



ANDHRA PRADESH MAHESH CO-OPERATIVE URBAN BANK LTD.

H.O. : Hyderabad

(Multi-State Scheduled Bank)

Note : "Deposits up to ₹ 5 Lakhs per Depositor are insured by DICGC"

To
The Branch Manager,
Andhra Pradesh Mahesh Co-operative Urban Bank Ltd.

RISK CATEGORISATION

HIGH RISK MEDIUM RISK LOW RISK

Branch _____

Date : _____

1. Account No.

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Customer No. _____

2. I / We wish to open my / our account as per details below :

CKYCR No. _____

Please (✓) type of account required :

| Savings Account | Current Account | Term Deposit Account | Details of Term Deposit |
|---|---|--|---|
| <input type="checkbox"/> Savings with Cheque Book | <input type="checkbox"/> Normal | <input type="checkbox"/> Fixed Deposit | <input type="checkbox"/> Amount ₹ _____ |
| <input type="checkbox"/> Savings without Cheque Book | <input type="checkbox"/> Others | <input type="checkbox"/> Mahesh Multiplier Deposit | <input type="checkbox"/> Monthly Installment in case of RD / MMN_ |
| <input type="checkbox"/> Basic Savings Bank Deposit Account | <input type="checkbox"/> Normal with | <input type="checkbox"/> Mahesh Automatic Renewal Scheme | <input type="checkbox"/> Period: _____ |
| <input type="checkbox"/> Savings NRE Account | <input type="checkbox"/> ABB Facility | <input type="checkbox"/> Recurring Deposit | <input type="checkbox"/> Rate of Int. _____ |
| <input type="checkbox"/> Others | <input type="checkbox"/> Overdraft / CC | <input type="checkbox"/> Mahesh Lakhpati Yojana | <input type="checkbox"/> Interest Payment Mode Cash / Trf / PO |
| <input type="checkbox"/> Savings Bank with ABB Facility | | <input type="checkbox"/> Mahesh Cash Certificate | <input type="checkbox"/> In case of Transfer A/c No. _____ |
| | | <input type="checkbox"/> Mahesh Mangal Nidhi | <input type="checkbox"/> Repayment Mode Cash / Trf / PO |
| | | <input type="checkbox"/> Mahesh Tax Saver Fixed Deposit & Mahesh Tax Saver Multiplier Deposit Scheme | <input type="checkbox"/> In case Transfer A/c No. _____ |
| | | <input type="checkbox"/> Flexi Deposit | |
| | | <input type="checkbox"/> Others | |

Full Name (In Block Letters)

Male/Female/
Third Gender

Occupation

Date of Birth

PAN No.

A. _____

S/o, D/o, W/o _____

B. _____

S/o, D/o, W/o _____

C. _____

S/o, D/o, W/o _____

D. _____

S/o, D/o, W/o _____

If PAN No. is not available, please, fill Form 60.

3. Whether a share holding Member of our Bank, if so, Type of Membership: A / B Class Membership No.: _____

EXISTING CUSTOMER

IF YES, CUSTOMER NO.

BRANCH

A. YES NO _____

B. YES NO _____

C. YES NO _____

D. YES NO _____

4. Photographs of all persons opening the account :

A

Name :

B

Name :

C

Name :

D

Name :

5. CUSTOMER CATEGORY :

- INDIVIDUAL SOLE PROPRIETORSHIP PARTNERSHIP
 PRIVATE/PUBLIC LTD. STATUTORY BODY HUF TRUST / ASSO. / SOC. / CLUBS
 OTHERS: Please specify

6. IN CASE OF MINOR'S ACCOUNT :

Name of Parent / Natural Guardian : _____

I hereby declare that the date of birth of the above mentioned minor who is my _____ and I am his / her natural and lawful guardian / guardian appointed by court order dated _____ (Copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I undertake to indemnify Andhra Pradesh Mahesh Co-operative Urban Bank Ltd. against the claim of the above minor for any transactions made by me in his / her account.


