



FOR CURRENT ACCOUNT
(To be filled by applicant only)



Application for Opening Sapphire Current Account

Date: _____

CIF NO. : _____

Account No. : _____ Branch : _____ SOL ID : _____

I/We request PMC Bank to open Sapphire Current Account in the books of the Bank. I/We furnish the following :

(1) ENTITY DETAILS :

NAME OF APPLICANT (ENTITY) : _____

COMMUNICATION ADDRESS : _____

CONSTITUTION : Proprietor Partnership HUF Limited Liability Partnership Credit Society Others
 Private Limited Company Bank Public Limited Company Government Bodies One Person Company

OPERATING INSTRUCTION : Singly Jointly As per Resolution Others _____

ENTITY PAN NO. _____ MOBILE NUMBER : _____ Email id : _____

(Mobile no. for SMS alerts and Email id for e-statement/net banking request mandatory)

KYC DOCUMENTS OF THE ENTITY: DOCUMENTS PROVIDED -

CERTIFICATE OF INCORPORATION MOA/AOA PARTNERSHIP DEED HUF DECLARATION PANCARD GST CERTIFICATE

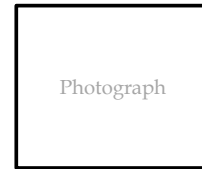
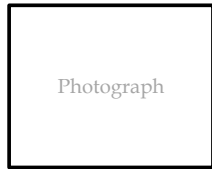
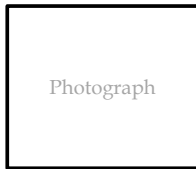
SHOP & ESTABLISHMENT CERTIFICATE UDYOG AADHAAR MEMORANDUM REGISTRATION CERTIFICATE OTHERS(Please specify) _____

(2) DECLARATION OF OTHER BANK ACCOUNT / CREDIT FACILITY DETAILS

• I/ We declare that I/We am/are not operating account in this name with any other Bank(s). If Yes, please specify bank details with account number(s)

• I/ We declare that I/We am/are not enjoying credit facility with the above mentioned Bank(s). If Yes, please specify details of limit enjoyed with account number(s) along with NOC _____

(3) PHOTOGRAPH: (Please sign partly on paper and partly on the photo)



(4) 1ST AUTHORISED SIGNATORY

MAILING ADDRESS (tick if same as Permanent Address):

Name of the Signatory			
	First Name	Middle Name	Surname
Mother's Name			
Father/Spouse Name			
Gender	Religion	Category	Nationality
Date of Birth	Place of Birth	Marital Status	
Mobile Number*	Landline No		
Email id*			
Qualification	Occupation		
Employer Details	Designation		
Office Tel & Extn No.			
Gross Annual Income	From _____ To _____		
PAN Number	Aadhaar Number(Optional)		
Identity Proof**	Address Proof**		
Residence Type	RENTED / OWNED / COMPANY PROVIDED / OTHERS (Please specify) _____		
Flat No. & Bldg.			

Road No./Name	Suburb/Area/Town/Village
Landmark	
City	PIN Code
State	Country
PERMANENT ADDRESS	
Flat No. & Bldg.	
Road No./Name	Suburb/Area/Town/Village
Landmark	
City	PIN Code
State	Country

(5) 2ND AUTHORISED SIGNATORY

MAILING ADDRESS (tick if same as Permanent Address):

Name of the Signatory			
	First Name	Middle Name	Surname
Mother's Name			
Father/Spouse Name			
Gender	Religion	Category	Nationality
Date of Birth	Place of Birth	Marital Status	
Mobile Number*	Landline No		
Email id*			
Qualification	Occupation		
Employer Details	Designation		
Office Tel & Extn No.			
Gross Annual Income	From _____ To _____		
PAN Number	Aadhaar Number(Optional)		
Identity Proof**		Address Proof ^{##}	
Residence Type	RENTED / OWNED / COMPANY PROVIDED / OTHERS (Please specify) _____		
Flat No. & Bldg.			
Road No./Name	Suburb/Area/Town/Village		
Landmark			
City	PIN Code		
State	Country		
PERMANENT ADDRESS			
Flat No. & Bldg.			
Road No./Name	Suburb/Area/Town/Village		
Landmark			
City	PIN Code		
State	Country		

