

ACCOUNT OPENING FORM FOR RESIDENT NON-INDIVIDUALS WITH LOAN



DOCUMENTATION REQUIREMENTS

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	✓	✓
Service Tax Registration	✓	✓
Registration under Shop & Establishment Act	✓	✓
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)	✓	✓
Certificate of Tax Exemption (If any, applicable to Trusts)	✓	✓
Latest Utility Bill in the name of Trust / Club / Society / Association	✓	✓
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	✓	✓
Service Tax Registration	✓	✓
SEBI Registration Certificate	✓	✓
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. All fields marked with "##" are mandatory for loan overdraft against term deposits)

(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 Rs.: [] Amount in words: [] [] Debit to A/c No.: []

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

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	Rs. _____ (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	Rs. _____/-		
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 _____		

(H.) #LOAN AGAINST TERM DEPOSITS:

I / We wish to make an application for the following facility against pledge of my / our Term Deposits with you as per the following details:

I require advance of	Rs. _____ (Rs. In words _____)																		
Type of Facility	<input type="checkbox"/> Term Loan <input type="checkbox"/> Overdraft																		
Tenure (Not exceeding deposit maturity date)	_____ months																		
Repayment	<input type="checkbox"/> Term Loan <input type="checkbox"/> On Demand / within the tenure of the loan / or on maturity of the Term Deposit, whichever is earlier. Interest to be paid as and when applied. <input type="checkbox"/> Overdraft <input type="checkbox"/> On Demand / Expiry of limit within the tenure of the loan / or on maturity of the Term Deposit, whichever is earlier. Interest to be paid as and when applied.																		
Security	Pledge of Term Deposit : <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">Account No.</th> <th style="width:25%;">Deposit Type</th> <th style="width:25%;">Date of Deposit</th> <th style="width:25%;">Amount of Deposit</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> I / We hereby declare that I / We have not encumbered, assigned or otherwise dealt with the above receipt in any way and that it is free from all encumbrances.			Account No.	Deposit Type	Date of Deposit	Amount of Deposit												
Account No.	Deposit Type	Date of Deposit	Amount of Deposit																
Loan / Limit Disbursement	Please credit my / our account for loan / set up my limit for overdraft against pledge of term deposit/s to: <input type="checkbox"/> SB / CA / CC account No. _____ in the name of _____ <input type="checkbox"/> Issue a pay order / DD in the name of _____ payable at _____																		
Documents	To be executed as per annexure I																		

DECLARATION: I / We have read and understood the terms and conditions, governing the opening of an account with DCB 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: / /

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 advise 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.

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.

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.:



ACKNOWLEDGMENT

Sr. No.:

Branch Name :

Customer ID:

Customer Name :

Account Number :

24 Hour Customer Care Centre: Mumbai: 2687 8800 **Maharashtra:** 95 22 26878800 **Goa:** 95 22 26878800 **Hyderabad:** 2780 1111 **Andhra Pradesh:** 95 40 27801111
Bangalore: 4113 3000 **Chennai:** 2831 2270 **Delhi:** 2335 0077 **Haryana:** 95 11 2335 0077 **Ahmedabad:** 2646 0090 **Gujarat:** 95 79 26460090 **Kolkata:** 2 2 8 3 6 8 3 1
Toll Free: 1800 22 57 69 (From MTNL & BSNL only) Visit us at www.dcbi.com or email us at customercare@dcbi.com

Signature of the Sales Executive: _____

Date: / /

(Customer to retain this acknowledgment for future reference till the account is activated)

DEMAND PROMISSORY NOTE

Date: / /

Rs.

On demand I / We jointly and severally promise to pay Development Credit Bank Ltd., or order the sum of Rupees (in words) together with interest on such sum from this date at the rate of percent per annum with monthly rests, for value received.

Name of the Borrower (1):

Name of the Borrower (2):

Name of the Borrower (3):

Borrower should
sign across
the stamp

Signature

(To be obtained in case of term loan and overdraft account)

Partnership letter (For Partnership firms only)

Partnership Firms

Name: M/s.