 Signature of Guardian

7.

**ADDRESS WITH TELE / FAX / MOBILE NOS. ETC. OF
INDIVIDUALS / PROPRIETOR / PARTNERS / DIRECTORS / TRUSTEES**

| PLACE OF WORK | | RESIDENCE |
|---------------|----------------------|-------------------------|
| A | Phone No. Fax No. | Phone No. Mobile No. |
| B | Phone No. Fax No. | Phone No. Mobile No. |
| C | Phone No. Fax No. | Phone No. Mobile No. |
| D | Phone No. Fax No. | Phone No. Mobile No. |

FOREIGN ADDRESS: _____

Passport No.: _____ Expiry Date of Passport: _____ Place of Issue: _____

E-mail Id: _____

8. Address / Photo Identity verification document details :
(Please (✓) tick whichever given)

| | |
|---|---|
| <p>For Individuals</p> <input type="checkbox"/> Passport <input type="checkbox"/> Gas / Electricity / Water Bill (not more than 2 months) <input type="checkbox"/> Voter's ID card <input type="checkbox"/> Driving License <input type="checkbox"/> Ration Card <input type="checkbox"/> Photo Credit Card <input type="checkbox"/> Latest Telephone / Post Paid Mobile phone Bill <input type="checkbox"/> Statement from existing Bank duly certified by the Bank Official with Seal or Post Office SB A/c Statement <input type="checkbox"/> Residential Certificate issued by Municipal Corporation/ Ward Officer <input type="checkbox"/> Letter of accommodation for employment of Central Govt. / State Govt. Undertaking <input type="checkbox"/> Pension Payment Order <input type="checkbox"/> Income/Wealth Tax Assessment order <input type="checkbox"/> Employer's ID Card <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> NREGA Card <input type="checkbox"/> Property or Municipal Tax Receipt <input type="checkbox"/> PAN Card (Mandatory) <input type="checkbox"/> The Letter issued by the Unique Identification Authority of India (UIDAI) containing details of name, address and Aadhaar Number | <p>For NRE A/c</p> <input type="checkbox"/> Photocopy of passport with valid visa or work permit. <p>For Proprietorship Firm</p> <input type="checkbox"/> PAN Card of Proprietor (Mandatory) <input type="checkbox"/> Registration Certificate (in case of a Registered concern) <input type="checkbox"/> Certificate/License issued by the municipal authorities under Shops & Establishments Act <input type="checkbox"/> Sales and Income Tax returns (not just the acknowledgement) in the name of the sole Proprietary concern where the firm's income is reflected, duly acknowledged by the I.T. authority CST/VAT certificate <input type="checkbox"/> License issued by the Registering authority like Certificate of Practice issued by ICAI, ICSI, Indian Medical Council, Food and Drug Control Authorities <input type="checkbox"/> Certificate/Registration documents issued by sales tax / service tax/professional tax etc., <input type="checkbox"/> Utility bills such as electricity/water and landline telephone bills in the name of the proprietary concern (not more than 2 months) |
| <p>For Limited Company</p> <input type="checkbox"/> Certificate of incorporation <input type="checkbox"/> Memorandum and Articles of Association duly certified by a Director / Secretary as true and up-to-date. <input type="checkbox"/> Certificate of commencement of business (in case of public limited company) <input type="checkbox"/> Duly certified Resolution passed by its Board of Directors <input type="checkbox"/> KYC documents of Directors and photos <input type="checkbox"/> PAN Card of Company & Authorised Signatory (Mandatory) <input type="checkbox"/> Form 18 with ROC Receipt | <p>For Partnership Firm</p> <input type="checkbox"/> Registration Certificate of firm (for partnership firm if registered) <input type="checkbox"/> Last available Income Tax Return/Sales Tax/Wealth Tax/ Assessment Order <input type="checkbox"/> Partnership Deed <input type="checkbox"/> Sales tax registration certificate <input type="checkbox"/> Valid shops & Establishment Certificate. Validity can be extended upto the grace period for renewal as mentioned in such certificate <input type="checkbox"/> Valid Trade license. Validity can be extended upto the grace period for renewal as mentioned in such certificate <input type="checkbox"/> Factory Registration Certificate. SEBI Registration Certificate <input type="checkbox"/> Any other certificate issued for registration /operations / business by local / state/central government/Government agency <input type="checkbox"/> Copy of TAN/TIN card in the name of the firm <input type="checkbox"/> Any other certificate of registration issued by professional bodies such as ICAI/CSI /ICWAI in the name of the firm <input type="checkbox"/> Importer-Exporter code with PAN card /PAN quoted on the IEC <input type="checkbox"/> Bank Statement of account with existing banker (scheduled commercial bank) or passbook for the last 3 months, duly verified by banker + a self drawn from the firm's account |
| <p>For Club / Association / Societies / Trust / Foundations etc.</p> <input type="checkbox"/> Duly certified copies of constitution and bye-laws. <input type="checkbox"/> Certificate of registration, in the case of registered clubs, societies, associations, and trusts. <input type="checkbox"/> Resolution passed by the Managing Body authorizing opening of account including mandate for operation of the account. <input type="checkbox"/> Power of attorney granted to transact business on its behalf. <input type="checkbox"/> Photographs of Operating Trustees / Operating Office bearers <input type="checkbox"/> Telephone Bill / Utility Bill (not more than 2 months) <input type="checkbox"/> Document listing out the names & addresses of Trustees, Settlers, beneficiaries and those holding power of attorney and other key officials involved in day to day management of the trust. <input type="checkbox"/> Trust Deed <input type="checkbox"/> KYC documents of members/Trustees etc. | <p>For Hindu Undivided Family</p> <input type="checkbox"/> Proof of identification of Karta <input type="checkbox"/> Prescribed Joint Hindu Family letter signed by all the adult coparceners. (In bank's proforma) <input type="checkbox"/> KYC of Karta and Co-parceners and photos <input type="checkbox"/> PAN Card of HUF & Karta (Mandatory) |
| <input type="checkbox"/> GST CERTIFICATE <input type="checkbox"/> Others, if any please specify : | |

