



MAHANAGAR NAGRIK SAHAKARI BANK MYDT.

Swami Shanti Prakash Chouraha, Sant Hirdaram Nagar,
Bhopal-462030 Ph. : 0755-4098000

CURRENT / SAVINGS / FIXED DEPOSITS ACCOUNT OPENING FORM FOR ENTITIES

(For Sole Proprietorship/Partnership/Company/TASC)

(For Office use only)

Sourcing Date

Branch Receipt Date

A/c opening Date

Branch

Branch Code No.

CRN Account No.

Lead Generator Code :.....

Lead Convertor Code :.....

Campaign Code :.....

SBU Code :

A. Customer Information

Please fill up the form in BLOCK LETTERS ONLY.

1. Name of the Entity :

Title of the account

2. If, the individual/firm has an existing account with Mahanagar Nagrik Sahakari Bank Maryadit, Please quote the

CRN

3. Constitution

<input type="checkbox"/> Family Office	<input type="checkbox"/> Sole-proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Pvt. Ltd. Company	<input type="checkbox"/> Public Ltd. Company
<input type="checkbox"/> Section 8 Company	<input type="checkbox"/> Society	<input type="checkbox"/> Trust	<input type="checkbox"/> Club	
<input type="checkbox"/> Association	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Other Specify		

4. Nature of Industry (Please select form the list below. If not in the list, specify the industry)

<input type="checkbox"/> Automobiles	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Cables	<input type="checkbox"/> Cement	<input type="checkbox"/> Chemicals
<input type="checkbox"/> Construction/Real Estate	<input type="checkbox"/> Consumer Durables	<input type="checkbox"/> Education	<input type="checkbox"/> Engineering	<input type="checkbox"/> FMCG
<input type="checkbox"/> Fertilizers/Seeds/Pesticides	<input type="checkbox"/> Gems & Jewellery	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Hotel	<input type="checkbox"/> IT/ITES
<input type="checkbox"/> Leather	<input type="checkbox"/> Logistics	<input type="checkbox"/> Metals	<input type="checkbox"/> Mining	<input type="checkbox"/> Media & Entertainment
<input type="checkbox"/> Oil & Gas	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Power	<input type="checkbox"/> Retail	<input type="checkbox"/> Shipping
<input type="checkbox"/> Telecom	<input type="checkbox"/> Textiles	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Travel & Tourism	<input type="checkbox"/> eCommerce
<input type="checkbox"/> Doctor	<input type="checkbox"/> CA/CS/Lawyer	<input type="checkbox"/> Trade	<input type="checkbox"/> Pawnshop	<input type="checkbox"/> Electronics
<input type="checkbox"/> Money Service/Exchange	<input type="checkbox"/> Investment Management	<input type="checkbox"/> Money Management		<input type="checkbox"/> Transport
<input type="checkbox"/> Autonomous Bodies under administrative control of Central/State government			<input type="checkbox"/> Personal Investment Company	
<input type="checkbox"/> Urban Local Bodies - Municipal Corporations/Urban Development Authorities			<input type="checkbox"/> Central Government Scheme/Grant	
<input type="checkbox"/> Local Governments - Gram Panchayat / Taluk Panchayat			<input type="checkbox"/> State Government Scheme / Grant	

5. Annual Turnover (Actual / Expected)

upto ₹ 5 lac ₹ 5 lac - ₹ 25 lac ₹ 25 lac - ₹ 50 lac ₹ 50 lac - ₹ 1 Cr ₹ 1 Cr- ₹ 25 Cr Above ₹ 25 Cr

6. Date of Establishment / Incorporation

7. Country of Incorporation

8. City of Incorporation

9. PAN No. (if not available, attach form 60) 10. Form 60 attached (For association) Y N

11. GSTIN No.



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C. Contact Details

1. Address for Correspondence
City/Town
District/State
Pin Code
Telephone No.
Email ID

Country	Mobile	Fax
(The above Email Id would be used in case opted for email statements)		

2. Registered Office Address (Please tick in case registered address is the same as mailing address)

City/Town
District/State
Pin Code
Telephone No.
Email ID
CIN No.

