



ARVIND SAHAKARI BANK LTD.

H.O. : Main Road, Katol, Dist. Nagpur

ACCOUNT OPENING FORM FOR

Branch _____

PROPRIETORSHIP/PARTNERSHIP/COMPANY/SOCIETY/HUF/TRUST/CLUB/ASSOCIATION

A) FOR OFFICE USE*

A/c No.: _____ Date: DD MM YY YY

A/c. to be opened at _____ Branch Code _____ Scheme Type _____ MIS Code: _____

A/C Type: _____ Account Cat: _____ Interest Cat: _____ Relationship Code _____

Br Code of Base Branch: _____ Product Code: _____ LC Code: _____ LG Code: _____

Company Code: _____ Service Branch Code: _____ Empl. Code: _____

Promo Code: _____ UCIC Done: _____ Customer ID: _____

* Business/Tracing/Partnership/Proprietary/Company/Comportions cannot open a Savings Account.

B) ACCOUNT DETAILS* Please open our Current / Saving / Fixed Deposit Account. Please fill in the form in BLOCK LETTERS WITH BLACK IN ONLY

ACCOUNT TITLE _____

Constitution Type: ☐ Proprietary Concern ☐ Partnership Firm ☐ Private Ltd. Company

☐ Public Ltd. Company ☐ Co.Op. Society ☐ H.U.F.

☐ Trust ☐ Club / Association ☐ Bank

☐ Limited Liability Partnership Firm ☐ Individual ☐ Other Institution (Please Specify) _____

ACTIVITY INDICATOR ☐ Manufacturing ☐ Non Manufacturing ☐ Non Applicable

SUB CATEGORY ☐ Priority _____ ☐ Non Priority _____ ☐ Weaker _____

INDUSTRY TYPE

☐ Pharmaceuticals ☐ Textiles ☐ Electronics ☐ Construction
☐ Computer (Software/hardware) ☐ Printing ☐ Chemicals ☐ Others (Please Specify) _____

Sub Industry _____ Dependent Industry _____

Date of Incorporation /: _____ Registration : : _____
Registration _____ Number _____

PAN : _____ Membership No. : _____ No. Shares : _____

NATURE OF BUSINESS (in brief) _____

Expected Annual Turnover : _____

C) FACILITY WITH OTHER BANK DELCARATION

I/ We enjoy the following credit facities with other banks at present. Please specify Yes or No _____

Bank Name	Type of Facility	Amount (₹ in Lacs)
1) _____	_____	_____
2) _____	_____	_____

D) REGISTERED OFFICE ADDRESS (Mandatory Fields, Please leave one space between words)

CITY _____ PIN CODE _____ STATE _____ COUNTRY _____

STD Code _____ Tel No. (1) _____ Ext. No. _____ Tel No. (2) _____ Mobile Number _____

E-mail Address (rk patil@gmail.com) _____

Website _____

_____ W W W _____

[illegible]

STD Code	Tel No. (1)	Ext. No.	Tel No. (2)	Mobile Number

DATE OF BIRTH#	GENDER MARRIED MINOR**	PAN NUMBER OR FORM 60/61 attached	AADHAAR NO.
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D	D	M	M	Y	Y	Y	Y	M	F	Y	N	Y	N
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[illegible]

ROAD LANDMARK

CITY PIN CODE STATE COUNTRY

NATIONALITY	I	N	D	I	A	N	RELIGION							CASTE : SC/ST/OBC/GENERAL_____
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Membership No.										No. of Shares				
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Mobile Number	E-mail Address (e.g.rkpatil@gmail.com)

Occupation ☐ Salaried ☐ Self Employed ☐ Retired ☐ Student ☐ House Wife ☐ Others (Specify) (please specify)

Education ☐ Non Matric ☐ Undergraduate ☐ Grad./Post Grad. Gen (B.Sc. M.Com. etc.) ☐ Grad./Post Grad. Professional (BE,MBA,MBBS,CA etc.)

If Salaried, employed with ☐ Public Ltd. Co. ☐ Pvt. Ltd.Co. ☐ Govt. Sector ☐ Multinational ☐ Institution

Designation ☐ Clerk, ☐ Officer ☐ Junior Mgmt. ☐ Middle Mgmt. ☐ Senior Mgmt.

