

# Customer Declaration (Other than Sole Proprietorship)

## Important Note

- All the fields are mandatory
- Fill the form in **CAPITAL** letters and tick where applicable
- Sign in **BLACK** ink only
- Please paste the photograph at the space provided and sign across (signature 1/4th on the photograph and 3/4th on the form)
- Each page to be signed by at least 1 authorised signatory with entity stamp
- Authenticate any overwriting/ cancellations with full signatures
- Please provide respective **proof of address** for all addresses and **proof of identity** for all individuals as mentioned in Annexure 1
- Please provide **proof of identity** for entity as mentioned in Annexure 1
- Provide separate proof of identity wherever Former or Other name is mentioned
- Please provide correct PAN with PAN Card/ Allotment Letter copy as proof. As per the new section 206AA in the Income-tax Act, 1961 it has become mandatory for payers to withhold tax at a higher rate if the payee does not provide its Permanent Account Number (PAN). This provision is applicable from 1 April 2010
- Please note that the original documents would be required to be sighted by the Bank employee for verification purpose prior to accepting any photo copies of the same.

## Section - I (Customer Level Information)

### A. Business Details

Name of the Entity:

Customer Number:  -

Entity Type:  Limited Company  Partnership  HUF  Trust  
 Society  Association  LLP  Club

I/ We hereby confirm (please tick as applicable)

Yes, the Entity is a Voluntary Organisation (VO)/ Non Governmental Organisation (NGO)/ Not for Profit Organisation (NPO)

No, the Entity is not a Voluntary Organisation (VO)/ Non Governmental Organisation (NGO)/ Not for Profit Organisation (NPO)

*Voluntary organisations (VOs) / Non Governmental Organisations (NGOs) / Not for Profit Organisations (NPOs) include organisations engaged in public service, based on ethical, cultural, social, economic, political, religious, spiritual, philanthropic or scientific & technological considerations. VOs include formal as well as informal groups, such as: community-based organisations (CBOs); nongovernmental development organisations (NGDOs); charitable organisations; support organisations; networks or federations of such organisations; as well as professional membership associations. VOs /NGOs /NPOs are not controlled by Government and includes any entity or organisation that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a company registered under section 25 of the Companies Act, 1956 (1 of 1956).*

Country and date of formation/ registration:

I/ We hereby confirm (please tick as applicable for entities registered outside India)

Yes, the entity is a Branch/ Project/ Liaison Office of the Entity registered outside India. (Please submit RBI approval)

Yes, the entity is registered outside India but does not have a Branch/ Project/ Liaison Office in India.

**Permanent Account Number (PAN):** (Please tick whichever is applicable)

Our/ My PAN is

I/ We hereby declare that we are not assessed for Income Tax, as our income is below the maximum amount which is not chargeable to Income Tax, and accordingly the provisions pertaining to PAN are not applicable in our case. (Please provide PAN Card copy or PAN allotment letter as proof).

Our income is exempted from tax deduction at source under the provisions of Income-tax Act, 1961. (Please provide details along with supporting documents and PAN as applicable).

As per the Regulatory requirement, it is mandatory to provide the PAN/ Form 60 by all the applicants during opening of a Bank account. In case the Form 60 mentions reason as 'applied for PAN', then the applicant to provide a copy of PAN Card within [30] days of making such an application to the Income Tax Authorities. Failing which the Bank reserves the right to reject the account opening/ block/ close the relationship without any further notice.

Line of Business:

Nature of Product/ Services Offered:

## B. Contact Information

### Registered Address:

Name of the Contact Person:

Tel.:  Mobile:  Fax:

E-mail:

Address:

City:

State:  Pin:  Country:

Customers are advised to inform the bank, in writing and along with a valid proof of address, of any change in registered, correspondence or business address within two weeks of such a change taking place.

\_\_\_\_\_  
Signature

## C. Director(s)/ Partner(s)/ Office Bearer(s) who is/ are not authorised to operate the account Please provide the details below if applicable.

