



# The Gandhidham Mercantile Co-Operative Bank Ltd.

"GMCB Bhavan", Plot No-12, Sector 9, Gandhidham -Kachchh-370201  
Phone No- 230944/229472 Fax-(02836)235668 Mobile No-9825227834

## ACCOUNT OPENING FORM-LEGAL ENTITY

Account No. 1 0 0 1

Date :

D D M M Y Y Y Y

Please open my/our ☐ Current Account ☐ Fixed Deposit Account at your Gandhidham Branch

### Constitution of Current Account

- ☐ Individual ☐ Proprietorship ☐ Partnership ☐ HUF ☐ Trust ☐ Club  
☐ Association ☐ Society ☐ Private Limited Co. ☐ Public Limited Co.  
☐ Other \_\_\_\_\_

### Type of Fixed Deposit Account

- ☐ CDR (Cumulative Deposit)  
☐ FDR (Non-cumulative Deposit)  
☐ SDR (Short Term Deposit)

### Title Of the Account

### Customer ID No.

### Full Name of Proprietor/Partners/Karta/Trustees/Directors

(First Name

Middle Name

Surname)

### Customer ID No.

### Initial Deposit Details

### Membership No-

Deposit Amount ₹

By- ☐ Cash ☐ Cheque No.

### Mode of Operation:

- ☐ Self ☐ Self/Authorized Signatory ☐ Thumb Impression ☐ Karta ☐ Proprietor/Authorized Signatory  
☐ Any One ☐ Any Two ☐ Any Three ☐ All Jointly ☐ Letter on discharge by Authority ☐ Other \_\_\_\_\_

Required (Mark ✓ -yes/x-no) ☐ ATM ☐ Internet Banking ☐ Mobile Alert on-  
(\*Please fill the form for ATM & Internet Banking)

For Existing Deposit Holder: A/c No-

1 0 0 1



**Introduction : (\*Not Mandatory, for reference only)**

I/We \_\_\_\_\_ hereby confirm that I/We personally know the applicant/s detailed herein for more than six months and confirm his/her/their Identity and address.

Signature Verified by

Account Number

Introducer's Signature &amp; Seal

1 0 0 1

**Nomination \*(Form DA 1) : (\*For Individual & Proprietorship Firm only)**

I \_\_\_\_\_ hereby nominate the following person to whom in the event of my death, the amount of deposit in the account may be returned by The Gandhidham Mercantile Co-op Bank Ltd.

Name & Address of the Nominee	Relationship	Date of Birth	If Nominee is Minor-I/We appoint Guardian
			Guardian Name-
			Guardian Address-

Signature(s), Name(s) &amp; Address of Witness(s)

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

(1) \_\_\_\_\_

(2) \_\_\_\_\_

**Declaration for Current Account Holders (\*mandatory for all type of constitution)**

1) I/We hereby declare that I/We agree to comply with and be bound by The Gandhidham Mercantile Co-op. Bank's Rules & Regulations in force from time to time for the conduct of such Account.

2) I/We hereby confirm that, if in the event of dishonor of a cheque drawn on this account on four financial occasions during the financial year than bank may not issue any new cheque book & also the bank have right to close the account at its discretion.

3) I/We hereby declare that I/We ☐ do not enjoy Credit facilities with other bank ☐ enjoy credit facilities as detailed below:

Name of the Bank & Branch	Account No.	Facility Enjoying	Amount

Signature &amp; Seal-

X

**Declaration by the Fixed Deposit Holder**

I/We hereby declare that I /We aware of changes in section 194A of the Income Tax Act. The TDS is to be deducted from interest credited/paid to likely exceed ₹\_\_\_\_\_ during the financial year in respect of term deposit exists/kept/renewed. I/We require the interest to be paid/credited without deduction of Tax if applicable in my/our case, then I/We furnish, My/Our Share Holder Number of Bank OR I/We submit the necessary declaration in form 15H/G

Signature &amp; Seal-



**Declaration by the Sole Proprietor**

As the firm of \_\_\_\_\_ have dealing with the bank. I hereby declare that I \_\_\_\_\_ am the undersigned is the sole proprietor of the said firm. And I am responsible to the Bank for the liabilities of the firm with the Bank. The bank may recover its claims from my estate. Whenever any change occurs in the constitution of the said firm, I undertake to inform the Bank of the same in writing and my responsibility to the Bank will continue until I receive the acknowledgment letter from the Bank & until all my liabilities with the bank are discharged.

Signature of Sole Proprietor-

**Declaration by the Partners**

As the firm of \_\_\_\_\_ have dealings with the Bank we hereby declare that we the undersigned are the partners in the said firm. We are jointly and severally responsible to Bank for the liabilities of the firm with the bank. The Bank may recover its claims and sues from any or all of the partners of the firm & the estate of any deceased partner. Whenever any change occurs 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 letter & until all our liabilities with the bank are discharged.