If Self Employed Professional ☐ CA ☐ Engineer ☐ Doctor ☐ Proprietorship ☐ Partnership

Annual Income(₹) ☐ NIL ☐ 1.00-60000.00 ☐ 60000.01-120000.00 ☐ 120000.00-600000.00 ☐ 600000.01-1200000.00 ☐ >1200000.01

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Name : Mr./Mrs.

DATE OF BIRTH#	GENDER MARRIED MINOR**	PAN NUMBER OR FORM 60/61 attached	AADHAAR NO.
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[illegible][illegible][illegible]

CITY PIN CODE STATE COUNTRY I N D I A

[illegible]

Membership No. No. of Shares

[illegible]

Occupation ☐ Salaried ☐ Self Employed ☐ Retired ☐ Student ☐ House Wife ☐ Others (Specify) (please specify)

Education ☐ Non Matric ☐ Undergraduate ☐ Grad./Post Grad. Gen (B.Sc. M.Com. etc.) ☐ Grad./Post Grad. Professional (BE,MBA,MBBS,CA etc.)

If Salaried, employed with ☐ Public Ltd. Co. ☐ Pvt. Ltd.Co. ☐ Govt. Sector ☐ Multinational ☐ Institution

Designation	Clerk,	Officer	Junior Mgmt.	Middle Mgmt.	Senior Mgmt.
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If Self Employed Professional ☐ CA ☐ Engineer ☐ Doctor ☐ Proprietorship ☐ Partnership

Annual Income(₹) ☐ NIL ☐ 1.00-60000.00 ☐ 60000.01-120000.00 ☐ 120000.00-600000.00 ☐ 600000.01-1200000.00 ☐ >1200000.01

DATE OF BIRTH#	GENDER MARRIED MINOR**	PAN NUMBER OR FORM 60/61 atached	AADHAAR NO.
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[illegible]

FLAT/BLDG.NO.

[illegible]

CITY [] [] [] [] [] PIN CODE [] [] [] [] [] STATE [] [] [] [] [] [] [] [] [] [] COUNTRY I N D I A

NATIONALITY	I	N	D	I	A	N	RELIGION							CASTE : SC/ST/OBC/GENERAL_____
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Membership No. No. of Shares

Mobile Number

E-mail Address (e.g.rkpatil@gmail.com)

[illegible]

Occupation ☐ Salaried ☐ Self Employed ☐ Retired ☐ Student ☐ House Wife ☐ Others (Specify) (please specify)

Education ☐ Non Matric ☐ Undergraduate ☐ Grad./Post Grad. Gen (B.Sc. M.Com. etc.) ☐ Grad./Post Grad. Professional (BE,MBA,MBBS,CA etc.)

If Salaried, employed with ☐ Public Ltd. Co. ☐ Pvt. Ltd.Co. ☐ Govt. Sector ☐ Multinational ☐ Institution

Designation ☐ Clerk, ☐ Officer ☐ Junior Mgmt. ☐ Middle Mgmt. ☐ Senior Mgmt.

If Self Employed Professional ☐ CA ☐ Engineer ☐ Doctor ☐ Proprietorship ☐ Partnership

Annual Income(₹) ☐ NIL ☐ 1.00-60000.00 ☐ 60000.01-120000.00 ☐ 120000.00-600000.00 ☐ 600000.01-1200000.00 ☐ >1200000.01

Name : Mr./Mrs.

DATE OF BIRTH#	GENDER	MARRIED MINOR**	PAN NUMBER OR FORM 60/61 attached	AADHAAR NO.
----------------	--------	-----------------	-----------------------------------	-------------

[illegible]

FLAT/BLDG.NO.