1. Full Name:

'Former' or 'Other' Name (if any):

Nationality:  Date of Birth:

Residential Address:  Pin:

Permanent Address:  Pin:   
(if different from residential address)

Customer Type:  Director  Partner  Office Bearer

2. Full Name:

'Former' or 'Other' Name (if any):

Nationality:  Date of Birth:

Residential Address:  Pin:

Permanent Address:  Pin:   
(if different from residential address)

Customer Type:  Director  Partner  Office Bearer







**Correspondence Address (if different from Business Address):**

Name of the Contact Person:

'Former' or 'Other' name (if any):

Tel.:  Mobile:  Fax:

E-mail:

Address:

City:

State:  Pin:  Country:

Customers are advised to inform the bank, in writing and along with a valid proof of address, of any change in registered, correspondence or business address within two weeks of such a change taking place.

\_\_\_\_\_  
Signature

**B. Authorised Signatories and Delegate(s)**

Please provide details of Authorised Signatories/ Delegate(s) for all your accounts. For each authorized signatory/ delegate, please provide us (a) latest photograph, (b) self-attested photocopy of proof of photo-identity, (c) self-attested photocopy of proof of address and (d) self-attested photocopy of power of attorney (if applicable) as per the list of approved documents provided in Annexure 1.

If you wish to add or delete authorised signatories/ delegate(s) or if their details have changed, please update it in our bank records by providing us a separate letter/ mandate/ resolution (as applicable).

**List of Authorised Signatories**

Account number :

1. Full Name of the Signatory:

'Former' or 'Other' Name (if any):

Nationality:  Date of Birth:

Country of Residence:  Occupation:

Telephone:  Mobile:

Sole Proprietor       Partner       Director       Karta  
 Authorised Signatory       Sole/ 1<sup>st</sup> Joint Holder

Residential Address:

Pin:

Permanent Address:

(if different from residential address)

Pin:

Please affix signatory's photograph

2. Full Name of the Signatory:

'Former' or 'Other' Name (if any):

Nationality:  Date of Birth:

Country of Residence:  Occupation:

Telephone:  Mobile:

Sole Proprietor       Partner       Director       Karta

Authorised Signatory       Sole/ 1<sup>st</sup> Joint Holder

Residential Address:

Pin:

Permanent Address:

(if different from residential address)

Pin:

Please affix signatory's photograph

3. Full Name of the Signatory:

'Former' or 'Other' Name (if any):

Nationality:  Date of Birth:

Country of Residence:  Occupation:

Telephone:  Mobile:

Sole Proprietor       Partner       Director       Karta

Authorised Signatory       Sole/ 1<sup>st</sup> Joint Holder

Residential Address:

Pin:

Permanent Address:

(if different from residential address)

Pin:

Please affix signatory's photograph

4. Full Name of the Signatory:

'Former' or 'Other' Name (if any):

Nationality:  Date of Birth:

Country of Residence:  Occupation:

Telephone:  Mobile:

Sole Proprietor       Partner       Director       Karta

Authorised Signatory       Sole/ 1<sup>st</sup> Joint Holder

Residential Address:

Pin:

Permanent Address:

(if different from residential address)

Pin:

Please affix signatory's photograph





4. Full Name of the Signatory:

'Former' or 'Other' Name (if any):

Nationality:  Date of Birth:

Country of Residence:  Occupation:

Telephone:  Mobile:

Residential Address:

Pin:

Permanent Address:

(if different from residential address)

Pin:

Please affix signatory's photograph

I/ We declare that the information given herein by me/ us for each of the account(s) and customer number is true and correct, which the Bank is entitled to verify directly or through any third party agent. I/ We also agree that, if any such declarations made by me/ us are found to be incorrect, the Bank is not bound to pay any interest on the account(s) opened by me/ us and is entitled to terminate the relationship.

I/ We agree that the Bank should consider only the above signatories as authorised for the account.

I/ We agree that the Bank will not be liable if any cheque/ ECS/ transactions/ standing instructions, which are signed by any person other than the above mentioned signatories, are presented hereafter, even though dated prior to this date.

**Signature of Chairman/ Company Secretary/ 2 Directors/ Sole Proprietor/ All Partners/ Karta  
Authorised Personal for Society or Association or Trust With rubber stamp of entity**

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

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

For Office use only:

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

PSID: \_\_\_\_\_

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

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

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