

# ACCOUNT OPENING FORM FOR RESIDENT NON-INDIVIDUALS ONLY

# DCB BANK

## DOCUMENTATION REQUIREMENTS

Sr. No.: Sr. No.:

- Please provide Identity, Signature & Address proof for all authorised signatories.
- **Sole Proprietorship Firm:** One of the documents listed below.
- **Partnership Firm:** Partnership Deed, NOC from other bank in case they have credit facility from any other bank. One of the documents listed below.

Description of Documents for Sole Proprietorship / Partnership Firm	Business Identity	Business Address
Sales Tax Registration	✓	✓
Registration under Shop & Establishment Act	✓	✓
Service Tax Registration	✓	✓
Acknowledged copy of latest IT Return with PAN	✓	✓
IT Assessment Order	✓	✓
Registration Certificate for SSI with Govt. Agency	✓	✓
Registration Certificate Issued by Registrar of firms	✓	✓
Licences issued by any Government Authorities [like licence issued by Food & Drug Administration (FDA)]	✓	✓
Importer - Exporter code certificate	✓	✓
Bank Statement for last 6 months plus Self cheque for initial deposit	✓	✓
Telephone / Mobile Bill (last 3 months)	✓	✓
Certificate from Gram Panchayat, confirming Identity & Address	✓	✓
Andhra Pradesh Government "E-Seva" Registration Certificate	✓	✓
Latest Water / Electricity / Municipal Tax Bill in the name of firm	✓	✓
Certificate from Practicing CA	✓	✓

- Please provide Identity Signature & Address proof for all authorised signatories.
- **Trusts:** Trust Deed including supplemental deed for change in the Trustees, Resolution to open the account, ISA of all Trustees authorised to operate the account.
- **Society / Clubs:** Copy of rules / Registration under Societies Registration Act, Resolution to open the account, ISA of the President, Secretary & Treasurer & one of the document listed below.
- **HUF:** ISA of Karta along with HUF Letter duly signed by all the adult co-parcener & guardian of minor co-parcener with the Date of Birth of minors.

Club / Societies / Association / Trust Account	Business Identity	Business Address
Certificate of Registration from Registrar of Trust / Charity Commissioner (applicable to all Public Trusts)	✓	✓
Latest Utility Bill in the name of Trust / Club / Society / Association	✓	✓
Certificate of Tax Exemption (If any, applicable to Trusts)	✓	✓
Registration under Sales Tax Act	✓	✓
SEBI Registration Certificate	✓	✓
Importer - Exporter code certificate	✓	✓
Bank Statement for last 6 months	✓	✓
Registration under Shop & Establishment Act	✓	✓
IT / Wealth Tax Assessment Order	✓	✓
Acknowledged copy of the Income Tax Return for the Previous Financial Year	✓	✓

- Please provide Identity, Signature & Address proof of all signatories authorised to open & operate the account.
- MOA, AOA, Certificate of Incorporation, Commencement of Business (public Ltd. Co.), List of latest Directors of a company duly certified by Company, Secretary / CFO / MD of the company, Board Resolution with Authority to open & operate account, NOC from other banks for credit limits & one of the document listed below.

Pvt. / Public Ltd. Company (any one of following where Risk classification is Medium / High)	Business Identity	Business Address
Sales Tax Registration	✓	✓
SEBI Registration Certificate	✓	✓
Service Tax Registration	✓	✓
Acknowledge copy of latest IT Return	✓	✓
IT Assessment Order	✓	✓
Registration Cert. for SSI	✓	✓
Importer - Exporter code certificate	✓	✓
Andhra Pradesh Government "E-Seva" Registration Certificate	✓	✓
Licences issued by any Government Authorities [like licence issued by Food & Drug Administration (FDA)]	✓	✓
Latest Utility Bill in the name of Company	✓	✓
Bank Statement for last 6 months plus Self cheque for initial deposit OR Letter from the existing banker about satisfactorily operative account for past six months plus self cheque for initial deposit	✓	✓

Customer ID No:

Account No. :

Branch Code:

Branch Name:   
(To be filled by bank only)

Segment Code:

Account Manager Code:

Account Sourced By:

Lead Generated By:

Date:  /  /

(To be filled by applicant only)

Please open an account at your [ ] branch  
(Please fill the form in BLOCK LETTERS only. All fields marked with "\*" are mandatory.)