ROAD LANDMARK

CITY

PIN CODE

STATE

COUNTRY

NATIONALITY	I	N	D	I	A	N	RELIGION							CASTE : <u>SC/ST/OBC/GENERAL</u>
-------------	---	---	---	---	---	---	----------	--	--	--	--	--	--	----------------------------------

Membership No. No. of Shares

Mobile Number

E-mail Address (e.g.rkpatil@gmail.com)

[illegible]

Occupation ☐ Salaried ☐ Self Employed ☐ Retired ☐ Student ☐ House Wife ☐ Others (Specify) (please specify)

Education ☐ Non Matric ☐ Undergraduate ☐ Grad./Post Grad. Gen (B.Sc. M.Com. etc.) ☐ Grad./Post Grad. Professional (BE,MBA,MBBS,CA etc.)

If Salaried, employed with ☐ Public Ltd. Co. ☐ Pvt. Ltd.Co. ☐ Govt. Sector ☐ Multinational ☐ Institution

Designation	<input type="checkbox"/> Clerk,	<input type="checkbox"/> Officer	<input type="checkbox"/> Junior Mgmt.	<input type="checkbox"/> Middle Mgmt.	<input type="checkbox"/> Senior Mgmt.
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If Self Employed Professional ☐ CA ☐ Engineer ☐ Doctor ☐ Proprietorship ☐ Partnership

Annual Income(₹) ☐ NIL ☐ 1.00-60000.00 ☐ 60000.01-120000.00 ☐ 120000.00-600000.00 ☐ 600000.01-1200000.00 ☐ >1200000.01

Set Mailing Account address as mailing address of :

Registered Office Address Factory/Godown / Branch Office Address Mailing Address of 1st Authorised Signatory

☐ Fixed Deposit ☐ Ranjit Vikas Patra ☐ Recurring Deposit ☐ ATR ☐ With interest ☐ Without interest
 Amount _____ Tenure : _____ Years _____ Months _____ Days Rate of Interest : _____
 Payment of interest amount : ☐ Monthly ☐ Quarterly ☐ Half yearly ☐ Yearly ☐ On Maturity
☐ By transfer to my/ our account no. _____ with Arvind Sahakari Bank _____ branch.
☐ Pay by Pay order favouring _____ Bank. _____ branch (A/c. _____)
☐ By ECS Bank _____ Branch _____ IFSC Code _____
 MICR Code _____ Account No.: _____

PAYMENT DETAILS Nominal ☐ or Regular ☐

[☐] Cash Rs. _____ [☐] Transfer from account no. _____ with Arvind Sahakari Bank _____ Branch _____

[☐] Cheque no. _____ drawn on _____ Bank _____ Branch _____

dated _____ for Rs. _____

The cheque should be crossed A/c payee and self drawn payable to "The Arvind Sahakari Bank Ltd. A/c _____ (Account Title)"

I/We authorized Arvind Sahakari Bank to set standing instruction on my/our A/c. No. _____ for Recurring Deposit

Y N

(Applicable for proprietorship/individual concern) I/We (name) _____ (Address) _____
 _____ nominate the following person to whom in the event of my/our death the amount of
 deposit in the above account, may be returned by the Arvind Sahakari Bank Ltd. _____ Branch.

Nature of Deposit & Number	Name & Address of Nominee	Relationship with Depositor	Age	Date of birth

* As the nominee is a minor on this date, I/We appoint (name) _____

to receive the amount of the deposit on behalf of the nominee in the event of my/ our death during the minority of the nominee.

Place : _____ Date :

D	D	M	M	Y	Y	Y	Y
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Signature of witness No. 1 _____ Signature of witness No. _____

Name (s) _____ Name (s) _____

Address(es) _____ Address(es) _____

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

Only Thumb impression should be attested by two witnesses. Applicable if nomination is no.- I/We hereby decline to presently nominate any individual & understand the risks & consequences of my failure to give nomination. Nomination Registration No.

Date :

D	D	M	M	Y	Y	Y
---	---	---	---	---	---	---

 Signature of Account Holder/s _____^X

NAME

ACCOUNT NO. :

BRANCH CUSTOMER ID :

I confirm that I am an account holder with Arvind Sahakari Bank Limited since _____ I confirm that I personally know the applicant/s detailed above for _____ month / year and confirm his/ her identity, occupation and address.