Country	Mobile	Fax
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3. Email Statement Required :
 4. Please register for SMS Alert If Yes, Mobile No.
 5. Cheque Book Required
 6. Corporate Internet Banking Required If Yes, Access type View Transact (if transact, please fill flowchart n page 6 in AOF)
 7. Debit Card Required (applicable only for sole proprietorship) If Yes, Personalised Card Required
 Name as desired on the Debit Card

D. KYC Document Detail of the Firm

Particulars	Document Name	Document No.	Issuing Authority	Expiry Date
ID Proof				
Address Proof				
Legal Existence Proof				

E. Initial Funding Details

a) Amount : Rs. Mode of Payment Cash Cheque

b) Cheque No. Branch

c) If Direct Debit, Debit Account No. Debit Account Name

d) If NEFT/RTGS

Payment Bank Branch

Debit Account No. Debit Account Name

UTR No. Transaction Date



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F. Declaration (Applicable to all customer)

(Please read carefully and sign at the end of this section after you have filled in all the detail in the form)

- I/We have read and understood the terms and conditions and Schedule of Charges governing the opening of the account with Mahanagar Bank and those relating to various services including, but not limited to ATMs / Debit card / Net banking /Phone banking / Mahanagar Cash Wallet mentioned here under and more in detail mentioned at www.mnsbankbhopal.com and agreed to abide by the same.
- I/We agree to be bound by all terms and conditions including limiting / excluding Bank's liability, and the changes thereto in Terms and Conditions from time to time relating to my/our account as communicated and made available on the Bank's website.
- I/We hereby give my/our express consent Mahanagar Bank to share my/our personal / KYC or any other detail with Central KYC Registry Credit Bureaus / any agencies as required by law, and receive information from these agencies. Any agencies so authorised may furnish for consideration, the processed information and data or products thereof prepared by them, to banks/ financial institutions and other credit grantors cv registered users, as may be specified by the regulators in this behalf.
- In the event of death of any one of the depositors, premature encashment of term deposits would be allowed to the surviving account holders at their joint request Payment to survivors gives valid discharge to the bank. The survivor would be receiving the payment from the Bank as trustee of the legal heirs of the deceased depositor i.e. such payment to survivors shall not affect the right or claim which any person may have against the survivor to whom the payment is made. Such premature withdrawal shall not attract any penal charges as on date.
- It is stated that any and all claims, matters and disputes are subject to the laws as prevalent in India and jurisdiction of the competent courts in Bhopal City only.
- I/We hereby declare that the information furnished above is true or correct to the best of my/our Knowledge,
- I/We agree that the Bank may send communications Letters etc to me / us. through courier/massenger/mail or through any other mode at its discretion and the Bank shall not be liable for any delay arising there from,
- FCRA declaration: Incase of the Entity accepting / receiving any Foreign Contributions, customer's need to comply to Foreign Exchange Management Act of 1999 (FEMA) and Foreign Exchange Contribution (Regulation) Act of 1076 (FCRA)
- Charges/fees may be waived off/ discounted/ negotiated at the discretion of the manager in charge in cases where such charges/fees are charged in excess of the requirement or for any other reasons as may be appropriate.
- In case of premature withdrawal of the deposit, the Interest rate applicable for premature closure will be lower of the tale for the original /competed tenure for which the deposit has been booked OR the rate as prevailing on the date of deposit for the tenure for which the deposit has been in force with the Bank, minus premature withdrawal penal rate as follows. (Time to Time directed by the Bank.)
- I/We hereby declare that, I/We have fully understood the 'No Premature Withdrawal Deposit" product and its features. I/We understand that if Auto Renewal facility is not available for this product and (2) Pre-mature withdrawal of the deposit <s not allowed before the expiry of the term except in case of death of the account holder on order from statutory and/or regulatory authority.
- Partial withdrawal of Term Deposit is not allowed.
- For delayed and/or missed monthly payment of recurring deposit; (1) Penalty of Rs. 2 per Rs. 100 on the installment amount will be levied. This penalty will be levied on actual basis i.e. on the number of days of delay (3) Grace period of 5 days will be provided to the customer to make the instalment payment to avoid the penal charges.
- Bank reserves the right to close the recurring deposit in case the customer misses 5 consecutive recurring deposit instalments.
- TDS will be applicable as per under Sec 194 N.
- I/We hereby declare that we shall intimate the Bank if and when our term loan borrowings are > Rs. 2 Crore and also if we avail of a CC/OD facility with any other Bank
- I hereby agree to Mahanagar Bank / Subsidiaries / Affiliates/ Agents / Third Parties contacting me for various other product/offering updates, marketing promotions, special offers or any such information from time to time.
- I do hereby give my consent to receive such information through Phone Calls SMS Email

Signature

Authorised Signatory (Name & Desig.)

Signature

Authorised Signatory (Name & Desig.)

To be signed by signatories authorized to operate the account as per mode of operation. (with seal)

Signature

Authorised Signatory (Name & Desig.)

