

# THE AHMEDABAD MERCANTILE CO-OP. BANK LTD.

(MULTI STATE SCHEDULED BANK)



Head Office : "AMCO HOUSE", Nr. Stadium Circle, Navrangpura, Ahmedabad - 380 009

Phone : 26426582 / 84 / 88 Fax : (079) 26564863

Email : amcobankadl@sancharnet.in, amco7466@dataone.in • Website : www.amco-bank.com

Branch : \_\_\_\_\_

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

Customer ID :

Account No. :

(Tick (√) relevant Type Account)

I/We request you to open my/our Current/Hypo/BD/FDOD/\_\_\_\_\_ account with your Branch / Bank

Title of Account \_\_\_\_\_

Proprietorship  Partnership  Corporate  other  Pl. Specify \_\_\_\_\_

FULL NAME IN CAPITAL LETTERS/ પુરુનામ Date of Birth/ જન્મતારીખ Pan/પાન or Form 60/61 MF Partner/Proprietor/Director/Trustee/Authorised Signatory

1. \_\_\_\_\_ / / \_\_\_\_\_
2. \_\_\_\_\_ / / \_\_\_\_\_
3. \_\_\_\_\_ / / \_\_\_\_\_
4. \_\_\_\_\_ / / \_\_\_\_\_
5. \_\_\_\_\_ / / \_\_\_\_\_

**Address/ સરનામું :**

1. **Permanent Address/ કાયમી સરનામું :** Phone No./ ફોન નં.  
 House/Bldg. No.: \_\_\_\_\_ (R) \_\_\_\_\_  
 Street : \_\_\_\_\_ (O) \_\_\_\_\_  
 Area : \_\_\_\_\_ (M) \_\_\_\_\_  
 City : \_\_\_\_\_ Pin \_\_\_\_\_ (M) \_\_\_\_\_  
 Email : \_\_\_\_\_

2. **Correspondence Address/ પત્ર વ્યવહારનું સરનામું :**  
 \_\_\_\_\_  
 \_\_\_\_\_

Introducers Customer ID :

Introducer's Name/ ઓળખાણ આપનારનું નામ : \_\_\_\_\_

Branch Name શાખાનું નામ	A/C Type ખાતાનો પ્રકાર	A/C No. ખાતા નં.	Sign સહી
_____	_____	_____	_____

A/C Opened by \_\_\_\_\_ Verified by \_\_\_\_\_ Manager \_\_\_\_\_

# THE AHMEDABAD MERCANTILE CO.OP. BANK LTD.

Customer Profile Form

Customer ID

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**I PERSONAL DETAILS / DETAILS OF FIRM :**

Full Name : \_\_\_\_\_

Occupation : \_\_\_\_\_

Sp. Category : Industry       Trading       Agency       General   
    : SC       ST       Minority       Other

**II INCOME DETAILS :**

AS PER TAX RETURN YEAR			
Upto 5000 <input type="checkbox"/>	5001-10,000 <input type="checkbox"/>	10,001-25,000 <input type="checkbox"/>	Above Rs.25,000 <input type="checkbox"/>
Estimated Annual Income From The Business / Profession / Occupation		Rs.	p.a.
Other Income Any		Rs.	p.a.

**III ASSET OWNED / POSSESSED**

Office		Firms Own	<input type="checkbox"/>
Godown		Partners / Directors	<input type="checkbox"/>
Vehicles owned : No of cars			No of Two Wheelers

(In case of Proprietorship)

**FORM DA 1**

Nomination under section 45ZA of the Banking Regulation Act 1948 2(i) of the Banking Companies (Nomination) Rules 1985 in respect of Bank deposits.

I/We \_\_\_\_\_

Address \_\_\_\_\_

Nominate the following person to whom in the event of my/our/minor's death the amount of the deposit may be returned by The Ahmedabad Mercantile Co. Op. Bank Ltd. branch.

Nominee				
Name	Address	Relationship with Depositor, if any	Age	If Nominee is a minor, her/his Date of Birth

As the nominee is a minor on this date, I/We appoint  
 Shri/Smt./Kum. \_\_\_\_\_  
 Address \_\_\_\_\_

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

Place : \_\_\_\_\_  
 Date : \_\_\_\_\_

Thank you, I do not want to nominate anyone at present

Signature : \_\_\_\_\_

# PARTNERSHIP LETTER (भागीदारी पेढी माटे)

To,  
**The Ahmedabad Mercantile Co. Op. Bank Ltd.**  
Ahmedabad. (Multistate Scheduled Bank)  
Dear Sir, Date \_\_\_\_\_ 20

As the firm of \_\_\_\_\_ Carrying on business  
as \_\_\_\_\_ at \_\_\_\_\_

and elsewhere (hereinafter referred to as 'the Firm') have or desire to have dealing with The Ahmedabad Mercantile Co. Op. Bank Ltd. we hereby inform you that we the undersigned are partners of the said firm and each of us has full under stricted authority to sign on behalf of and to bind the firm. We also give below the names of our other partner, if any who also have unrestricted authority to bind the firm and who have not, owing to absence or for other reasons, signed this firm.)

We the partners who have signed and the partners who have not signed if any are jointly and severally responsible to the Bank for all the liabilities of the firm to the Bank. The Bank may recover its claims from the estate of any or all the partners of the firm and in case any partners is a member of a joint family from the estate of the joint family and the interest therein of every copartner of the family.

Whenever any change occurs in the constitution of the firm we (the partners) undertake immediately to inform the Bank in writing and our individual responsibility and that of our respective estate of the Bank will continue until we receive from the Bank acknowledgement of the change our constitution and until all our liabilities to the Bank prior the aforesaid charge are discharged.

We (the partners) also undertake that all acts of the firm purporting to be done on behalf of the firm before the Bank shall have received notice of any change in the constitution of the firm shall be binding on the firm and each of us and our respective estates until all liabilities in respect of such acts shall have been discharged.

We declare the partnership registered / unregistered

Yours faithfully.

Full Name of all Partners

Individual Signatures

Signatures on behalf of the firm

Full Name of all Partners	Individual Signatures	Signatures on behalf of the firm
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

To,  
**The Ahmedabad Mercantile Co. Op. Bank Ltd.**  
Ahmedabad. (Multistate Scheduled Bank)  
Dear Sir, Date \_\_\_\_\_ 20

## भागीदारी पेढी माटे

I am the sole proprietor of \_\_\_\_\_ have or desire to have dealing with Bank, I am responsible to the Bank for the liabilities of \_\_\_\_\_ to the Bank. The Bank can recover its claim from me.

Whenever any change occurs in \_\_\_\_\_ I undertake to inform the Bank of the same in writing and my responsibility to the Bank will continue until I receive from the Bank an acknowledgement of the letter and until all my liabilities with the Bank are discharged.

Yours faithfully.

Date \_\_\_\_\_ 20

The Manager,  
**The Ahmedabad Mer.Co-op. Bank Ltd..**  
Ahmedabad.

Dear Sir,  
I, the undersigned beg to inform you that I am the sole proprietor of the Firm of \_\_\_\_\_ and I am 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 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 obligation shall have been liquidated. (Please tick one option)

- (I) I also inform you that I have not opened any account in the name of firm as Proprietor in any bank or have borrowing of any bank or liability.
- (II) I have account in following bank, I have enclosed NOC from this bank to open account with your bank.

Bank :

Address :

Phone No. :

(Personal Signature of the Proprietor.)