Date : _____ Signature _____

FOR BANK USE

Signature Verified :	<input type="checkbox"/>	Yes	Signature of the Officer		EMP Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of A/c. Opened :	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	Name of the Officer _____

I) INITIAL DEPOSIT DETAILSPayment by ☐ Cash ☐ Cheque No. Date : Drawn on _____ Bank _____ Branch _____☐ Debit my/our existing account. Account No. Deposit amount Rs.

The cheque should be crossed A/c payee and self drawn payable to "The Arvind Sahakari Bank Ltd. A/c. _____ (Account title)"

J) DEBIT CARD DETAIL (Only for Proprietor / Individual - Mobile No. Mandatory)

Card Required Name as desired on Rupay Debit Card

Type of Rupay Debit Card

1 st Applicant REGULAR ☐ Other **K) CHANNEL FACILITY***Cheque Book Required

"Please note Cheque book of _____ Leaves will be issued to Account Holder.

Signatory 1st 2nd 3rd 4thBanc@Cell E-statement Corporate Internet Banking If "yes" Please submit separate form.Signatory 1st 2nd 3rd 4thBank@all **L) MODE OF OPERATION***☐ Self ☐ Jointly ☐ Any one ☐ Karta☐ Specific Instructions/Resolution Details _____

I/We am/are resident of India, Apart from this, the current Schedule of Charges has been received by me and I agree with the same. I agree to maintain minimum of Rs. _____ in any account.

Name _____ Name _____ Name _____ Name _____

Designation _____ Designation _____ Designation _____ Designation _____

Please Paste
Passport Size Colour
Photograph here**1st Signatory**Please Paste
Passport Size Colour
Photograph here**2nd Signatory**Please Paste
Passport Size Colour
Photograph here**3rd Signatory**Please Paste
Passport Size Colour
Photograph here**4th Signatory**

X

X

X

X

M) DECLARATION BY THE BRANCH HEAD : I hereby certify that this account opening form is complete in all respects & all relevant document have been obtained. The account may please activated in system. Enclosure Details (This information must be filled-up by the branch before sanding AOF for processing)

AML done/ UN Terror list / PAN site checked: For the Arvind Sahakari Bank Ltd.Number of Pages of KYC documents enclosed: Insta Kit issued : Branch Head / Authorised Signatory P.A. No. _____

Form

Sign.

PA/RP Stamp

1) Signed in Presence of : _____

2) Signature Authorised by : _____

3) AML/PAN site verified by : _____

Product declaration obtained : Date of Account Opened : Date of form send to CAO/HUB: ☐ Customer Point Verification (CPV) Done ☐ Dep-57 attached ☐ BO Declaration