**(A.) Applicant / Borrower Details**

**Customer Details\***

Existing Customer ID (If Applicable): [ ]  
Name / Account Title [ ]  
Short Name: [ ] (upto 19 characters) (This name would appear on the Debit Card, if applicable)  
Customer Group: [ ] Date of Incorporation: [DD] / [MM] / [YYYY]  
Nature of Business: [ ]  
Permanent Account Number (PAN): [ ] (If not available, please fill up form 60/61 as applicable)

Constitution:  Sole  Proprietorship  Partnership  HUF  
 Public Ltd.  Private Ltd.  Trust / Asso. / Soc. / Clubs  
 Statutory Body  Banks / MF / Insurance  Non Profitable Org.  
 Others: (Please specify) [ ]

**Authorised Signatories**

Name/s	PAN No.	Sex	Existing Customer ID	D.O.B.
1. [ ]	[ ]	[M] [F]	[ ]	[DD] / [MM] / [YYYY]
2. [ ]	[ ]	[M] [F]	[ ]	[DD] / [MM] / [YYYY]
3. [ ]	[ ]	[M] [F]	[ ]	[DD] / [MM] / [YYYY]
4. [ ]	[ ]	[M] [F]	[ ]	[DD] / [MM] / [YYYY]
5. [ ]	[ ]	[M] [F]	[ ]	[DD] / [MM] / [YYYY]
6. [ ]	[ ]	[M] [F]	[ ]	[DD] / [MM] / [YYYY]

**COMMUNICATION ADDRESS:**

Company Name/ Flat No & Bldg/Rd.: [ ]  
Landmark: [ ] City: [ ] State: [ ]  
Pin: [ ] Telephone: STD Code: [ ] Off.: [ ] Fax: [ ]  
Email-id (Required for email Statement of Account): [ ]  
Mobile No.: [ ]

**REGISTERED ADDRESS:**

Company Name/ Flat No & Bldg/Rd.: [ ]  
Landmark: [ ] City: [ ] State: [ ]  
Pin: [ ] Telephone: STD Code: [ ] Off.: [ ] Fax: [ ]

**(B.) Account Details\***

**OPERATIVE ACCOUNT PARTICULARS**

SAVINGS:  Classic  Premium  
 Other (please Specify) [ ]  
CURRENT:  Classic  Premium  M-Power  Excel  Privilege  
 Other (please specify) [ ]

**MODE OF OPERATION**

Self/Proprietor  Any one of the authorised signatory  Either or Survivor  Jointly  
 Any other (Please specify): [ ]

NOMINATION:  Yes (If yes, please fill up attach DA1 form) (Only in case of proprietor)  
 No (I hereby declare that benefits of nomination facility has been explained to me and I am not interested to avail the nomination facility)

**INITIAL PAYMENT DETAILS**

PAYMENT BY  Cash (To be deposited by the customer at teller counter)  
 Cheque No.: [ ] Cheque dated.: [DD] / [MM] / [YYYY]  
Drawn on: [ ] (Bank) Amount ₹: [ ]  
Amount in words: [ ]  
 Debit to A/c No.: [ ]

[Please note all cheques should be CROSSED and in favour of 'Development Credit Bank Limited A/c. (Your Name)']

**(C.) Account Services Details**

Please Activate the following services:

**Cheque Book:**  Yes  No**Statement of Account by Email:**Authorised Signatory 1  Yes  NoAuthorised Signatory 2  Yes  No

Since I / We have registered for email statement of account, I / We hereby give my / our consent to the Bank to send me / us physical statement of account only once in a year on completion of financial year:  Yes  No