9. INTRODUCED BY : Account Holder / Staff / Known Person

If introducer is account holder, please furnish following details :

Account type _____ Number _____ Branch _____

INTRODUCER'S FULL NAME : _____

ADDRESS _____

_____ PIN _____

Emp. No. _____ (In case introduced by Staff)

"I certify that I have known Mr / Mrs / Miss / Mx _____ for the last _____ Months / Years and confirm his / her / their occupation and address stated in his / her / their application to open the account.



(Signature of Introducer)



(Verifying Officer)

10. MODE OF OPERATION :

11. MULTICITY CHEQUE BOOK: REQUIRED [] NOT REQUIRED []

12. DECLARATION :

I / We agree to comply with the rules of the Bank in force from time to time governing the conduct of the account and agree to be bound by them. I / We also understand and agree that the "Bank reserves its rights to take steps to get the account closed, if frequent return of Cheques for want of funds is observed".

Date :



Applicant's Signature

- 1.
- 2.
- 3.
- 4.

13. NOMINATION :

Nominee Information

| Name | Age | Sex | Relation | If nominee is a minor, his/her date of birth | Address |
|------|-----|-----|----------|--|---------|
| | | | | | |

As the nominee is a minor on this date, I / We appoint,

Shri / Smt / Kum. / Mx _____

(Name and 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.

Place :



Date :

Signature(s) / Thumb Impression(s) of Depositors(s)

14. AUTHORISED SIGNATORIES DETAIL :

| Customer No. | Name of the Authorized Signatory/ies | Signature/s |
|--------------|--------------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |

Special Instructions, if any : _____

Relationship Officer (Staff who marketed the customer) : _____

SPECIMEN SIGNATURE

1. Name :

Customer No.