Any other document attached _____

Remark _____

Documents to be submitted to open the account

Constitution	Document	Applicant	Branch
<input type="checkbox"/> Individual	1. PAN Card / PAN Intimation Letter AND	<input type="text"/>	<input type="text"/>
	2. Any one of the two	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Passport	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Voter ID Card	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Aadhar Card	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Driving Licence	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Individual	1. PAN Card of the HUF / KARTA / PAN Intimation Letter AND	<input type="text"/>	<input type="text"/>
	2. Any one of the following	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Passport of Karta	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Voter ID Card of Karta	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Aadhar Card	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Driving Licence of Karta	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Proprietorship	1. PAN Card of the Proprietor / PAN Intimation Letter AND	<input type="text"/>	<input type="text"/>
	2. Any two document for business Proof AND one business address proof document	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Sales Tax/ Shops & Establishments Registration Certificate	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Electricity/ Telephone Bill of Firm / Proprietor	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Acknowledged IT return with Firm's address	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Partnership	1. PAN Card of the Firm (Registration Certificate if reistered) PAN Intimation Letter AND	<input type="text"/>	<input type="text"/>
	2. Partnership Deed AND Letter for Mode of Operation	<input type="text"/>	<input type="text"/>
	3. Any one of the following (if address of the firm is different from partnership deed)	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Shop & Establishment Registration Certificate	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Electricity / Telephone Bill of Firm	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Acknowledged IT return with Firm's address	<input type="text"/>	<input type="text"/>
	4. Beneficial Owner Declaration	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Trust	1. Certified true copy of Trust Deed with Registration Certificate AND	<input type="text"/>	<input type="text"/>
	2. List of names of Office-Bearers/ Trustees AND	<input type="text"/>	<input type="text"/>
	3. Resolution signed by the Managing Trustee AND	<input type="text"/>	<input type="text"/>
	4. PAN Card / PAN Intimation Letter AND	<input type="text"/>	<input type="text"/>
	5. Beneficial Owner Delcaration	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Association/ Club/ Society	1. List of name of office-bearers AND	<input type="text"/>	<input type="text"/>
	2. Certified true copy of Registration Certificate (if registered) along with Bye-Laws/ AOA/ Rules of Regulation AND	<input type="text"/>	<input type="text"/>
	3. Resolution for opening of A/c with mode of operation AND	<input type="text"/>	<input type="text"/>
	4. PAN Card / PAN Intimation letter of Assoc./ Club/ Society AND	<input type="text"/>	<input type="text"/>
	5. Beneficial Owner Declaration	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Limited Company	1. Certified true copy of Certificate of Incorporation AND	<input type="text"/>	<input type="text"/>
	2. Certified true copy of Memorandum & Articles of Association AND	<input type="text"/>	<input type="text"/>
	3. List of Directors and copy of Form 32 (if directors different form AoA) AND	<input type="text"/>	<input type="text"/>
	4. Certified true copy of board resolution AND	<input type="text"/>	<input type="text"/>
	5. PAN Card/ PAN Intimation Letter AND	<input type="text"/>	<input type="text"/>
	6. Certified true copy of Certificate of Commencement of Business (Public Limited Copmanies) AND	<input type="text"/>	<input type="text"/>
	7. Beneficial Owner Declaration	<input type="text"/>	<input type="text"/>

NOTE : All individuals who are authorised to operate the account (proprietor, karta, Partners, directors, trustees, authorised signatories) MUST provide separate identity and address proof in conformity with the details furnished in the application form.

(N) DECLARATION

PROPRIETORSHIP ACCOUNT

I wish to open an account with your bank in the name of _____
I, the undersigned am the sole proprietor of the firm and am solely responsible for affairs of the said firm, I hereby undertake to inform you in writing, about any change that takes place in the firm.

Name

Signature

1. _____

PARTNERSHIP FIRM

We wish to open an account with you bank in the name of _____
We the undersigned are the only partners in the firm and are jointly / severally responsible for affairs of the firm. We being the Partners are entitled to sign this form as per the Partnership Deed. We hereby undertake to inform the Bank in writing of any change in the constitution of the firm that takes place. We 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 any statutory notice and untill all such obligation have been liquidated.

Name of Partner

Signature (without Stamp)

1. _____

2. _____

3. _____

4. _____

5. _____

PRIVATE LIMITED / PUBLIC LIMITED COMPANIES

We wish to open an account with you Bank in the name of M/s. _____
We further state that we the under signed have been authorised to open and operate the account pursuant to the Board Resolution dated _____ passed in the Board Meeting held on _____. We are responsible for the affairs of the Company. We hereby undertake to inform you in writing about any changes in the authorised Signatories.

Name of Directors.

Signature

1. _____

2. _____

3. _____

4. _____

HINDU UNDIVIDED FAMILY (HUF)

HUF firm wish to open an account with your bank in the name of _____
We declare that the first signatory to the letter i.e. _____ is the Karta Manager of the HUF and other signatories are the adult coparceners of the said Hindu Undivided family.
We further confirm that the business of the joint family is carried on mainly by the said karta and also by the other signatories hereto in the interest and for the benefit of the entire body of coparceners of the joint family. In view of the fact that ours is not a firm governed by the Indian Partnership Act 1932, We have not got our said firm registered under the said Act. We hereby undertake to inform the bank of the death of a coparcener of any change occurring at any time in the membership of our joint family during the currency of the account. The account shall be operated by the Karta. I/We agree to maintain a minimum balance of Rs. _____ in the account failing Which the Bank may deduct charges as per rules prescribed schedule of charges.