Referring to the opening of account with you, I (Name and Address) declare that I am the sole proprietor of (Name of the Firm) and 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 for any obligation 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 obligation shall have been liquidated.

Date

(4)

Signature (Without Seal)



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H. Declaration on Partners (All)

Referring to our application for opening of an account, we declare that we, the undersigned, are the only partners in (Name of the Firm) which is registered under the provisions of the Indian Partnership Act with Register of Firms at as No. dated We confirm that we are jointly and severally responsible for liabilities thereof. We shall advise you in writing of any change that takes place in the partnership and all the present partners will be liable to you or any obligation which may be standing in the firm's name in your books on the date of receipt of such notices and until all such obligations shall have been liquidated.

Name : Date Signature Seal : Place :

Name : Date Signature Seal : Place :

Name : Date Signature Seal : Place :

Name : Date Signature Seal : Place :

(To be signed by all the partners in individual capacity) (In case of more Partners please use a separate form)

I. Draft of Board Resolution to be submitted by Limited Companies (in the letter head of the company)

We hereby certify that the following resolution of the Board of Directors of the (Company), was passed at a meeting of the Board held on the (date) at (Place) and has been duly recorded in the Minutes Book of the company. *Resolved that a Saving/Current/Fixed Deposit account for the company be opened with Mahanagar Bank, and that the said Bank be and is hereby authorized to honour Cheques, Bill of exchange and Promissory notes drawn accepted or made on behalf of the company by and to act on any instructions so given relating to the account, whether the same be over drawn or not, or relating to the transactions of the company / Further the following officials as authorized by the Board shall operate the account (Jointly/severally etc.)

Signature & Seal

Signature & Seal

Signature & Seal

J. Draft Specimen for Resolution for TASC/Sec E & Company (on the letterhead)

Resolution passed by the Trustees/Management committee of the their Meeting held on the day of 20 at (place)

- a. A current / savings account / fixed deposit to be opened in the name of with Mahanagar Bank.
- b. The account to be operated upon and cheques thereon be signed and all instruction regarding the Account be given by all/any (insert the number as authorized by the Entity Documents or permitted by Head Office) of the following authorized signatories.
- C. As and when any change takes place in authorized signatories, the bank be advised about such changes and a fresh resolution regarding the operations of the account will be forwarded to the Bank forthwith.
- d. This resolution be forwarded to the bank along with the specimen signature of the Authorised signatories and will remain in force until the receipt by the bank of the advice about the change in authorized signatories

Authorised signatories (for the Entity)

Signature & Seal

Signature & Seal

Signature & Seal



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K. Draft Board Resolution to be submitted for availing Corporate Internet Banking Facility (In the letter head of the company)

Certified true copy of the resolution passed at the meeting of the Board of directors/Board of Trustees/Co-operative Society/Association of Persons/Club held on (Date) at (Place). The Chairman explained the Board / Board of Trustees / Committee the benefits of availing internet banking / facility provided by Mahanagar Bank in respect of the Current Account of the Company / Trust / Society / Association of Persons / Club Account No. with its branch at The Board / Board of Trustees / Committee after discussion decided to apply for the internet banking facility and passed the following Resolution *Resolved the consent of the Board / Board of Trustees / Committee be and is hereby given for availing the internet banking facility in respect of a Current Account No. of the Company/Trust/Society/Association of Persons / Club maintained with Mahanagar Bank at its branch for only viewing of all bank accounts / viewing and transaction of all bank accounts* (strike whichever is not applicable)

The following Officials/Employees are authorised to operate the accounts. We request you to allot them User IDs to avail Mahanagar Bank's Internet Banking service. We understand and agree that all the transaction / action done by such Users shall be binding on us

Corporate User Details

S.No.	Name	Designation	View Only/Maker/Authoriser	Approving Limit (Rs.)
1				
2				
3				
4				

Please activate internet banking facilities as above for the following accounts.

A/C No.:

A/C No.:

A/C No.:

A/C No.:

*Resolved further that Mr./Ms. are hereby authorised to apply to Mahanagar Bank

for and on behalf of the Company/Trust/Society/Association/Club and to operate the aforesaid through internet banking

Signature & Seal

Signature & Seal

Signature & Seal



L. FATCA-CRS Certification

Please tick the applicable tax resident declaration (Any one)

Entity is a tax resident of India and not resident of any other country or
 Entity is a tax resident of the country/ies mentioned in the table below (please fill the separate FATCA CRS declaration form)

Please indicate the country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below :

Country	Tax Identification Number*	Identification Type (TIN or other, please specify)

*In case Tax identification Number is not available, kindly provide functional equivalent or Company Identification Number or Global Entity Identification Number In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, you are required to submit Form W-9 and mention Entity's exemption code here :

Signature & Seal

Signature & Seal

Signature & Seal

M. Nomination Form DA(I) Applicable only for individuals and Sole Proprietorship

Yes, I wish to nominate (as per details below) No, I declare that I do not wish to make nomination in my account

Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits

We

Name/s	Address/es

nominate the following person to whom in the event of my/our/minor's death, the deposit in the account(s), particulars whereof are given below, may be paid by Mahangar Nagrik Sahakari Bank Maryadit Branch.

