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PASSPORT SIZE PHOTO

To, The Branch Manager

Number

THE GAUHATI CO-OPERATIVE URBAN BANK LTD.

H.O.: CHATRIBARI, GUWAHATI-781 001

Dea	ar Sir,		
	Being desirous of op	ening a	deposit account with
THE	E GAUHATI CO-OPER	ATIVE URBAN BANK	LTD. I/We beg to hand you a remit-
tand	ce as per memo at foo	L.	
	I/We agree to be bou	and by the Bank's Rule:	s copy of which has been supplied for
the	conduct of such accou	ınt.	
1.	Title of A/C		
2.	Father/Husband Nar	ne	
3.			
4.	Occupation		
5.	Permanent Address.		
			Phone No.
6.	Present Address		
7.			
8.	SECTION AND ADDRESS OF THE PARTY OF THE PART		
		w.i.y/	Yours faithfully
	For Current Don a/a	only	, , , , , , , , , , , , , , , , , , , ,
	For Current Dep.a/c	orliy.	
	ne of Persons authorised of operates the account	Designation of author- ised Persons in case of Firms & Companies	Specimen Signature
	The state of the s		1)
			2)
	Usual incidental charge	s in accordance with the B	anks may be debited to my/our/a/c
			f amount sent (Rupees in figure & words)
intr	oduced by :(Previous a/c h	(Mello C	amount bent (repees in lighte & words)

FOR SAVINGS BANK ACCOUNT ONLY

DECLARATION

FOR AN ACCOUNT IN THE NAME OF ONE PERSON

I declare that The Gauhati Co-operation been read by/to me and that I accept them a no Saving Bank Account at any other office	ve Urban Bank Ltd. Saving Bank rules have as binding upon me. I also declare that I have of the Bank.
Date	Signature of Depositors
DECLA	RATION
FOR JOINT	T ACCOUNT
have been read by/to us and that we account	perative Urban Bank Ltd. Saving Bank rules cept the rules as binding upon us. We also ccount at any other office of the Bank. We ount will be payable.
Toof us	
Date	(Depositors)

When the account is to be in the names of two parties insert 'either'or 'both' if in the name of three or more parties insert "any one" "any two" or "all" as the case may be

To, The General Manager, Guwahati-781 001 The Gauhati Coop. Urban Bank Ltd.

Dear Sir,

//we

Branch Manager

Signature Verified and accepted

Permanent address

(Signature of the Introducer)

A/C No :.....

TAXMAN-SATUTES

Form No. 60

(See third provisio to of rule 114B)

Form of Declaration to be field by a person who does not have either a Permanent Account Number or General Index Register Number and who makes payment in cash in respect of transaction specified in clauses (a) to (h) of rule 114B

l.	Full Name and Address of the declarant :
	Father' Name
2.	Particulars of transaction:
3.	Amount of the transaction:
	Are you assessed to tax?: Yes/No.
5.	If yes,
	(i) Details of ward/ Circle/ Range where the last return of income was field?
	(ii) Reasons for not having Permanent Account No./General Index Register No.?
6.	Details of the document being produced in support of address in column (1)
	Verification:
	I,
is	true to best of my knowledge and belief.
	Verified today, theday of20
D	ate :
P	lace: Signature of the Declarant
I	istructions:
	Documents which can be produced in support of the address are:
	(a) Passport
	(b) Driving licence

- (c) Identity Card issued by any institution.
- (d) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of Central Government, State Government or local bodies showing residential address.
- (g) Any other documentary evidence in support of his address given in the declaration

BRANCH	
DKANCH	***************************************

CUSTOMER PROFILE

1.	Name in full	
2.	Father/ Husband Name	
3.	Address of Communication	1
	(i) Present Address	Ti and the second secon
	(ii) Permanent Address)
	(iii) Office Address	
	(iv) Telephone No.	: (v) House No
4.	Occupation: (1) Salaried, (2	2) Self employed/Professional, (3) Business
	(Please tick) (4) Student, (5	5) Retired, (6) Agriculturist, (7) Others (Please specify)
5.		the nature of business
6.	Type of Account & Account	Number:
7.	Date of opening the account	t:
8.	Pan Card No. :	
9.	Educational Qualification :	
10.	Residential Status:	Domestic/ Non-Resident
11.	Sex:	Male / Femal
12.	Age / Date of Birth :	
13.	Annual Income :	
14.	Annual Turnover expected	:
15.	Purpose of opening the acco	ount : (Please tick)
	(1) Purely Savings (2) Busin	ess Transaction (3) Others Specify
16.	Classification of the Accoun	t as Low risk / Medium risk / High risk.
17.	Dealing with other banks:	
		Name of the Bank :
		Branch:
18.	Existing credit facilities:	Yes / No

Customer Identification Procedure

Features to be verified and documents obtained

A.	Accounts of Individuals	(Address proof)
	1. School Certificate / Admit Card etc. for Students	1. Electric Bill (latest)
	2. Passport / Photo Copies	2. Telephone Bill (latest)
	3. Election ID card issued by election commissioner	3. Extract of voters list (certified)
	4. Income Tax Pan Card	4. Letter from Employer
	5. Driving licence (address to tally with stated address	s) 5. Municipal Corpn. record
	6. Identity Card	6. Certificate from (recognized public authority)
Not	e : Ration Card, Outstation driving license will not be acc	epted.
В.	Accounts of Companies :	
	Name of company Place of business Mailing address Telephone / Mobile / E-mail ID	Certificate of Incorporation & memorandum and Articles of Association.
		2) Resolution of BOD
		3) Power of Attorney to operate A/C
		4) Certificate of commencement of
		Business (Public Ltd. Co. only)
C.	Accounts of Prop. Firm Legal Name-Address ownership status Telephone / Mobile of prop.	Proprietorial declaration in bank format.
	ownership status relephone / Ividolle of prop.	2) Power of Attorney to action prop. behalf.
		3) GMC license.
		4) Pan Card
		5) Telephone / Electric Bill

6) Identity proof

D.	Accounts of partnership Firms Legal Name, Address	1) Registered partnership deed
	Names of all partners and their address	2) Deed of Registration
	Telephone no of firm & all partners	3) Power of Attorney (if any)
		4) Telephone / electric bill
		5) Identity proof of partners
		6) Trade licence
E.	Accounts of Coop. Societies Nature of business	1) Copy of Reg. bye laws of the society.
	of the society	2) Registration Certificate
	Legal Name, Address	3) Copy of BOD
	Name of principal officer	4) Resolution of AGM
		 A/C to be introduced by RCS or his nominee
F.	Accounts of trusts & Foundations Name of the trust	1) Certificate of Registration
	Name of settlers beneficiaries and signatories	2) Trust Deed
	Name & address of the Founder, Manager,	3) Power of Deed
	Director & beneficiaries	Resolution of trust Board, Managing body etc.
	Telephone No.	5) Telephone bill.

Signature of Customer

Signature of Banks Officials

Accountant/Spl. Officer	
Verified Manager	Special Instruction
(2)	
	ddresslame of Signatory
TURE	
D: GUWAHATI-781 001	THE GAUHATI CO-OPERATIVE URBAN BANK LTD H.O. CHATRIBARI ROAD : GUWAHATI-781 001
Branch	