Name of Karta

Signature

1. _____

Name & Signature of Adult Coparceners

Date of Birth

With Rubber Stamp

1. _____

2. _____

3. _____

4. _____

Name & Signature of Adult Coparceners

(to be signed by guardian on behalf of minor Coparceners)

1. _____

2. _____

3. _____

DECLARATION

Any where banking:

1. The Bank shall facilitate payment and collection of cheques through all its branches while I/We shall have one account at the branch (for short "Home Branch") Bank shall also accept cash from me / us / or my / our representatives and pay in cash against presentation of cheques drawn by me / us in favour of myself/ ourselves or third party to the credit / debit to my/our designated account with the Home Branch as per the applicable limits for the account. The cash transaction will be on the same lines as is the case when deposits/withdrawals take place at the home branch.
2. While the instruments for and on my/our behalf will be collected in local clearing, the credit in respect of the proceeds thereunder will be afforded at the home branch on and subject to realization at the respective centre(s) / branch(es).
3. The Bank will be entitled to debit by its home and any other branch(es) my/our account as its base branch against the cheques presented at various branches of the Bank.
4. My/our written intimation of "stop payment" to the various branches of the Bank will be at my/our risk and I/we agree to grant a lead time of at least 24 hours or intimation of such "stop payment" instruments to all its branches. In case of any mutilated and/or erroneous information which may emerge by due to any communication error and if the "Stop payment" is not carried out in good faith based in the said information, the Bank shall not be held responsible for the said act.
5. I/We agree at any given time to maintain the Minimum balance in my/our account as applicable for the account and informed to us by the Bank. In the event of my/our failing to maintain the minimum float and for conduct of the account not being satisfactory the bank will at its option be entitled to forthwith terminate the facility hereby granted to me / us or to levy service charges as mutually agreed upon.
6. I/We agree to inform my/our existing bankers for the availment of any of the facilities hereby granted to me / us. I/We also agree from time to time to furnish such information details and the documents to the existing bankers and also the Bank as is mandatory under the law and force from time to time or as the bank regards necessary and / or expedient under the banking practice / procedure or to maintain the comity and fair - play between the Bank and the other banker.
7. The agreement herein contained shall not affect, prejudice or derogate from the bank's rights and privileges under the law including the right to claim set off, general and the bankers disposing or retaining lien or similar rights pertaining to my/our credit balance in the account with the Bank.
8. In the event of any malfunctioning and /or breakdown in the working of the said network for the reasons beyond the control of the Bank, the benefits and the facilities hereby granted to me / us will stand Suspended during such break-down in which case the Bank will not in any manner be liable and / or responsible to me / us for any damages compensation and / or for any other consequences arising out of such suspension.
9. I/We agree to hold the Bank indemnified in case the bank suffers any manner be liable and / or responsible to me / us for any damages/ compensation and / or for any other consequences arising out of such suspension.

Debit Card:

I/We give my consent to forward the debit card and PIN no. to the correspondence address recorded with the bank. I/We state that Arvind Bank shall not be held liable in case of any losses, damages, etc. suffered in the event the debit card and PIN no. are forwarded to the correspondence address registered with the bank. I have read and understood the terms and conditions governing the usage of the of the debit card. I accept to be bound by the said terms and conditions and to any changes made therein from time to time by the bank, at its sole discretion without any notice to me. I confirm that I am the sole account holder or have the required mandate to operate all the accounts linked to the Debit Card (s) singly and that I have completed 18 years of age. I understand that upon the issue of a Debit Card to me, the existing ATM Card linked to my account will be deactivated. I understand and undertake that the usage of Debit Card shall be strictly in accordance with the Exchange Control Regulation and in event of any failure to do so, I will be liable for action under the Foreign Exchange Management Act 1999 and the amendments thereof stipulated by the Reserve Bank of India. I accept full responsibility for my Debit Card and agree not to make any claims against Arvind Bank, in respect thereto.

