



TTC CO-OPERATIVE BANK LIMITED

Head Office : 6, Vasant Vihar Soc., Nr. Mithakhali Six Roads, Navrangpura, Ahmedabad - 9.
Ph. : 079-26430154, 26430545 Fax : 079-26422991
Website : www.ttcbl.com | Email : headoffice@ttcbank.co.in

ACCOUNT OPENING FORM - LEGAL ENTITY

Date : _____

The Branch Manager

TTC CO-OPERATIVE BANK LIMITED

Customer ID _____

_____ Branch

Account No. _____

I/We request you to open an account for which I/We initially deposit Rs. _____ (Rupees _____ Only).

Please open my / our Saving A/c Current A/c FDRA/c Cash Credit A/c Loan

*Constitution

- | | | | | |
|--------------------------------------|---|--|--|--------------------------------|
| <input type="checkbox"/> Association | <input type="checkbox"/> Co-operative Society | <input type="checkbox"/> Educational Institute | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Public Ltd. Co. | <input type="checkbox"/> Religious Organisation | <input type="checkbox"/> HUF |
| <input type="checkbox"/> Club | <input type="checkbox"/> Private Ltd. Co. | <input type="checkbox"/> Others _____ | | |

*Nature of Business : _____

ENTITY DETAILS

Account Name* _____

Date of Incorporation / Formation _____ Date of Commencement of Business _____

Place of Incorporation / Formation _____ Country of Incorporation / Formation _____

PAN/GIR No.* _____ TIN or Equivalent Issuing Country _____

(Mandatory for Current Accounts)

TIN/GST Registration Number _____ IEC Number _____

For more than one GSTIN, kindly provide the details on letter head duly signed by authorised signatories

LEI Number _____ UCIC _____

PROOF OF IDENTITY (POI)*

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Officially valid document(s) in respect of person authorised to transact | <input type="checkbox"/> Trust Deed | <input type="checkbox"/> Bye-laws |
| <input type="checkbox"/> Certificate of Incorporation / Formation _____ | <input type="checkbox"/> Resolution of Board / Managing Committee | |
| <input type="checkbox"/> Registration Certificate _____ | <input type="checkbox"/> Power of Attorney granted to its manager, officers or employees to transact on its behalf | |
| <input type="checkbox"/> Memorandum and Articles of Association | <input type="checkbox"/> Activity Proof - 1 (For Sole Proprietorship only) _____ | |
| <input type="checkbox"/> Partnership Deed | <input type="checkbox"/> Activity Proof - 2 (For Sole Proprietorship only) _____ | |

(*A-Passport, B-Voter ID Card, C-Driving License, D-NREGA Job Card, E-National Population Register Letter, F-Proof of possession of Aadhaar, H-E-Kyc Authentication, I-Offline Verification of Aadhaar)

PROOF OF ADDRESS (POA)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Certificate of Incorporation / Formation | <input type="checkbox"/> Registration Certificate | <input type="checkbox"/> Other Document (Please Specify) _____ |
|---|---|--|

REGISTERED OFFICE ADDRESS / PLACE OF BUSINESS

Line 1* _____

Line 2 _____

Line 3 _____ City/Town/Village* _____

District _____ Pin / Post Code* _____ State / UT* _____

State / UT Code* _____ Country _____ ISO 3166 Country Code* _____ Phone _____

Mobile No. _____ Tel (Off) _____ Fax No : _____

E-mail ID _____

MAILING ADDRESS / LOCAL ADDRESS IN INDIA (If different from above)

Line 1* _____

Line 2 _____

Line 3 _____ City/Town/Village* _____

District _____ Pin / Post Code* _____ State / UT* _____

State / UT Code* _____ Country _____ ISO 3166 Country Code* _____ Phone _____

Mobile No. _____ Tel (Off) _____ Fax No : _____

E-mail ID _____

KEY PERSON CONTACT DETAILS* (You will receive statements/sms on the below details)

Name _____

Mobile No. _____ E-mail ID _____

24-12-2021

IN CASE OF FIXED DEPOSIT

Fixed Deposit Cumulative Deposit Recurring Deposit

Amount _____ Tenure _____ Years _____ Months _____ Days.

Payment of Interest Amount Monthly Quarterly Half Yearly On Maturity

By Transfer to my/our account No. _____ with TTC Bank _____ Branch.

By ECS Bank _____ Branch _____ IFSC Code _____

MICR Code _____ Account No. _____

I/We authorised TTC Bank to set standing instruction on my/our A/c. No. _____ for RD A/c.

AUTHORISED SIGNATORY DETAILS

Remarks (if any) _____

Declaration*

*I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we aware that I/we may be held liable for it.

