

Introduction Details

Introducers Name

Account No. Customer ID

Branch: _____ Mobile No.: Ph No.:

Email: _____

I know the applicant/s for the last _____ months / year,
 I confirm the identity, occupation and address of the applicant/s.

Date / दिनांक:

Signature of Introducer _____

Declaration

- * I/We declare that :
- I/we is/are availing credit facility/facilities from any other Bank. Yes No
 - I/we is/are a member of any other credit Co-op. Society/Bank. Yes No
- If yes for any of the above, give details in following format.

Name of the Bank/Credit Co-op. Soc.	No. of Shares	Nature of Facility	Sanction Amount	Balance as on	Expiry Date

* In case Borrower of any other Bank/Credit Co-op. Society. "NOC" of that Bank/ Credit Co-op. Society is required before opening of Account.

I / we affirm that, information furnished here in above is true and authentic to the best of my knowledge. I / we undertake that any change in the constitution / Authorised Signature will be communicated to Bank along with supporting documents immediately.

Date:

- 1) Signature with Rubber Stamp 2) Signature with Rubber Stamp 3) Signature with Rubber Stamp
- 4) Signature with Rubber Stamp 5) Signature with Rubber Stamp



Please give two references for business promotion:

Name _____ Email ID: _____ Ph.: _____

Name _____ Email ID _____ Ph.: _____

Attestation / For Office Use Only

KYC Documents taken on record

Documentary Proof

<input type="checkbox"/> PAN/TAN/CIN	<input type="checkbox"/> Shop Act License	<input type="checkbox"/> Registration Certificate
<input type="checkbox"/> Partnership Deed	<input type="checkbox"/> Memorandum of Association	<input type="checkbox"/> Article of Association
<input type="checkbox"/> Board Resolution	<input type="checkbox"/> Trust Deed	<input type="checkbox"/> Other (Please Specify) _____

Address Proof

<input type="checkbox"/> Electrical Bill (Latest) on Firm's Name	<input type="checkbox"/> Telephone Bill (Latest) on Firm's Name
<input type="checkbox"/> Other (Please Specify) _____	

Business Profile as per discussion with applicant:

Risk Allocation as per given parameters: High Medium Low

Eligibility of Introducer Checked Yes No

KYC Compliance checked and allowed to open an account

Emp. Name <input style="width: 40%; border: 1px solid black;" type="text"/>	Emp. Designation <input style="width: 40%; border: 1px solid black;" type="text"/>
Emp. Code <input style="width: 40%; border: 1px solid black;" type="text"/>	Emp. Branch <input style="width: 40%; border: 1px solid black;" type="text"/>
Identity Verification <input type="checkbox"/> Done Date <input style="width: 15%; border: 1px solid black;" type="text"/> <input style="width: 15%; border: 1px solid black;" type="text"/> <input style="width: 15%; border: 1px solid black;" type="text"/> <input style="width: 15%; border: 1px solid black;" type="text"/> <input style="width: 15%; border: 1px solid black;" type="text"/> <input style="width: 15%; border: 1px solid black;" type="text"/>	Signature _____

For Use of Account Opening Cell Only

Verified & found correct for further processing Date:

Name & Signature of the AOC Officer _____ Emp. Code _____