**#Debit Card holder:** Are you an existing Debit Card Holder  Yes  No

Whether existing Debit Card holder. (If yes, your new account would be linked to existing customer code specified in section "A". Accounts with operation mode Self, Any one or / Survivor, Either or Survivor are eligible for Debit card)

Authorised Signatory 1  Yes  NoAuthorised Signatory 2  Yes  No**#Phone Banking:** Authorised signatories are by default eligible for free Phone Banking facility. You will receive your T Pin (Telephone Personal Identification Number) at your mailing address. If in case you do not wish to avail Phone Banking facility, please specify:  Not required**#Mobile Banking:** Authorised signatories are by default eligible for free Mobile Banking facility. Your mobile no.as mentioned by you in the application form under personal details will be registered for this facility. If in case you do not wish to avail Mobile Banking facility, please specify:  Not requiredPlease specify whether you would like to avail the Weekly Balance Alert under the Mobile Banking facility: (Nominal annual charges applicable for weekly balance alert)  
 Yes  No<sup>#</sup>Applicable only for proprietorship, partnership & HUF accounts.**Bill Payment Facility:**  Utility Bill Payment (Please fill up attached biller information form)**Other Instructions:**I/We hereby give our consent to the Bank to inform us by any means of communication not limited to letters, emails, messages, phone, mobile, etc. about the products and services of the Bank or corporation with whom the Bank has entered into an arrangement in connection with providing of services / products, including without limitation, cross selling of various financial products:  Yes  NoAccount Statement Frequency:  Daily  Weekly  Monthly  Quarterly  
(Charges will be applicable as per the product category availed by you)**(D.) Tax Deduction At Source**TDS to be deducted if applicable:  Yes  NoIf No, TDS exempt reference no.  (Form 15G / 15H, etc. to be submitted every financial year)TDS exempt submission date :  /  / **(E.) Financial Details / Expected Account Activity\***1. Objective of opening an account:  Savings / Investments  Business Operations  
 Others, (Please specify) 2. Estimated Net worth : ₹ 3. Estimated Annual Sales Turnover: ₹ 4. Expected number of monthly transactions: 5. Monthly Income:  Less than ₹ 60000  ₹ 60000 - ₹ 100000  ₹ 100001 - ₹ 500000  
 ₹ 500001 - ₹ 1500000  ₹ 1500001 and above.6. Source of Fund:  
 Salary  Personal Savings  Rental Income  Inheritance  
 Business Income  Purchase/ Sale of Shares / Investments  Interest / Dividend on Investment  
 Others (Please specify) **(F.) Group Account Details**

Name of the Firm	Constitution of the account	Beneficial Owners

**(G.) 2-Way Sweep Deposits Details**Facility required:  Yes  No (Please tick appropriate options)Facility desired to be availed:  Reverse Sweep (Transfer of funds from Savings Account to Term Deposit Account) Sweep (Transfer of funds from Term Deposit account to Savings Account) Both**Please Note:** Reverse Sweep to Fixed Deposit account shall happen only, if the balance in the account exceeds threshold limit and Sweep shall happen if the balance in the account goes below the threshold limit. All deposits will be under Re-investment scheme with Auto Renewal Facility. This facility may differ from product to product and from time to time.

**TERM DEPOSIT DETAILS**

Type of Deposits	<input type="checkbox"/> MIC <input type="checkbox"/> QIC <input type="checkbox"/> FD <input type="checkbox"/> RIC <input type="checkbox"/> Others: Please specify _____		
Amount of Deposit	₹ _____ (Rupees _____ only)		
Deposit Period	Days _____ Months _____ Years _____	Interest Rate _____ %	
Mode of Operation	<input type="checkbox"/> Self <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Anyone or Survivor		
Interest Payment Frequency (Tick any one)	<input type="checkbox"/> Monthly Payout		<input type="checkbox"/> Quarterly <input type="checkbox"/> At Maturity
Interest Payment Instruction	<input type="checkbox"/> Transfer to A/c No.: _____ with (Branch) _____ <input type="checkbox"/> Pay Order / Demand Draft mailed to the address on record payable at _____		
Maturity Instruction (Tick any one)	<input type="checkbox"/> Auto Renew Principal & Interest <input type="checkbox"/> Auto Renew Principal and Pay Interest <input type="checkbox"/> Repay Principal and Interest <input type="checkbox"/> Repay Principal		
Renewal Period	<input type="checkbox"/> Same period <input type="checkbox"/> Renew for further period of: Days _____ Months _____ Years _____		
Payment Instruction (In case of non-renewal)	<input type="checkbox"/> Transfer to my/our A/c No.: _____ with (Branch) _____ <input type="checkbox"/> Pay Order / Demand Draft mailed to the address on record payable at _____		