General:

I/We have read the terms and conditions of the Bank and pertaining to the current accounts and anywhere banking, tele banking, internet banking, and ATM cum Debit Card facility. I / We have understood the same and agree to abide by such /any other terms and conditions that may be in force from time to time. I / We have also read the Bank's "Schedule of charges" for the respective and agree to abide by the same. I/We have also understand that terms & conditions and the service charges are subject to change without any prior notice. The information furnished / declaration given by me / us in this form is true and I/We shall be held responsible for the same at all times. For the purpose of providing certain services, the bank is / may be required to engage the services of specialized and the other service provider / agents. I / We agree that the bank may / would be required to furnish any information regarding my/our account to these service providers / agents. I / We also understand that the continuation of the * accounts is at the Bank's sole discretion, and in case of dissatisfaction with the conduct of the account, the bank has right to close the account after giving suitable notice or withdrawn some / all services / concession granted to me / us.

Mobile Banking

I/We am/are responsible for the registration of Mobile Banking at the Hand phone Number/s mentioned above. In the event of availing any additional/specialized facility through Mobile Banking, I/We shall be fully responsible for the account being debited on instruction from the above mobile number/s. I/We have no objection on to the fees, duties or any other charges which is associated with the service. In case of and mistake on my part or that of the mobile service provider in respect of these services, I/We agree that the Bank will not be responsible and agree not to make any claim against the Bank. **Terms**

& Conditions of NEFT/SEFT Executed in the RBI NEFTSYSTEM (as perform FT-2B)

I/We am / are desirous of availing the national electronic funds (NEFT) / special Electronics Funds Transfer (SEFT) through the RBI NEFT System. In consideration of the bank agreeing to extend to me / us the said NEFT facility, I/we hereby agree to and undertake the following terms and conditions.

1. Definitions (a) "customer" means the person named here in above who has execute the Agreement, (b) "Bank" means Arvind Bank Ltd. (c) "SEFT Facility" means the Special Electronic Transfer Facility through the RBI NEFT System, (d) "Security Procedure" established by agreement between the bank and the customer for the purpose of verifying that the payment order or communication amending or cancelling a payment order transmitted electronically is that of the customer or for detecting error in the content of the payment order or communication. A security procedure may require the use of algorithms or other codes, identifying words or numbers, encryption callback procedures or similar security devices, (e) words or expressions used in this Agreement, but not specifically defined herein shall have the respective meaning assigned to them in the RBI NEFT Regulation, 1996.

2. Scope of the Agreement (a) This Agreement shall govern payment order issued by the customer during the period of validity if the Agreement, (b) This Agreement shall be in addition to and not in derogation of the RBI NEFT Regulation 1996. The customer has gone through and understood the RBI (NEFT System) Regulation, 1996 and agrees that the rights and obligations provided there in so it relates to the originator shall be binding on him / it in regard to every payment order issued by him / it for execution in the SEFT System, (c) the customer understand and agree that nothing in this Agreement shall construed as creating any contractual or other rights against the Reserve Bank or any participant in the SEFT System, other than the bank.

3. Commencement and termination (a) This Agreement shall come into force as soon as a security procedure is established by mutual agreement between the bank and the customer, (b) the Agreement shall remain valid until it is replaced by another agreement or terminated by either party of the account closed whichever is earlier, (c) Either party of this Agreement may terminate this Agreement by giving one month's notice in writing to the other party. Notwithstanding the termination of the Agreement the parties to the Agreement shall be bound by all transaction between them in regard to SEFT facility availed of by the customer before the termination of the Agreement.

4. Security Procedure (a) For the purpose of agreement for security procedure, the bank may after one or more or a new combination of one more security device, (b) A security procedure once established by Agreement shall remain valid until it is changed by mutual agreement.

5. Rights and obligation of customers (a) The customer shall be entitled, subject to other terms and conditions in the Regulations and this Agreement to issue payment orders for execution by the bank, (b) Payment order shall be issued by the customer in the form annexed hereto, complete in all particulars. The customer shall be responsible for the accuracy of the particulars given in the payment order execution by the bank, (b) Payment liable to compensate the bank for any loss arising on account of any error in his payment order, (c) The customer shall be bound by any payment order executed by the bank if the bank had executed the payment order in good faith and in compliance with the security procedure. Provided that the customer shall not be bound by any payment order executed by the bank if he proves that the payment order was not issued by him and that it was caused either by negligence or a fraudulent act of any employee of the bank, (d) The customer shall ensure availability of funds in his account properly applicable to the payment order before the execution of the payment order by the bank. Where however, the bank executes the payment order without property applicable funds being available in the customers account the customer shall be bound to pay the amount debited to his account for which on SEFT was executed by the bank pursuant to his payment order together with the charges including interest payable to the bank, (e) The customer hereby authorizes the bank to debit to his account any liability incurred by him to the bank for execution by the bank of any payment order issued by him, (f) Customers agree that the payment order shall become irrecoverable when it is executed by bank.