(6) 3RD AUTHORISED SIGNATORY

MAILING ADDRESS (tick if same as Permanent Address):

Name of the Signatory			
	First Name	Middle Name	Surname
Mother's Name			
Father/Spouse Name			
Gender	Religion	Category	Nationality
Date of Birth	Place of Birth	Marital Status	
Mobile Number*	Landline No		

Email id*			
Qualification	Occupation		
Employer Details	Designation		
Office Tel & Extn No.			
Gross Annual Income	From _____ To _____		
PAN Number	Aadhaar Number(Optional)		
Identity Proof**		Address Proof ^{##}	
Residence Type	RENTED / OWNED / COMPANY PROVIDED / OTHERS (Please specify) _____		
Flat No. & Bldg.			
Road No./Name	Suburb/Area/Town/Village		
Landmark			
City	PIN Code		
State	Country		
PERMANENT ADDRESS			
Flat No. & Bldg.			
Road No./Name	Suburb/Area/Town/Village		
Landmark			
City	PIN Code		
State	Country		

(7) 4TH AUTHORISED SIGNATORY

MAILING ADDRESS (tick if same as Permanent Address):

Name of the Signatory			
	First Name	Middle Name	Surname
Mother's Name			
Father/Spouse Name			
Gender	Religion	Category	Nationality
Date of Birth	Place of Birth	Marital Status	
Mobile Number*	Landline No		
Email id*			
Qualification	Occupation		
Employer Details	Designation		
Office Tel & Extn No.			
Gross Annual Income	From _____ To _____		
PAN Number	Aadhaar Number(Optional)		
Identity Proof**		Address Proof ^{##}	
Residence Type	RENTED / OWNED / COMPANY PROVIDED / OTHERS (Please specify) _____		
Flat No. & Bldg.			
Road No./Name	Suburb/Area/Town/Village		
Landmark			
City	PIN Code		
State	Country		

PERMANENT ADDRESS	
Flat No. & Bldg.	
Road No./Name	Suburb/Area/Town/Village
Landmark	
City	PIN Code
State	Country

(* These are compulsory fields)

**Passport / Voter's ID Card / PAN Card / Driving Licence / Aadhaar Letter or Card / NREGA Job Card / Others (Any document notified by the Central Govt.)

***Ration Card/ Passport / Voter's ID Card / Driving Licence / Aadhaar Letter or Card / NREGA Job Card / Others (Any document notified by the Central Govt.)

(8) SPECIMEN SIGNATURE

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Signature of Signatory 1

Signature of Signatory 2

Signature of Signatory 3

Signature of Signatory 4

(9) PAYMENT DETAILS: Initial deposit of Rs. _____ is made by NEFT/RTGS/IMPS/Transfer by means of Cheque No. _____ dated _____ drawn on _____ for Rs. _____

(10) OTHER FACILITIES REQUIRED:

a. CHANNEL BANKING FACILITY

*ATM cum Debit Card Yes / No

Name as would appear on the Card (PLEASE WRITE IN CAPS) (MAX 20 CHARACTERS INCLUDING BLANKS)	
Name of the Signatory as desired on Card	
Name of the Company as desired on Card	

*We understand that use of International Debit Card is subject to applicable Foreign Exchange Management Act (FEMA) and guidelines issued by the Reserve Bank of India from time to time.

SMS Banking - Yes / No

Internet Banking - Yes / No

Mobile Banking - Yes / No

E-Statement : Frequency - Daily / Monthly / Quarterly / Yearly

(11) RESOLUTION FOR OPENING OF BANK ACCOUNT & INTERNET BANKING REGISTRATION
(Resolution in prescribed format to be submitted as per Bank's format)

(12) FATCA – CRS declaration (Please consult your professional tax advisor for further guidance on FATCA-CRS classification)

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

Country (To include USA where the individual is a citizen/green cardholder of USA)	Tax Identification Numbers	Identification Type (TIN or Other, please specify)

Part A (To be filled by Financial Institutions or Direct Reporting Non Financial Entities)