2. Name :

Customer No.

3. Name :

Customer No.

4. Name :

Customer No.

(Please (✓) wherever applicable)

DECLARATION

SOLE PROPRIETORSHIP ACCOUNT

I, the undersigned, sole proprietor of the firm responsible for the liabilities thereof shall advise you in writing of any change that may take place in the constitution of the firm and that I will be liable to you on obligations which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations, shall have been liquidated.

PARTNERSHIP FIRM

I / We, the undersigned, are the only partners in the firm and are jointly and severally responsible for the liabilities thereof. We shall give you in writing of any change that may take place in the partnership and all the present partners will be liable to you on any obligations which may be standing in the firm's name in your books on the date of receipt of such notice and until all such obligations shall have been liquidated.

AUTHORIZATION FOR COLLECTION AND NEGOTIATION OF DD'S, CHEQUES, BILLS ETC.

I / We may have occasion from time to time to submit to you for collection or negotiation Cheques, Drafts or Bills of Exchange (with or without documents attached) and I / We hereby agree to your forwarding the same to your agents for the time being for collection or negotiation. In the event of your having no independent Collecting Agent at any centre, I / We hereby authorize you to send cheques by mail directly to the drawee bank itself.

In addition to your ordinary right as holders of such Cheques, Drafts or Bills of Exchange, you are authorized to accept in payment thereof a banker's cheque/cheques on Hyderabad or other cities and in the event of such cheques not being paid on presentation, to debit the amount to my/our account with all charges incurred thereon.

It is understood that these transactions are in all respects at my / our entire risk and responsibility.

NOMINATION

Nomination under section 45ZA of the Banking Regulation Act, 1949 and rule 2(10) of the Banking Companies (Nomination) rules 1985 in respect of bank deposits.

I / We nominate the person specified in Sl.No.13 to whom, in the event of MY / OUR / MINOR'S death, the amount of Deposit in the account, may be returned by the Bank.

I/We do not want nomination facility.

EITHER OR SURVIVOR / FORMER OR SURVIVOR / ANYONE OR SURVIVOR DECLARATION

We, the undersigned, having opened a SB / CA / TD / RD account with you, hereby agree that, during the currency of the said account either/any one of us shall have full control of the moneys standing to the credit of our account and also declare that either/any one of us will operate the account and that such operation shall not in any way prejudice the interest of the Bank.

FILL IN FOR NRE ACCOUNT

I / We request you to open a Non-Resident (external) account of the following nature & style with you, in my / our above names subject to the rules governing such accounts. We also declare that we have read the relative rules of your bank and confirm that we shall abide by the same.

We also undertake to give you notice within the prescribed time, after I / We cease to enjoy Non-Resident Indian status.

DECLARATION FOR TERM DEPOSITS

Please do not send renewal notice or Recurring Deposit Installment due notice to me.

Date :



Applicant's Signature(s)

HUF DECLARATION

As our HUF firm wishes to open account with your Bank in the name of M/s. _____ we declare that the first signatory to this letter i.e. Shri _____ is the karta of the joint family and other signatories are the adult co-parceners of the said family.

We further confirm that the business of the said joint family is carried on mainly by the said karta as also by the other signatories hereto in the interest and for the benefit on the entire body of co-parceners of the joint family. We all undertake that the claims due to the Bank from the said family shall be recoverable personally from all or any of us and also from the entire family properties of which the first signatory is the karta, including the share of minor co-parceners.

In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1932, we have not got registered our firm under the said Act.

We hereby undertake to inform the Bank of the birth or death of co-parcener/s of or any change occurring at any time in the membership of our joint family during the currency of the account.

We agree to indemnify and hold the Bank harmless in case of any loss suffered by the Bank, its customers or a third party or any claim or action brought by a third party which is in any way the result of availing of services by us under the above account title. We agree that all the information disclosed above are correct and agree to inform you of any change in the information provided in this form or in related documents.