**RECURRING DEPOSIT DETAILS**

Monthly Instalment Amount	₹ _____ /-		
Deposit Period	Days _____ Months _____ Years _____	Interest Rate _____ %	
Monthly Instalments to be collected through	<input type="checkbox"/> Cash / Cheque <input type="checkbox"/> Debit to Account No. _____ with _____ Branch on DD / MM / YYYY of every month		
Maturity Instruction	<input type="checkbox"/> Transfer to A/c No.: _____ with _____ (Branch) <input type="checkbox"/> Pay Order / Demand Draft mailed to the address on record payable at _____		

DECLARATION: I / We have read and understood the terms and conditions, governing the opening of an account with DCB Bank and those relating to various services including but not limited to (a) ATM/Debit Card. (b) PhoneBanking (c) MobileBanking (d) NetBanking (f) BillPay Facility. I / We accept and agree to be bound by the said terms and conditions, including those limiting / excluding Banks liabilities. I/We have read and understood the facilities available under the above-mentioned account. I / We have also gone through the table of charges and undertake to abide by this requirement. I / We declare that the information furnished in this form is true and complete to the best of my / our knowledge and belief. I / We confirm that I / We had no insolvency proceedings initiated against me / us or have I / We ever been adjudicated insolvent. I / We also understand that continuation of the account is at the Bank's sole discretion and in case the bank is dissatisfied with the conduct of the account, the Bank has the right to close the account after giving me / us one month's notice or withdraw the concessions in all or any service charges granted to me / us or charge the bank's applicable rates for such services. I / We agree to comply with the bank rules in force from time to time for conduct of the above account. Bank reserves its right to close the account if frequent return of cheques for want of funds is observed. I / We understand that the Bank may at its absolute discretion, discontinue any of the services completely or partially without any notice to me / us. I / We agree that the Bank may debit my account for service charges as applicable from time to time. I / We agree that in case of death of any or more of the joint depositor(s), the proceeds may be paid at the bank's discretion, on request before the due date (subject to penal clause for premature payment as may be stipulated from time to time) as per mode of operation indicated above.

- I / We declare that we do not enjoy any credit facility with any bank. OR  
 I / We declare that we enjoy the following credit facilities with other bank(s) at present. (No objection certificate to be attached)

Name of the Bank and Branch	Type of Account and Account No.	Nature of facility	Limit (Amt. In lacs.)

Place: \_\_\_\_\_

Authorized Signatory (ies)  
(Rubber stamp of company / firm / concern required)

Date: DD / MM / YYYY

**PLEASE FILL IN FOR A SOLE PROPRIETORSHIP ACCOUNT**

Re: Opening of a new account in the name of: \_\_\_\_\_

I refer to the captioned account and declare as under:

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

Yours faithfully,

Name: \_\_\_\_\_

\_\_\_\_\_  
Signature  
(Please sign without stamp)

**PLEASE FILL IN FOR A PARTNERSHIP FIRM**

Re: Opening of a new account in the name of :

We refer to the captioned account and declare as under:

We, the undersigned, are the only partners in the firm and are jointly / severally responsible for the liabilities thereof. We shall advise you in writing of any change that takes place in the partnership and all the present partners shall be liable to you on 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 obligations are liquidated. We agree to the issuance of ATM / Debit Card(s) as per our application overleaf.

Yours faithfully,

Name of Partners

Signature (without stamp) [To be signed by all partners]

1.