<input type="checkbox"/> Financial Institution GIIN available : GIIN no. _____ <input type="checkbox"/> Sponsored Entity Sponsored entity GIIN No. _____ <input type="checkbox"/> GIIN Not Available Applied For <input type="checkbox"/> Not required to apply <input type="checkbox"/> Form WB-BEN-E required <input type="checkbox"/> Not obtained - Not participating FI	Direct reporting NFE (Non Financial Entity) GIIN available : GIIN no. _____ <input type="checkbox"/> Sponsored Entity Sponsored entity GIIN No. _____ Name of sponsor entity: _____	Other NFE (Non Financial Entity) <input type="checkbox"/> Publicly traded company Name of the stock exchange _____ <input type="checkbox"/> Related entity of a publicly traded company Name of related listed company _____ Name of the stock exchange _____ <input type="checkbox"/> Nature of relation : Subsidiary of the listed company Controlled by a listed company <input type="checkbox"/> Active NFE Nature of business _____ Sub category code of NFE: _____ <input type="checkbox"/> Passive NFE Nature of business _____ Number of controlling person _____ Controlling person provided _____
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Number of controlling person outside India for tax purpose : _____

Declaration from Beneficial Ownership

I/We confirm and declare that Trust / AOP / Society / Club / Body of Individual / HUF / Others

I/We, the settler, trustee, the protector, the beneficiaries with 15% & above interest in the trust, exercise ultimate effective control over the trust through a chain of control of ownership

I/We the natural person(s), who, whether acting alone or together, or through one or more judicial person, has ownership of or entitlement to more than 15% of the property or capital or profits of association, society, bank, club or body of individuals.

As there are no natural persons with ownership as stated above, I/We the managing officials/authorized signatories are the Beneficiary/controlling person.

Sr No.	Full Name of Beneficial owner / controlling natural person(s)	% of Controlling ownership (in applicable cases)	Relation type (Annexure - A)	Controlling person (Annexure - B)	Residency status of tax	Signatory in the account Y / N	KYC form submitted

I/We hereby state and confirm that what is stated above is true and correct information.

I/We undertakes that any changes in the controlling persons, person exercising control or having controlling ownership interest as declared in the table above will be notified to the Bank immediately.

I/We agree to indemnify and keep indemnified at all times from and against all costs, charges, damages, penalties (including reasonable attorney fees) suffered and I or incurred by the Bank any act done or omitted to be done on the above declaration.

CBDT Terms and Conditions

Towards compliance with tax information sharing laws, as stated in CBDT regulations, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If any controlling person of the entity is a US citizen or resident or greencard holder, please include United States in the foreign country information field along with the US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

Please note that you may receive more than one request for information if you have multiple relationships with ABC. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Certification

I have understood the information requirements of this Form (read along with the FATCA-CRS Instructions & Definitions under Part D) and hereby confirm that the information provided by us on this Form is True, Correct, and Complete. I also confirm that I have read and understood CBDT Terms and Conditions above and hereby accept the same. I/We understand that my personal details as provided /available in the bank records will be used for FATCA/CRS reporting.

(13) TAX RESIDENCY OF INDIA & FATCA Declaration (For Proprietor Only)

a. Tax Residency in India Yes / No

b. If No, Particulars of Tax Residency

ISO3166 Country Code of Jurisdiction of Residence _____

Tax Identification Number _____

Address in the Jurisdiction details where the Applicant is resident outside India for Tax purpose _____

I Certify that:

- a) The information provided by me/us in the form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief are true, correct, complete and that I/we have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- b) I/we permit/authorise the bank to collect, store, communicate and process information relating to the account and all transactions therein, by the Bank and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities (including Central KYC Registry) in end/or Outside India of any Confidential information for compliance with any law or regulation whether domestic or foreign.
- c) I/we undertake the responsibility to declare and disclose within 30 Days from the date of change, any changes that may take place in the information provided in the form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification along with the documentary evidence.
- d) I/we also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and the Bank would be within its right to put restrictions in the operation of my /our account or close it or report to any regulator and/or any authority designated by the government of India/Reserve Bank of India (RBI) for the purpose or take any other action as may be deemed appropriate by the Bank if the deficiency is not remedied by us within the stipulated period.
- e) I/we also agree to furnish such information and/or documents as the Bank may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- f) It shall be my/our responsibilities to educate myself/our self and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the rules thereunder. I/We shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.
- g) I/we understand and acknowledge that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the RBI in the matter, depending upon the residential status and /or other criteria stipulated therein, the Bank may have to report the details in respect of our account (s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government agencies to comply with the obligations as per the Inter Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common reporting Standards (CRS) and or any other similar arrangements.