(g) Customer agrees that the bank is not bound by any notice of revocation unless it is in compliance with the security procedure, (h) Customer agrees that he shall not entitled to make any claim against any party in the RBI SEFT System except the bank, (i) Customer agrees that the event of any delay in the completion of the Funds Transfer or any loss on account or error in the execution of the funds Transfer pursuant to a payment order, the bank's liability shall be limited to the extent of payment of interest at the Bank Rate for any period or delay in the case of delayed payment and refund of the amount together with interest at the bank rate upto the date of refund, in the event of loss on account of error, negligence or fraud on the part of any employee of the Bank, (i) Customer agrees that no special circumstances shall attach to any payment order executed under the SEFT facility under this Agreement and under no circumstances shall attach to any payment order executed under the SEFT facility under this agreement and under no circumstances customer shall be entitled to claim any compensation in excess of that which is provided in clause (9) above, for any breach of contract or otherwise. Rights and obligations of the bank.

1. The bank shall execute a payment order issued by the customer duly authenticated by him as defined by the security procedure, unless: [a] the funds available in the account of the customer are not adequate or property applicable to comply with the payment order and the customer has not made any other arrangement to meet the payment obligation, [b] the payment order is incomplete or it is not issued in the agreed form, [c] The payment order is attached with notice of any special circumstances, [s] The bank has reason to believe that the payment order is to carry out an unlawful transaction, [e] The payment order cannot be executed under the RBI NEFT System.

2. No payment order issued by the customer shall be binding on the bank until the bank has accepted it.

3. The bank shall, upon execution of every payment order executed by it, be entitled to debit the designated account of the customer, the amount of the funds transferred together with charges payable thereon whether or not the account has sufficient balance.

4. Bank reserves the right to close the account in case of unsatisfactory conduct of the account.

Declaration

I/We have read and understood the Terms and Conditions [a copy of which I am in possession of] governing the opening of an account with Arvind Bank and those relating to various services including but not limited to ATMs/Debit card/Mobile Banking/Phone Banking/Net Banking/Bill Pay Facility. I/We accept and agree to be bound by the said Terms and Conditions including those excluding / limiting the Bank's liability. 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 agree that the Bank may debit my account for service charges as applicable from time to time. I/We am/are residents of India. Apart from this, the current Schedule of Charges has been received by me and I agree with the same. The address given for communication of the company is with our complete knowledge and consent.

I/We agree to maintain a minimum balance of Rs. _____ in the Arvind Bank Current account Product Name _____ failing which the Bank may deduct charges as per rules prescribed in schedule of charges.

I/We hereby declare that we will not raise any objection if personal and transactional information that is collected shall be used, stored, accessed, shared, retrieved and/or retained by the bank in its records for providing services, for operating MIS and other business requirements/purposes as well as for compliance and such other purposes as are legally permissible and shall be protected against unauthorized access in accordance with the banks policy and procedures in force from time to time such information may be used for the purpose of analysis search, survey to improve services and functioning of the of the bank as appropriate, such information shall be disclosed to third account parties as per requirement of law, statutory / regulatory authorities as per court orders for legal compliance in accordance with obligatory requests without reference to the customer.

The said information shall be maintained for specified period as per bank policy to comply with legal requirements even after the customers is discontinued.

O) You may convey promotional information through telephone calls /SMS /e-mail /Letters- Yes ☐ No ☐

X

Signature (s) or thumb impression
of the Authorised Signatory

X

Signature (s) or thumb impression
of the Authorised Signatory

X

Signature (s) or thumb impression
of the Authorised Signatory

X

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