Sd/- \_\_\_\_\_

2.

Sd/- \_\_\_\_\_

3.

Sd/- \_\_\_\_\_

4.

Sd/- \_\_\_\_\_

**PLEASE FILL IN FOR A HUF**

As our HUF firm wishes to open an account with your bank in the name of  we hereby state that the first signatory to this letter, i.e.  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 benefit of the entire body of co-parceners of the Joint Family. We all undertake that 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 our said firm registered under the said Act. We hereby undertake to inform the bank of the death or birth of any co-parcener or any change occurring at any time in the membership of our joint Family during the currency of the account.

**Name and Signature of Karta:**

1.

Sd/- \_\_\_\_\_

**Names and Signature of adult co-parceners:**

1.

Sd/- \_\_\_\_\_

2.

Sd/- \_\_\_\_\_

3.

Sd/- \_\_\_\_\_

4.

Sd/- \_\_\_\_\_

**Names and date of birth of minor co-parceners**

1.

/  /

2.

/  /

3.

/  /

4.

/  /

5.

/  /



**NOMINATION FORM DA1 (SP) Sole Proprietor**

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.

I/We   
Name(s) and address(es) of depositor(s)   
the sole proprietor of the business carried on in the name of M/s.   
 nominate the following person to whom, in the event of my / our / minor's death, the amount of deposit this account, particular whereof are given below, may be returned by Development Credit Bank Limited  Branch.

All deposit accounts under Customer Code No.

This nomination shall apply to all type of deposits accounts opened from time to time renewals thereof.

Name of Nominee:   
Address:   
 Tel. Res:  Cell:   
email id  Age:  Date of Birth: (if minor)  /  /

Relationship:

\*\*As the nominee is a minor on this date, I / we appoint Shri. / Smt. / Kum.   
 Age:

Residing at:   
to receive the proceeds of the above deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

\_\_\_\_\_  
\*Signature(s) / Thumb Impression(s) of depositor(s)

**Witness(es)\*\*\***

Name:

Name:

Signature:

Signature:

Address:

Address:

Place:  Date:  /  /

Please note: Only one person can be nominated per account.

\*Where deposit is made in the name of a minor, the nomination must be signed by a person lawfully entitled to act on behalf of the minor.

\*\*Strike out if nominee is not a minor.

\*\*\*Thumb impression(s) of account holders shall be attested by two witnesses and signature(s) will be attested by one witness.

(Acknowledge letter will be sent to you on opening / activation of account)

**DCB BANK**

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

**Form No. 60**

1. Full name and address of the declarant:
2. Particulars of transaction:
3. Amount of the transaction:
4. Are you a Tax Assessee:  Yes  No
5. If yes,
  - a. Details of Ward / Circle / Range where the last return of Income was filed:
  - b. Reason for not having Permanent Account Number (PAN):
6. Details of document being produced in support of address in col.1

**Form No 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

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

Verified today

Date:  /  /

Place:

\_\_\_\_\_  
(Signature of Declarant)

**FOR OFFICE USE ONLY**

**(A.) Branch**

I authorise opening of account as per details specified in the account opening form.

Name & Signature of the BM / MCS

Signature

Code No.:  Date:  /  /  Time:

**(B) NPC**

Timestamp (AOF received at NPC): Date:  /  /  Time:

Opened by  Date:  /  /  Signature  Code no.:

Verified by:  Date:  /  /  Signature  Code no.:

Development Credit Bank Limited is a member of the Banking Codes and Standards Board of India (BCSBI)

**ACKNOWLEDGMENT**

**Sr. No.:**

Branch Name :

Customer ID:

Customer Name :

Account Number:

Signature of the Sales Executive: \_\_\_\_\_  
(Customer to retain this acknowledgment for future reference till the account is activated)

Date:  /  /



**DCB 24-Hour Customer Care**

Email [customercare@dcbbank.com](mailto:customercare@dcbbank.com)

Call 3281 1322 ■ Toll Free 1800 209 5363

Website [www.dcbbank.com](http://www.dcbbank.com)