(14) ACCOUNT DECLARATION

A) SOLE PROPRIETORSHIP :

I wish to open an account with your Bank in the name of M/s _____ . I, the undersigned am the sole proprietor of the firm and am solely responsible for the affairs of the said firm. I undertake to inform you in writing about any change that takes place in the constitution of the firm and will be liable to you on any obligation which may be standing in the firm's name in your books till I receive from the Bank an acknowledgement of the change in constitution and until all my obligations with the Bank are discharged.

Name of Proprietor : _____

Signature of Proprietor without stamp
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Signature of Proprietor with Stamp

B) PARTNERSHIP :

We wish to open an account with your bank in the name of M/s. _____ . As the firm of _____ and carrying on business as _____ at _____ and elsewhere (hereinafter referred to as the firm) have dealings with the Bank, we hereby inform you that we, undersigned are the partners in the said firm. We are jointly and severally responsible for affairs of the firm to the Bank for liabilities of the firm with the Bank. The Bank recovers its claim from the estate of any or all Partners of the firm. WHENEVER ANY CHANGE OCCUR IN THE CONSTITUTION of our Partnership firm, we hereby undertake to inform the Bank in writing of any change in the constitution of the firm that takes place 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.

Name of the Partner

**Signature of Partners (without stamp)
(In Individual Capacity)**

Signature on behalf of the firm

1)

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2)

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3)

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4)

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C) PRIVATE LIMITED COMPANY / PUBLIC LIMITED COMPANY / LIMITED LIABILITY PARTNER / ONE PERSON COMPANY / CREDIT SOCIETY / OTHER ENTITY :

We wish to open an account with your Bank in the name of _____. We further state that we the undersigned have been authorized to open and operate the account pursuant to the Resolution Dated: _____ passed in the Meeting held on _____ and has been duly recorded in mute book. We are responsible for the affairs of the entity. We hereby undertake to inform you in writing about any changes in the authorized signatories 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.

Name of Authorised Signatories	Designation	Signature with Stamp
1)		
2)		
3)		
4)		

Note : Please submit Security Deposit and Indemnity Bond in Bank's format in case of Credit Society

D) HINDU UNDIVIDED FAMILY (HUF) - Please fill HUF declaration form in the Bank's format.

(15) INTRODUCTION :

I certify that I know Mr./Mrs./M/s. _____ for the last _____ months / years
I confirm his/her occupation & address as stated in this application.

Name of the Introducer : _____

Introducer Customer ID _____ **Account No.** _____

Signature of the Introducer with Rubber Stamp	Signature of the Introducer verified by Executive / Manager
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(16) NOMINATION: (TO BE FILLED BY PROPRIETOR ONLY)

Nomination Required : Yes / No

Form DA - 1 (Nomination Form)

Nomination Serial No.	
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Nomination under Section 45ZA of the Banking Regulation Act. 1949 and Rules 1985 in respect of bank deposits.

I _____ nominate the following person to whom in the event of my/minor's death, the amount of deposits, particulars whereof are given below, may be returned by the Bank.

Details of Deposit

Type of Deposit _____ Account No. _____

Details of Nominee

Name : _____

Relationship with Depositor _____ Age _____ Nominee's Date of Birth _____

Address : _____

As the nominee is a minor on this date, I appoint Shri/Smt _____ Age _____ years residing at (address) _____ to receive the amount of deposit on behalf of the nominee in the event of my/minor's death during the minority of the nominee.

Date : _____

Signature of the Proprietor
Place : _____

(17) UNDERTAKING cum DECLARATION:

