

I, _____ do hereby declare that what is stated above is true to the best of my knowledge & belief.

PROPRIETOR FOR PROPRIETARY FIRM

As the concern known by the name of _____ with your Bank, I beg to declare that I, the undersigned, the sole proprietor of the said concern and that no other person is interested in it as partner or otherwise. I further undertake to inform you Bank in case there is any change in the constitution of the said concern.

(Signature of the Proprietor)

PARTNERS FOR PARTNERSHIP FIRM

As the firm of _____ propose to have dealing with your Bank we beg to inform you that we the undersigned are the partners in the said firm. We are jointly, and severally responsible to the Bank for the liabilities of the firm. We authorise the Bank to recover its claims and dues from any or all of us and the estate of any deceased partner. In case of death/retirement of any of the partner Bank may continue dealing with the remaining partners. We shall inform the Bank in case of any change in our partnership and our liability shall continue until we get Acknowledgement from the Bank of such changes.

(1) _____

(2) _____

(3) _____

(Signature of Partners)

WE AFFIRM AND DECLARE THAT:

We have read over and understood the rules and regulation of the Bank, present and as would be amended in future.

We shall bound by the rules, customs and norms of the Bank.

Bank or its agent shall not be liable for any loss/damage incurred to us for any action done in ordinary course of business.

We shall not have any objection if any transaction / related information is appraised to the competent authority.

We verify that the facts stated here-in-above are true and correct to the best of our knowledge and nothing has been concealed.

	FULL NAMES OF ALL AUTHORISED SIGNATORIES	INDIVIDUAL CIF NO OF AUTHORISED SIGNATORIES	SIGNATURES
1			
2			
3			
4			
5			

PLACE

DATE

TICK APPLICABLE ATTACHED DOCUMENT

FOR OFFICE USE;

1	Proof of Identification	a) Letter of Thanks has been sent to the introducer on _____ and acknowledgement is received on dt. _____						
2	Partnership Registration Certificate							
3	Certificate of Incorporation	b) Risk classification	LOW		MEDIUM		HIGH	
4	Memorandum of Association							
5	Articles of Association	c) KYC / RISK threshold limit (AMOUNT)					RS.	
6	Copy of PAN/GIR/TAN No.	I have verified details mentioned here-in-above & attachments and the required information has been entered in the system.						
7	Karta Form (For HUF)							
8	Copy of Association's Constitution							
9	Any other. Please specify below:							
		_____ SIGNATURE OF THE OFFICER						
		NAMF OF THE OFFICER _____						
		SPECIMEN SIGNATURE INDEX NO. _____						

NOTE; Branches are requested to obtain any other document/s required as per CO circulars issued from time to time.