



SS Bank
The Satara Sahakari Bank Ltd.
दि सातारा सहकारी बँक लि.

HO: Bharatiya Krida Mandir, 3rd Floor, Naigaon
Wadala Road, Wadala, Mumbai - 400 031
Tel. NO. 2412 4743 / 2414 6371 Fax : 9122- 2418 3319

Branch : _____ Date : ___/___/___

- Current Account Opening Form [for Trust / Firm / Corporates]-

To be Filled In By Customer

For Office use only

To,
The Manager, _____ Branch,

Please open a Current Account in the Books of the Bank at your
Branch as per details given below for which I/We hand over to you
Rs. _____ [Rupees _____
_____ only].

Customer Id Number	_____
Group Customer Id Number	_____
Account Number	_____

I/We declare that your Bank's rules and regulations have been read and understood by me /us. I/We agree to comply with and be bound by the Bank's Rules (as amended from time to time) for the conduct of such account. In the event of the decease of any of us.

Account Type Nature of Business	<input type="checkbox"/> Current			

Account Constitution	<input type="checkbox"/> Firm	<input type="checkbox"/> Trust	<input type="checkbox"/> Co-operative Society	<input type="checkbox"/> Partnership Firm
	<input type="checkbox"/> Association	<input type="checkbox"/> Other- Specify [_____]		
Mode of Operation	<input type="checkbox"/> Singly	<input type="checkbox"/> Jointly	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Any One
	<input type="checkbox"/> Former or	<input type="checkbox"/> Other- Specify [_____]		
Details	<input type="checkbox"/> As per Resolution enclosed			

Company/Firm's Name _____
C/N. No _____ (Applicable for Pvt Ltd./Companies)

Personal Details of	Proprietor/Partner/Director	Partner/Director	Partner/Director
Title	Mr / Mrs / Ms	Mr / Mrs / Ms	Mr / Mrs / Ms
Surname	_____	_____	_____
First Name	_____	_____	_____
Middle Name	_____	_____	_____

Other Details	Proprietor/Partner/Director	Partner/Director	Partner/Director
Short Name	_____	_____	_____
***PAN No.	_____	_____	_____
***FORM No. 60 submitted	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tel. No.(Residence)	_____	_____	_____
Tel. No. Office	_____	_____	_____
Mobile No.	_____	_____	_____
Fax No.	_____	_____	_____
Email ID code	_____	_____	_____

Residential Address For Communication	Proprietor/Partner/Director	Partner/Director	Partner/Director
Flat No./Bldg. Name	_____	_____	_____
Road / Street	_____	_____	_____
Area / Town	_____	_____	_____
City / District	_____	_____	_____
Pin Code / State	_____	_____	_____

Business Details

Name
Address

No. of Years

Proprietor/Partner/Director

Partner/Director

Partner/Director

Other Personal Details of Proprietor / Partner/Director

Religion

- [1] Hindu [2] Muslim
- [3] Sikh [4] Jain
- [5] Christian
- [6] Other (Specify)

[1] [2] [3]
[4] [5] [6]

[1] [2] [3]
[4] [5] [6]

[1] [2] [3]
[4] [5] [6]

Caste

- [1] SC
- [2] ST
- [3] OBC
- Specify Caste

[1] [2] [3]

[1] [2] [3]

[1] [2] [3]

Education

- [1] Under Graduate
- [2] Graduate
- [3] Post Graduate

[1] [2] [3]

[1] [2] [3]

[1] [2] [3]

Sex

Male Female

Male Female

Male Female

Marital Status

Unmarried Married

Unmarried Married

Unmarried Married

No of Dependents

Specify no.: Spouse +
Parents + Children

[]

[]

[]

Existing Bank Account's Details

Accounts with Satara Bank

- [1] Branch
- [2] A/c No.

[1] _____
[2] _____

[1] _____
[2] _____

[1] _____
[2] _____

Accounts with Other Bank

- [1] Bank
- [2] Branch
- [3] A/c No

[1] _____
[2] _____
[3] _____

[1] _____
[2] _____
[3] _____

[1] _____
[2] _____
[3] _____

Existing Loan facilities Availed

Have You availed loan from Satara Bank? if "Yes"-Mention Membership Number allotted to you OR Do you wish to avail Loan for -----
[1] Housing
[2] Personal
[3] Consumer Durable
[4] Any Other Loan

Yes No

Yes No

Yes No

[]

[]

[]

No [1] [2]

No [1] [2]

No [1] [2]

[3] [4]

[3] [4]

[3] [4]