I / We hereby confirm that the information furnished in this form is true and complete. I/We agree to abide by the rules framed under the scheme by the Bank at present and as may be framed from time to time relating to the account. I/We agree to maintain the prescribed daily balance in the Sapphire Current Account as required under the Scheme. If the required daily balance is not maintained, I/We authorize PMC Bank to debit the nominal fees as decided by the Bank from time to time. If the cash deposit in the account is above the free limits defined under the Scheme, I/We authorize PMC Bank to debit Cash Handling charges as decided by the Bank from time to time. I/We understand that I/We will be eligible for certain number of free cheque leaves in a Financial Year as framed under the Scheme. I/We authorize PMC Bank to debit cheque book charges over and above the free limits decided by the Bank from time to time, under the Scheme. I/We have understood conditions related to VISA Debit cards and their transaction limits. I/We have understood the terms and various facilities /services including free limits / charges for mobile banking transactions, Debit Card transactions, remittances, etc. and agree to abide by the same. I/We understand that the said terms & conditions are subject to revision from time to time and I/We agree to keep ourselves updated for such changes and be bound by the terms are in force from time to time and as and when notified to the Customer on its website or otherwise via e-mail, post/courier, as may be decided, by PMC Bank the same shall be made applicable to the respective Account. Charges will be debited to the Account at such intervals as may be deemed fit by PMC Bank.

I/We understand that the Bank will issue e-statement for my "Sapphire Current Account". I/We hereby authorize PMC Bank to exchange, share or part with all the information/data provided in the form including personal and business information with financial institutions/credit bureaus/agencies/ statutory bodies/other such persons, in order to facilitate the Bank to comply with its obligations under various applicable laws, regulations, and Standards. I/ We shall not hold PMC Bank or its agents/representatives liable for using/sharing information provided herein for the said purpose. In case of change of address due to relocation or any other reason, I/We shall intimate the new address to the Bank within two weeks of such a change with a valid address proof. I/We have no objection to provide me /us any information on various products, offers and services provided by PMC Bank through any mode (including without limitation through telephone calls / SMS / E-mail) and authorize PMC Bank for the above purpose. Net Banking and SMS Banking services will be available to me/us upon opening of account with the Bank. I/ We understand that the taxes as applicable from time to time will be deducted on various service charges levied. I/We understand that the account should be operated by me/us only after it has been activated. Notwithstanding the documentation and account opening form provided the Bank reserves the right to accept/reject any application. The Bank's decision in this regard would be final.

I/We am/are aware that delivery and/ or receipt of the Welcome Kit cannot be construed to mean that PMC Bank has opened or agreed to open the account. PMC Bank at its sole discretion, can either call for further documents or reject the application for any reason whatsoever. In case of rejection, I / We am/are aware that the Welcome Kit & Letter shall be construed as withdrawn and I/We undertake to return the same to the Bank forthwith.

I/We authorize PMC Bank to verify and authenticate my/our Aadhaar number during processing my/our application for legitimate business purposes.

I/We authorize PMC bank to freeze my /our account in the following circumstances, with intimation to me /us except where specified otherwise.

a) If it is suspected by the Bank that deposits pertaining to all cash, cheque, DDs and other deposits / transactions by way of NEFT, RTGS etc in my /our account are not in accordance with or in violation of the Laws and Regulations applicable from time to time, the Bank can freeze the account and I/we shall be responsible/accountable for such deposits/transactions.

b) If it is suspected that my / our account is being misused as a money mule or as a channel for unauthorized money pooling or a conduct for any illegal activity. (I/we will not receive a notice in this case)

c) If it is suspected by the Bank that transactions in my / our account are not initiated by me / us (the Bank will not assume any liability for the transactions already executed).

I / We authorize the Bank to close my / our account, with prior intimation to me/us, in case of :

i) Balance in the account remains zero for 3 months or more;

ii) High occurrences of dishonored payments from my account;

iii) I/We fail to submit full KYC for purpose of KYC updation, failing which there will be a freeze placed on the account & later on account shall be closed.

d) Such other instance which the Bank may decide pursuant to any order, instructions, directions, guidelines issued/directed by any Court/Statutory/Regulatory authorities from time to time.

All channel facilities provided by PMC Bank are subject to specific guidelines & as per the terms & conditions that are provided on the website or with the product. PMC Bank is not liable for fraud in the event that I disclose sensitive information such as passwords, PINs, or IDs to anybody. I/We am/are aware that PMC Bank does not seek any information relating to login ID/Password in any form including through e-mails from its customers. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it.

I/We hereby consent to receiving information from Central KYC Registry through SMS/E-mail on the above registered number/Email address. I/We agree to abide by the rules framed by the Bank at present and may be framed from time to time relating to the account.

In case of existing customers, not declaring their customer id and applying as a new customer, the Bank in such instances reserves the right to consolidate the customer IDs as it may decide, without any prior notice to me.