Details of the Account

Nature of the Account	Account Number	Additional details, if any

Nominee

Name _____

Address

State : Pin Code :



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Signatory 1

Name

Existing Mahanagar Nag.Sah.Bank Mydt. Customer Yes No

CRN No.
(If yes)

Gender M F T

DOB

Nationality

Designation

PAN

Form 60 Y N

Aadhaar No.

Aadhaar Enrolment No.

DIN

Mother's Maiden Name :

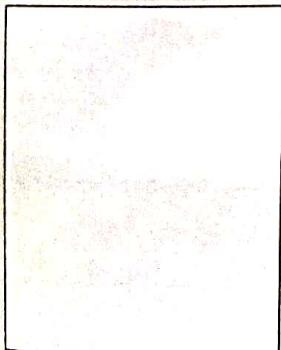
Mobile No.

Address

Pin Code

Email

Particulars	Address Proof	ID Proof
Document Name		
Document No.		
Date of Expiry		



Signature

Signatory 2

Name

Existing Mahanagar Nag.Sah.Bank Mydt. Customer Yes No

CRN No.
(If yes)

Gender M F T

DOB

Nationality

Designation

PAN

Form 60 Y N

Aadhaar No.

Aadhaar Enrolment No.

DIN

Mother's Maiden Name :

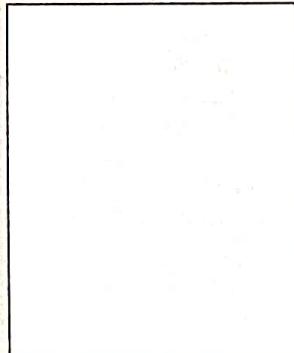
Mobile No.

Address

Pin Code

Email

Particulars	Address Proof	ID Proof
Document Name		
Document No.		
Date of Expiry		



Signature



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Controlling Ownership & Beneficiary Details

I. Exempt Category (if not applicable, please fill the Non Exempt Category section below)

The details of beneficial owners are not required in case the Entity or its shareholder is :

Listed on a stock exchange or is a majority-owned subsidiary (i.e.50% or more) of such listed company, or

No Single shareholder holds more than 25% of total shareholding of the entity in case of company / firm, and no one holds' more than 15% in case of Trust / Association / Societies / Clubs

II. Non Exempt Category

(A) Shareholding Pattern:

Sr. No.	Name of Shareholders	% of share	Mention reason if belongs to exempt entity #
1			
2			
3			

(B). Details of ultimate natural persons ultimately holding 25% or more shares or exercising ultimate control over the company*

Sr. No.	Name	DOB	Nationality	Residential Address	DIN / PAN / Name & No. of other ID proof	% of share
1						
2						

-OR-

C). we hereby declare that no natural person is holding 25% or more shares/exercise control in the company as per (B) above or information about the ultimate shareholders is not available with the company. The details of senior managing officials (e.g. Managing Director/Chief Executive Officer, etc) are as under

Sr. No.	Name	Designation	DOB	Nationality	Residential Address	DIN / PAN / Name & No. of other ID proof

Date :

Signature

(Managing Director/Company Secretary/Chairman/Two Directors/Authorised Signatory) Notes : In Table B. the details of natural person. who exercises control over the entity needs to be furnished. The said natural person may act alone or together, or through one or more juridical person. In case no such natural person is identifiable, indicate 'Not identified' in Table B and provide details required as per Table C. In case Director Identification number (DIN)/Permanent Account Number (PAN) is not available. separate ID proof needs to be furnished.

Acknowledgment

We acknowledge the following :

1. Your Nomination Form DA1 relating to :

Nature of Account	Account No.	Nomination registration no and date

In the same of

Number in all your future correspondence with us in this regard, held with us. Please quote the above Nomination

2. Initial Funding Details :

Amount	Cash/Cheque no. (Date and Bank details to be provided)

For Mahanagar Nagrik Sahakari Bank Maryadit
Authorized Signatory