Address:

The undersigned carrying on partnership in the name and style of the above partnership firm at the address given above, do hereby declare that the partnership is formed by Deed of Partnership duly executed on notwithstanding anything contrary in the above Partnership Deed, we i.e., All partners of the said firm do hereby authorize Mr / Ms. Partner of the above Partnership firm to do the act and things on behalf of the said partnership firm, as mentioned below:

1. To apply for, obtain and operate credit facility of Rs. , by way of overdraft account or loan with DCB.
2. To pledge Fixed Deposits of Rs. and other securities standing jointly or solely in the name of the company as the security for the above overdraft facility.
3. Accept / agree with the terms and conditions as may be offered by DCB for the above facility.
4. To sign and execute all necessary documents and papers as may be required by DCB to provide this facility.

First Partner Name:

Signatures : _____

Second Partner Name:

Third Partner Name:

Fourth Partner Name:

Date: / /

(All partners should sign this authority letter. Signatures should match with those on the Partnership Deed.)

(To be obtained in case of term loan and overdraft account)

Letter of appropriation from the Borrower / Third Party

Date: / /

Place:

Inconsideration of the advance/s already made, and of those which you may at your discretion, make to Mr. / Ms. _____
 _____ from time to time,

First Party

I / We hereby give you a lien on my / our deposit accounts as under

Sr. No.	Account No.	Deposit Type	Date of Deposit	Amount of Deposit

Third Party

I / We hereby agree and give you our consent to your making advances to Mr./Ms. _____
 _____ and give you a lien against security of my / our deposit accounts as under:

Sr. No.	Account No.	Deposit Type	Date of Deposit	Amount of Deposit

(Select the appropriate option)

For the outstanding general balance of all and every of my / our loans, overdrafts, cash credits or other account of
 with you, with power to utilize, before or at the time of maturity, the proceeds thereof or of any other accounts and receipts issued in renewal or
 renewals thereof for adjustment of my / our various accounts with you without reference to me / us. I / We undertake to execute such deeds
 and instruments as you may require hereafter to secure the deposit receipt/s and I / We shall bear the cost thereof.

I / We further undertake that in the event of the advance account/s remaining unadjusted even after appropriation of the proceeds of the said
 deposit receipt/s towards all loans, overdrafts, cash credits or any other, we shall continue to be liable for such outstanding balance/s along
 with the interest, cost and other charges in respect thereof.

I / We declare that I / We have not encumbered, assigned or otherwise dealt with the said Deposit Receipt/s in any way and that it is / they are
 free from all encumbrances.

Yours faithfully,

In case of first party		
_____ 1st Borrower / Depositor	_____ 2nd Borrower / Depositor	_____ 3rd Borrower / Depositor

In case of third party		
_____ 1st Holder / Depositor	_____ 2nd Holder / Depositor	_____ 3rd Holder / Depositor

(To be obtained in case of term loan and overdraft account)

DP Note Delivery cum Lien and Set Off Letter

Date: / /

In consideration of your making from time to time advances / banking accommodations / credit facilities to me / us

(Borrower) under Term Loan / Overdraft / Other facility with a limit of Rs.
(Rupees)
and with reference to the Demand Promissory Note/s dated / / for Rupees

signed and / or endorsed by me / us in your favour, I / We do and each of us both hereby agree and undertake as under:

- 1) That the minimum amount of interest payable during each month / quarter on the above mentioned advance / credit facility will not be less than the rate of interest mentioned in the said Demand Promissory Note/s or at such rates as may be fixed by the bank from time to time.
- 2) I / We the undersigned hereby waive presentment of the said Demand Promissory Note/s and hereby undertake to pay to you the amount due on the said Demand Promissory Note/s without the same being presented to me / us for payment.
- 3) That you may hold all securities belonging to me / us (which may now be in your possession or which may at any time hereafter come into your possession) and the proceeds thereof respectively not only for the specific advance made thereon but also as collateral security for any other moneys now due or which may any time be due from me / us to you, whether singly or jointly with another or others.
- 4) That in addition to any general lien or similar right to which you as bankers may be entitled by law, you may at any time without notice to me / us combine or consolidate all or any of my / our advances / credit facilities with any liabilities to you and set off or transfer any sum standing to the credit of any one or more of such advances / credit facilities in or towards satisfaction of any of my / our liabilities to you and account or in any other respect, whether such liabilities be actual or contingent, primary or collateral and several or joint.

Yours faithfully,

1st Borrower / Depositor

2nd Borrower / Depositor

3rd Borrower / Depositor