Asset Ownership / Occupation / Profession Details

- Asset - Computer
- Commercial Property
- Mobile Phone
- Car
- Two Wheeler
- Residence [1] Rented
- [2] Ownership
- [3] Family Owned
- [4] Company provided

Yes No
 Yes No
 Yes No
 Yes No
 Yes No

Yes No
 Yes No
 Yes No
 Yes No
 Yes No

Yes No
 Yes No
 Yes No
 Yes No
 Yes No

[1] [2] [3] [4]

[1] [2] [3] [4]

[1] [2] [3] [4]

- Occupation**
 [1] Service [2] Retired
 [3] Business [4] Student
 [5] Self Employed
 [6] Professional [7] Other
- Profession**
 [1] Doctor [2] CA
 [2] Engineer [4] Architect
 [5] IT Prof.
 [6] Consultant
 [7] Journalist [8] Other
- Employed With**
 [1] Public Ltd. Co.
 [2] Private Ltd. Co.
 [3] Govt. Sector
 [4] Others
- Monthly Income]**
 [1] <5001 -
 [2] 5001 - 10000
 [3] 10001 - 20000
 [4] 20001 - 30000
 [5] 30001 & above

Proprietor/Partner/Director

1	2	3
4	5	6
7		

1	2	3
4	5	6
7	8	

1	2	3
4		

1	2	3
4	5	

Partner / Director

1	2	3
4	5	6
7		

1	2	3
4	5	6
7	8	

1	2	3
4		

1	2	3
4	5	

Partner / Director

1	2	3
4	5	6
7		

1	2	3
4	5	6
7	8	

1	2	3
4		

1	2	3
4	5	

Introduction Details

Name of Introducer
 Address for
 Communication

[Mr/Ms/Mrs _____]

 _____] City _____ Pin Code _____
 _____] at the Branch[_____]
 _____] at the Branch

SB /CD A/C No.
 Customer Id. No.
 I certify that

Applicant is known To me Since _____ Month/Years & I Confirm the address of the Applicant as stated in this application.

Signature of Introducer

Documents Provided
 Instead of Introduction

Passport [] Driving License [] PAN /GIR Id Card [] Employers I-Card []

Yours faithfully

Photograph/s

1 	2 	3
1 Signature (s) / Thumb Impression(s) of the Account holder(s)	2	3

Form Scrutinized & Signature of Introducer verified as per records.

By Clerk / Officer

Manager / Sr. Manager

Staff No.: _____ / Officer Code : _____

Staff No.: _____ / Officer Code : _____

FOR PROPRIETARY CONCERNS

To,
THE SATARA SAHAKARI BANK LTD.
 Branch : _____

Sir,
 I, the undersigned, inform you that I am the Sole Proprietor of the firm named M/s. _____ and I am solely responsible for liabilities thereof, I shall advise you in writing of any change that may take place in the constitution of the firm and I will be liable to you 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. I nominate Mr./Mrs _____ as per the nomination form filled in along with this application separately, whom in event of my death the balance of Credit in my account be paid by **The Satara Sahakari Bank Ltd.**

Yours faithfully,

 Signature of the Proprietor

FOR PARTNERSHIP FIRMS

Sir,
 As the firm named M/s. _____ is having dealings with the Bank, we inform you that, we the undersigned are the Partners in the said firm. We are jointly and severally responsible to the Bank for the liabilities of the Firm with the Bank. The Bank may recover its claim from the estate, of any or all the partners of the Firm.

Whenever any change takes place in our partnership, we undertake to inform the Bank of the same in writing and our individual responsibility to the Bank will continue until we receive from the Bank an acknowledgement of the letter and until all our liabilities with the Bank are discharged.

Yours faithfully,

 To be signed by each Partner of the Firm

DOCUMENTS REQUIRED

Proprietorship Firm	Partnership Firms	Pvt. Ltd. / Ltd. Companies	Trusts
Proof of Business Place: Any TWO of the following : 1) VAT Registration Cert. 2) Professional Tax Cert. 3) Service Tax Reg. Cert. 4) Shop & Establishment Licence 5) Any other Business Proof	Partnership Deed	Certificate of Incorporation	Trust Deed
	Proof of Business	Proof of Business / Office Place	Proof of Office Place
PAN Card of Proprietor	PAN Card of Firm	Certificate of Commencement of Business (For Ltd. Co.)	Resolution
Residence Proof of Proprietor	Proof of Business / Office Place	M.A. /A.A.	PAN Card
Photo of Proprietor	PAN Card of Partners	PAN Card Company	Residence Proof of Trustee
	Residence Proof of Partners	Resolution	PAN Card of Trustees
	Photos of Partners	Residence Proof of Directors	Photo of Trustees
		PAN Card of Directors	
		Photos of Directors	