*I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : _____ Place : _____

Mode of operation Singly Any one Jointly by all Proprietor Any one partner As per Board Resolution Special Instruction _____

Applicants should also
sign
across photograph

1st applicant

Signature

Name 1 _____

Related Person type _____

Applicants should also
sign
across photograph

2nd applicant

Signature

Name 2 _____

Related Person type _____

Applicants should also
sign
across photograph

3rd applicant

Signature

Name 3 _____

Related Person type _____

Applicants should also
sign
across photograph

4th applicant

Signature

Name 4 _____

Related Person type _____

Applicants should also
sign
across photograph

5th applicant

Signature

Name 5 _____

Related Person type _____

Applicants should also
sign
across photograph

6th applicant

Signature

Name 6 _____

Related Person type _____

FORM 60

Form for declaration to be filled by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B

If applied for PAN and it is not yet generated enter date of application _____ and acknowledgement number _____

If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) for the financial year in which the above transaction is held

a. Agricultural income (Rs.) _____

b. Other than Agricultural Income (Rs.) _____

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax. Verified today

the _____ day of _____ 20 _____

Date : _____ Place : _____

DECLARATION OF BENEFICIAL OWNERSHIP

I/We confirm and declare that

- Proprietary Concern**
I am the sole proprietor and the beneficiary / controlling person
- Partnership / Limited Liability partnership**
We are the partners, who whether acting alone or together, or through one or more juridical person, has ownership of / entitlement to more than 15% of capital or profits of the partnership.
- Company (Private / Public Unlisted / OPC)**
I/We the directors or persons having controlling ownership interest i.e. having ownership/entitlement of more than 25% of capital / profits / property or controlling through voting rights, agreement, arrangement etc.
- Trust / AOP / Society / Bank / 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 or ownership.
 - I/We the natural person(s), who whether acting alone or together, or through one or more juridical 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 declare that I/We have controlling ownership.

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 for tax	Signatory in the account Yes / No	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 / or incurred by the Bank any act done or omitted to be done on the above declaration.

Signature(s) of the Proprietor/Partner/Director/Trustee/Authorized Signatories along with name and stamp of entity.

(*The declaration should be signed by Proprietor/Partners in case of Partnership Firm/LLP and in all other cases as per resolution)

DECLARATION FOR A SOLE PROPRIETARY FIRM

I refer to the account opened by you in the name of _____ and declare as under, I the undersigned am the sole proprietor of the firm and solely responsible for liabilities thereof. I shall advise you in writing of any change that may take place in the constitution of the firm and I will be liable to you for any obligation which may be standing in the firm's name in your books on the date of receipt of such notice and until all such obligations have been liquidated.

Date : _____ Place : _____

HUF DECLARATION

I/We have read and understood the Textile Traders Co-op. Bank Ltd. account terms and conditions, a copy of which, I am in possession of. I/We accept and agree to be bound by the said terms and conditions including those excluding/limiting your liability. We agree that the bank may debit my/our account for service charges as applicable from time to time.

Declaration for a HUF

As our HUF firm wishes to open an account with your bank in the said name _____ we beg to say 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 family is carried on mainly by the said karta as also the other signatories hereto in the interest and for the benefit of the entire body of co-parceners of the joint family. We all undertake that the claims due to the bank from the said family shall be recoverable personally from all or any one 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 same act. We hereby undertake to inform the bank of the death or birth of a co-parcener or any change occurring at anytime in the membership of our joint family during the currency of the account.

Name & Signature of Karta _____

Sr. No.	Name of the Coparcener / Member	Gender (M/F)	Date of Birth (mandatory for minor Co-parceners)	Relationship with Karta	Signature (Adult Co-parceners)

DECLARATION FOR A PARTNERSHIP FIRM / LLP

Opening of a new account in the name of _____

We refer to the captioned account opened by you and declare as under.

We, the undersigned, are the only partners in the firm and are jointly responsible for liabilities thereof. We shall advise you, in writing of any change that takes place in the partnership and, all the partners will 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 shall have been liquidated.

Yours faithfully

Signature(s) without stamp

Signature(s) without stamp

(1)	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	(4)	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
(2)	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	(5)	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
(3)	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	(6)	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>

NOMINATION FORM DA1 (Only for sole proprietorship)

- I hereby confirm that I do not require any nomination facility in my account.
 I require nomination under section 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits.

Name _____

Address _____

State _____ Pincode _____ Relationship with Depositor : _____

As nominee is minor on this date, I/we appoint Mr./Mrs. _____

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

Nominee's Date of Birth _____ Relationship with Guardian : _____

Guardian _____

Address _____

State _____ Pincode _____

- I/We would like to extend this nomination for other Deposits/Account(s) opened by me in the name in future where request for such nominations are received through Internet / Mobile banking channels.

Name(s), Address and signature(s) of two witness (if thumb impression obtained)

Signature of Depositor