Name of Karta : _____ Signature : _____

Name and signature of adult co-parceners

Name & date of birth of minor co-parceners

1. _____ S/d _____

1. _____ [] [] [] [] [] [] [] []

2. _____ S/d _____

2. _____ [] [] [] [] [] [] [] []

3. _____ S/d _____

3. _____ [] [] [] [] [] [] [] []

4. _____ S/d _____

4. _____ [] [] [] [] [] [] [] []

We confirm having read the rules of the Bank regarding the conduct of the account and the rules and regulations pertaining to Phone Banking, ATM / Debit Card, Doorstep Banking, Net Banking and Mobile Banking. We accept and agree to comply with the terms & conditions or any rules of the bank that may be in force from time to time. We acknowledge that it is our responsibility to obtain a copy and read the same.

DECLARATION FOR CURRENT ACCOUNT

Name of the Account Holder/s : _____

Authorized Signatory : _____

Name of the Firm : _____

*I/ We jointly or severally declare that we are not having any Loan / Credit facility outstanding with any other Commercial / Private / Co-operative Bank(s) :

*I/ We am / are having a Loan Account / Overdraft Facility to the extent of ₹ _____ in the following bank.

Name of the Bank and Branch : _____

Nature of Loan / Credit facility : _____

Amount of Limit : _____

Amount outstanding as on date : _____

In this regard, we enclose a No Objection Certificate issued by _____ Bank _____ Branch

*I / We am / are member (s) of the Co-operative Society / Bank and the details thereof are as under :

Name of the Society / Bank : _____

Branch : _____

Membership No. _____

No. of Shares held: _____

Amount of Shares: _____

Place :

Date :



Applicant's Signature(s)

ANDHRA PRADESH MAHESH CO-OPERATIVE URBAN BANK LTD.

H.O. : Hyderabad

(Multi-State Scheduled Bank)

Branch :

Account No.

INFORMATION SHEET

(Annexure of Account Opening form
to be obtained for each applicant separately)

FULL NAME : _____ MALE / FEMALE / THIRD GENDER

FATHER / HUSBAND'S NAME : _____

NATIONALITY : _____ RELIGION : _____ CASTE : _____

BLOOD GROUP : _____ MARITAL STATUS : _____

QUALIFICATIONS : _____ AADHAAR NUMBER : _____

MOBILE NUMBER: _____ E-MAIL ID : _____

| DETAILS OF CHILDREN : | Name | Age | Occupation |
|-----------------------|------|-----|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

DETAILS OF CREDIT CARDS : 1.
2.

| DETAILS OF OTHER BANKERS : | Name of the Bank | Details of Account |
|----------------------------|------------------|--------------------|
| 1. | | |
| 2. | | |

INSURANCE DETAILS : 1.
2.
3.

REASON FOR OPTING OUR BANK FOR OPENING THE ACCOUNT :

PROFESSION : _____ TYPE OF EMPLOYER : _____

EMPLOYMENT DETAILS : _____

EMP NO.: _____ LOCATION OF EMPLOYMENT : _____

DESIGNATION: _____ DEPARTMENT / SECTION: _____

NO. OF YEARS OF SERVICE: _____ DATE OF RETIREMENT: _____

NATURE OF BUSINESS : _____ EXPECTED TURNOVER : _____

NETWORTH : _____ SOURCE OF FUNDS : _____

ANNUAL INCOME : ₹ _____ OFFICE PHONE NO.: _____



Signature of Customer

Letter of Mandate for Flexi Deposit

To
The Branch Manager,
Andhra Pradesh Mahesh Co-operative Urban Bank Ltd.
_____ Branch

Dear Sir,

Ref.: My / Our Savings Bank Account No.

* * *

I / We request and authorize you to extend Flexi Deposit facility to my / our above Savings Bank Account with you.

