions so given relating to the account whether the account be in credit or overdrawn.

Date :

Authorised Signatories

TRUST, CLUBS, SOCIETIES, ASSOCIATION (NOT LIMITED)

(Not for Co-operative Banking Societies)

We forward herewith certified copies of :

- The Trust Deed/Constitution and Bye-Laws
- Certificate of Registration
- Certified copy of the Resolution
- List of present Trustees/office-bearers of the Managing Committee of Governing Body
- Specimen of the signature of the officials authorised to operate the said Account as given in individual CIF forms

We undertake to advise the bank in writing of any change in the Consitution and Bye-Laws ofor in the composition of the Trustees/ Managing Committee/Governing Body.

A copy of the Resolution at the meeting passed by the @on.....RESOLVED that a Banking Account of the (£).....to be opened with The Citizens Urban Co-op. Bank Ltd. and that the said Bank be and is hereby authorised to honour all Cheques, Bills of Exchange, Promissory Notes and other orders accepted, endorsed or made on behalf of the by..... and to act on any Instructions so given relating to the account whether the account be in credit or over drawn.

(@) Trustees, Committee or Governing Body

(£) Full Name of Trust, Club Society or Association

Date :

Authorised Signatories

Number of Cheque Book issued for the first time (with prefix)		For Bank's use only			
From				Account Opened on	
To				Account Opened by	
Risk Category of the customer based on nature and amount of transactions specified in case SB/CT a/c.		Open the Account			
Low/Medium/High Risk		Signature of Authorised Official and Specimen Signature No.			
Particulars	Ref. No. of letter	Date	Signature	Date of acknowledgement	Signature
Letter of Thanks sent to Customer					
Letter of Thanks sent to Introducer					