If the Sapphire Current Account holder is availing any Overdraft / Cash Credit facility in future, then the benefits of Sapphire Current Account will not be continued in the Overdraft / Cash Credit account. I/We am aware that the waiver for any processing fees for loan products will be applicable to me/us as decided by the Bank from time to time.

I/We shall be responsible for regularly reviewing Terms including amendments, notices in respect of the Account thereto as may be posted on the Website.

I/We agree to indemnify and keep indemnified the Bank at all times from and against all costs, charges, damages, penalties suffered and/or incurred by for any act done or omitted to be done on account of the above declaration.

I/We confirm that I/We have read and understood the above Declaration, and that the details provided on the form are correct. I/We also confirm that my/our account been opened by Bank Officer Mr./Ms. _____ and I/We have signed in his/her presence.

In token of having read the particulars contained in Account Opening Form & Declaration and having understood the terms and conditions; I/We hereby put my/our signature herewith.

Signature of Signatory 1
(Along with entity rubber stamp)

Signature of Signatory 2

Signature of Signatory 3

Signature of Signatory 4

Office Use

CONTACT POINT VERIFICATION REPORT – LEGAL ENTITY ACCOUNTS (wherever applicable)

Name of the Entity: _____

Constitution of Business: _____

Names of the Authorized Signatories of the Legal Entity : _____

Address of Business(including city & state): _____

Landmark: _____

Distance from the Branch: _____

Date & Time of Visit: _____

Number of years in current business: _____ years / months

No. of workers/employees in the office: _____

Business Board seen outside: Yes / No. Remarks if any _____

Photograph of business premises available: Yes / No. Remarks if any _____

Name of the person contacted: _____

Relationship with the firm/entity: _____

Whether the customer is operating from a single location/multiple locations: _____

Whether the authorized signatory is a political person / related to any political party: Yes / No

Business Details:

a) Whether the customer is engaged in export / import business: Yes / No

b) Is the business activity involving cash intensive business: Yes / No

c) Nature of transactions: Cash / Remittances(domestic)/Foreign Remittance: _____

Line of activity (Complete description to be mentioned) : _____

Business operated from: Residence Registered Office

Office Ownership: Owned Rented/Leased Others _____

Details Verified from: Office staff Receptionist Vendor Neighbor One of the Authorized signatory others, please specify _____

Asset Noticed in office of the entity: Air conditioner Telephone/Fax Computers/Laptop Furniture/ Fixture any other assets, please specify _____

Nature of Business activity: Self Employed Agent/Broker Manufacturer Trader Wholesaler Service Provider Jeweller Others _____

Name of the Neighbour contacted: _____

(In case of New Business)
Remark of the Person contacted: _____

Declaration by person conducting Contact Point Verification:

I hereby confirm that I have personally visited and verified the address and nature of business activity to establish the existence of the firm. On the basis of inquiries made. I am satisfied about the existence of the firm and the line of activity which is in line with the document produced for the same.

Date : _____ Place: _____

Name of the official: _____ Designation: _____

Employee Code: _____ Signature: _____

Name of the official: _____ Designation: _____

Employee Code: _____ Signature: _____

Declaration by the Branch:

I hereby certify that the contact point verification is complete in all respect and documents submitted is in line with the business activity.

Name of the official: _____ Designation: _____

Employee Code: _____ Signature of Branch Head/Operations Head: _____

(1)	PRODUCT CODE _____ ACCOUNT NO. _____ CUSTOMER ID OF ENTITY _____
	CUSTOMER ID OF 1ST SIGNATORY : _____
	CUSTOMER ID OF 2ND SIGNATORY : _____
	CUSTOMER ID OF 3RD SIGNATORY : _____
	CUSTOMER ID OF 4TH SIGNATORY : _____
(2)	Existing Current Account no. _____ closed , cheque book no. _____ to _____ surrendered by the customer and destroyed by the branch
(3)	KYC Papers of Entity & Authorised Signatories Obtained : Yes / No
(4)	Copy of KYC Papers Verified with regard to genuineness, self attestation, verified with original and certified by _____
(5)	Contact Point Verification Report for second activity proof enclosed : Yes / No
(6)	Date & Time of Receipt of Application _____ Date of Scanning _____ Date of Uploading on AM+ _____
(7)	Risk Categorisation : High / Medium / Low
(8)	Certification: All the required particulars are collected and incorporated in Account Opening Form. No column is left blank. I have personally interogated the applicant/s and found him/them genuine and hence recommended for opening the account.
Place:	_____
Date:	_____
	Signature of the Authorized Official
	Employee Name : _____
	Employee Code and Designation : _____