Name of Partner	Sign of Partner

**Declaration letter by the HUF**

We, the undersigned, for ourselves and \_\_\_\_\_ as Karta of the family, also guardian of\*

hereby declare that we are the members of Hindu Undivided Family/Firm. ☐ The joint family/firm is carrying business under the name and style of M/s. \_\_\_\_\_, which is our joint family trade. ☐ The Hindu Undivided Family is engaged in \_\_\_\_\_ activity/occupation not in the nature of the business or trade. We, the undersigned, hereby authorise (karta) \_\_\_\_\_ to operate upon the Bank account severally, jointly and all transactions entered into and obligations incurred by them will be binding on all of us. Any acts done/to be done to comply with Bank's rules which are in force or as amended from time to time in the matter of maintaining and conduct of such accounts will be binding on us.

Name of Co-parcener	Sign of Co-parcener

\*Here state the name of the children of each of the family members stating their parentage and state also the names of guardians by whom they are represented.



**Resolution of a Company/Trust/Association/Club/Society etc. for opening a Bank Account**

A certified copy of the Extract from the minutes of the Board of Directors/ Committee of Management of \_\_\_\_\_ duly convened, at which a proper quorum was present held on \_\_\_\_\_ at \_\_\_\_\_. We hereby certify that the following resolution of the Board of Directors/ Committee of Management was passed at the meeting and duly recorded in the minute book.

### Resolution

Resolved that a banking account for the Company/Trust/Association/Society/Club with the name \_\_\_\_\_ be opened with The Gandhidham Mercantile Co-operative Bank Ltd., Gandhidham Branch and that the said Bank is hereby authorized to honour Cheque/Draft/any other Mandate drawn by Company/Trust/Association and to act upon any instructions so given relating to the account whether the same be overdrawn or not relating to the transactions of the Company/Trust/Association. This account shall be operated by \_\_\_\_\_ of the following Office Bearers.

(Names of the Office Bearers)

- 1.
- 2.
- 3.

Further, resolved that the specimen signatures of the above Office Bearers be sent to the above bank.

**Signatures-**

**CERTIFIED TRUE COPY**

**SECRETARY**

**CHAIRMAN OF THE MEETING**

Name of the Holder	Name of the Holder	Name of the Holder	Name of the Holder	Name of the Holder
Please paste Passport Size color Photograph here	Please paste Passport Size color Photograph here	Please paste Passport Size color Photograph here	Please paste Passport Size color Photograph here	Please paste Passport Size color Photograph here
x	x	x	x	x
Signature	Signature	Signature	Signature	Signature

**For Office Use only:**

Risk Category : <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				Cheque Book Series				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Opened by				Verified by				Approved by-											







# ખાતામાં થતા નાણાકીય વ્યવહારો બાબત

ખાતેદારનું નામ

સરનામું

ફોન નંબર

તારીખ

પ્રતિ,

શાખા મેનેજરશ્રી,

ધી ગાંધીધામ મર્કન્ટાઇલ કો-ઓપરેટીવ બેંક લી.

.....શાખા

સાહેબશ્રી,

વિષય : મારા / અમારા નામના કરન્ટ / સેવિંગ્સ ખાતા નંબર.....માં

થતાં નાણાકીય વ્યવહારો બાબત

જય ભારત સાથે જણાવવાનું કે, હું / અમો આપની બેંકમાં.....

નામથી કરન્ટ / સેવિંગ્સ ખાતા નંબર..... ધરાવીએ છીએ.

રીઝર્વ બેંક ઓફ ઈન્ડીયાએ બેંકોને કાળા નાણાંને સફેદ કરવા અને શંકાસ્પદ નાણાંના વ્યવહારો ઉપર અંકુશ મુકવાના, નાણાકીય ગોટાળાઓ અટકાવવા તથા મોટી રોકડ લેવડ-દેવડના વ્યવહારોની પૂરતી ચકાસણી અને નિયમન કરવાના હેતુથી બેનંબરી કે બેનામી ખાતા ખોલવા ઉપર પ્રતિબંધ મુકેલ છે. જેની મને/અમોને જાણ છે.

આ અનુસંધાને આપને જણાવવાનું કે, મારું / અમારું આપની બેંકમાં ઉપરોક્ત નામથી જે ખાતું ચાલે છે / ચલાવીએ છીએ તે કોઈ બેનંબરી / બેનામી ખાતું નથી. આ ખાતામાં જે કંઈ વ્યવહારો થાય છે તે મારા / અમારા ધંધા - વ્યવસાયને લગતા જ છે.

બેંકે કાયદાકીય રીતે ઈન્કમેટેક્સ વિભાગ, પ્રિવેન્શન ઓફ મની લોન્ડરીંગ એક્ટ હેઠળ દરેક માસ દરમિયાન રૂ. ૧૦ લાખ કે વધુ રકમનાં થતાં રોકડ વ્યવહારોની વિગત તથા મોટી રકમના થતાં શંકાસ્પદ વ્યવહારોની વિગત FIU.IND ને આપવાની થાય તે જે આપ આપી શકો છો. જે મને / અમોને બંધનકર્તા રહેશે. આ વ્યવહારો સંબંધી આપની બેંકને કોઈ વધુ માહિતીની જરૂરીયાત હશે તો તે હું / અમો પુરી પાડીશું જેની ખાત્રી આપુ છું / આપીએ છીએ.

આપનો / આપના વિશ્વાસુ

X

X

X

X