I / We furnish the following details for your records :

| | Name | DOB | PAN No. |
|----|------|-----|---------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

Permanent Address :

Mailing Address :

Telephone No.: (R) (O) (M)

Period of Deposit [] Years [] Months [] Days

Mode of Interest Payments :

I / We declare that the information given above is correct. I / We have read and understood the terms and conditions governing the facility / facilities sought above. I / We agree to comply with the same and the changes that may be made therein from time to time.

Date :

Place :



Signature of the Account Holder(s)

Terms and Conditions

1. All rules and regulations relating to term deposits including premature withdrawals will be applicable to Flexi Deposits. Normal rules relating to SB Account will also apply.
2. Period of Flexi Deposits will be minimum _____ days and maximum _____ months. The customer may change the option (only once in a quarter) by giving a separate request, which will be applicable for future deposits only.
3. At the time of maturity, in the absence of any fresh mandate, the deposit will be renewed at the prevalent rate of interest for the same period.
4. The Depositor(s) will abide by the normal provisions of the Income Tax Act for the above scheme.
5. The minimum balance requirements will be ₹ _____ If the the balance falls below the prescribed minimum, service charges as prescribed by the bank from time to time would be levied.
6. Auto Sweep Rules : Any amount beyond a minimum of ₹ _____ required to be maintained in Savings Bank Account and a buffer balance of ₹ _____ for making regular payments will be automatically transferred to Flexi Deposit in units of ₹ _____ and invest it for the period specified by the customer. The rate of interest for the flexi deposit shall be the one applicable on the date of transfer from Savings Account to the Flexi Deposit account.
7. The minimum quarterly average balance will have to be maintained by the depositor. In case of a cheque for a Savings Bank Account is presented to the bank and the amount exceeds the available amount, it would be deemed that the depositor required premature withdrawal facility. Minimum units will continue to earn interest at the contracted rate. For order of breaking deposits the system of Last in First Out (LIFO) will be observed. In case the amount of last deposit is not sufficient, the previous deposit would be broken and so on.
8. Deposit receipt or Pass Book, will not be issued to Flexi Deposit. Indeed, the depositor(s) will be given a Statement of Account at quarterly intervals.
9. The interest / maturity proceeds will be credited to the linked savings account or renewed automatically as per the instructions.
10. In case any balance is due to the bank on account of premature closure of Flexi deposit account, the depositor is liable to reimburse such shortfall immediately.
11. Nomination facility will be available. Only same person can be nominated for both savings and flexi deposits.
12. Loan against deposit is not available for this scheme. However, bank can exercise its right to set off and in such case the deposit shall be automatically strand outside the scheme till the liability (direct / indirect liability) to the Bank stands discharge in full.
13. Balance under Flexi Deposit account will be considered while executing standing instructions.
14. If the quarterly average minimum balance is not maintained continuously for 2 quarters, the facility will be withdrawn by the Bank.
15. Both the Savings and Flexi Deposit accounts under the scheme shall have to be maintained at the same branch.
16. Bank reserves the right of closing an account if it is not operated upon satisfactorily or for any other reason.



(FORM 60, 61 to be filled by those who do not have PAN)

FORM 60

[] Are you a Tax Assessee [] Yes [] No

[] If Yes details of Ward / Circle / Range where the last return of income was filed _____

Reason for not having PAN No. _____

FORM 61 To be filled by a person who has only agricultural income and no other income chargeable to Income Tax

[] I hereby declare that my source of income is from agriculture and I am not required to pay income tax on any other income, if any.

Verification :

I _____ do hereby declare that what is stated above true to the best of my knowledge and belief.

Verified at _____ this the _____ day of _____ 20

Date :

Place :



Signature of the Declarant

For Office use only

- 1. Permitted to open the Account
- 2. Account Opened and entered in the System



Entered by



Officer



Branch Manager

SPECIMEN SIGNATURE

1. Name :

Customer No.

2. Name :

Customer No.

3. Name :

Customer No.

4. Name :

Customer No.

Scanned by _____

Checked by _____