CHECKLIST OF KYC DOCUMENTS REQUIRED:**Individuals**

1. One latest passport size photograph
2. Pan card
3. Aadhaar card
4. If the address on Aadhaar is different as that declared by him / her in the account opening form, any of the below officially valid documents should be accepted:
5. Passport/Driving license/Voter's Identity Card/NREGA Job Card / letter issued by National Population Register containing details of name and address.
6. Pension card/government ID card/Ration card /school leaving certificate/ Life insurance policy can be considered for senior citizens.
7. FATCA declaration form applicable for individual.

Proprietorship Concerns

- A. KYC Identification Document of proprietor as mentioned above for individuals
- B. Any two documents with name and address of the firm and name of proprietor:
 1. Registration certificate
 2. Certificate/License issued by the Municipal Authorities under Shop & Establishment Act
 3. Sales and income tax returns
 4. CST/VAT(in applicable cases) / GST certificate (Provisional/Final)
 5. Certificate/Registration document issued by Professional Tax /Sales Tax / Service Tax authorities
 6. IEC (Importer Exporter Code) issued to the proprietary concern by the office of DGFT / license /certificate of practice issued in the name of proprietary concern by any professional body incorporated under a statute
 7. Complete income tax return (not just the acknowledgement) in name of the sole proprietor where the income of the firm is reflected, duly authenticated/acknowledged by the income tax authorities
 8. License issued by the Registering authority like Certificate of Practice issued by Institute of Chartered Accountants of India, Institute of Cost Accountants of India, Institute of Company Secretaries of India, Indian Medical Council, Food and Drug Control Authorities, etc.
 9. Udyog Aadhaar Memorandum (UAM is applicable only to service & Manufacturing Sector)
 10. Utility bills such as electricity, water and landline telephone bills in the name of concern
- C. Rubber Stamp of the Proprietorship Concern.

Partnership Firms

1. Partnership Deed
2. Registration Certificate, if registered
3. PAN card
4. Two activity proofs of the firm with name and address of the firm (in case of unregistered /unincorporated partnership firm)
5. KYC Identification Documents of the authorized signatories as mentioned above for Individuals
6. FATCA declaration form applicable for legal entity.
7. Rubber Stamp of the firm.

Public or Private Limited Companies / One Person Company

1. Certificate of commencement / Certificate of incorporation
2. Memorandum of Association (MoA) and Articles of Association (AoA).
3. Permanent Account Number (PAN) of the entity.
4. Certified Board Resolution to open the account with names of authorized signatories operating the account along with operating instructions signed by the Chairman of the meeting and countersigned by company Secretary or any Director.
5. FATCA declaration form applicable for legal entity along with controlling person(s) details.
6. Rubber Stamp of the company
7. KYC Identification Documents of the authorized signatories as mentioned above for Individuals.

Limited liability partnership (LLP)

1. Certificate of Incorporation issued by (ROC) Registrar of Companies.
2. Certified true copy of LLP agreement.
3. Updated list of designated partners.
4. Certified Resolution to open the account with the names of designated partners/partner(s) to operate the account, along with operating instructions, signed by the at least two designated partners.
5. FATCA declaration form applicable for legal entity.
6. Rubber Stamp of LLP.
7. KYC Identification Documents of the authorized signatories as mentioned above for Individuals.

Hindu undivided family (HUF)

1. PAN card of the entity
2. KYC Identification documents of the Karta as mentioned above for individuals
3. Photograph of all co-parceners.
4. HUF declaration signed Karta and all the co-parceners.
5. FATCA declaration form applicable for legal entity.
6. Rubber Stamp of HUF.

Credit Society

1. Certificate of Registration
2. PAN of the society
3. Certified resolution authorizing the members concerned to open and operate the account.
4. Bye-laws of the society.
5. Present list of committee members.
6. FATCA declaration form applicable for legal entity.
7. Rubber Stamp of Society
8. Security Deposit & Undertaking in Bank's Format.
9. KYC Identification Documents of the authorized signatories as mentioned above for Individuals