

## THE ADARSH CO-OPERATIVE URBAN BANK LTD.,

# 1-251/1, MPR Complex, Phase - 1, IDA, Jeedimetla, Hyderabad - 055 Phones: 23094422, 23191851, 23191852, Fax: 23098833

CC No.	
SB NO	

ACCOUNT OPENING FORM FOR PARTNERSHIP FIRMS/COMPANIES/CLUBS/ASSOCIATIONS & UNREGISTERED BODIES

Please open my/our	O Current A/o	C			Date:
Part of the State	Partnership	Pvt Ltd. Co.	Public Ltd. Co.	Regd. Assn.	☐ Un Regd. Assn.
	Jointly	☐ Either or Survivo	or / Severally	Any other (	Specify)
NAME OF TAXABLE PARTY.		Elater of Garvive	3.7.0070.0.0		
Name of the Accou		od mysk -			
Names of Partners	/ Directors / Offic	ce Bearers along w	ith Addresses & Phor	ne Nos.	
1.					
2.			14		
					April 1
3.					
3.					
4.					
-					
5.					
INTROIDUCTION	DETAILS:				For BANK'S USE
					Signature and Date of
Address					Account Opening verified
		A/c No	Ph/Cell No.(s).		
I/We know the a applicant(s) to the	pplicant(s) person Adarsh Co-opera	onally for the last ative Urban Bank Ltd	Years and id., Jeedimetla.	recommend the	
			Signature		Signature of Bank Officer

We undertake to bring to the notice of the Bank any change in our constitution by submitting apporpriate evidence.

Whenever any claim or demand is made in writing by Government authorities such as Commercial Tax Officials, Income Tax Authorities, EPF Officials, esi Officials etc., to remit from our account towards their dues, Bank is at liberty to debit our account and remit to such authorities, without referring the matter to us. We have no claim as such against the Bank what so ever such statutory remittances.

I/ We have read and understood the Terms and Conditions (a copy of which I am in possession of) governing the opening of an account with Bank and those relating to various services. I/We accept and agree to be bound by the said Terms and Conditions including those excluding limiting the Bank's liability. I/We understand that the Bank may, at its absolute discretion, discontinue any of the services completely or partially without any notice to me/us I agree that the Bank may debit my account for service charges as applicable from time to time. I/We confirm that I/We am /are residents of India. I/We donot enjoy and credit facility with any other bank. We undertake to inform you as and when credit facilities are availed by us with other banks.

Further in the matter of acknowledging debt arising out of debit balances in this account or anyother facility/facilities granted to any one of us or all of us, the debit acknowledged by any one of us or payment made by any one of us into any of such debt/debts is binding on all of us.

The Bank is at liberty to send the cheques post or by courier, and Bank has no respo	nsibility what so ever in the matter i	credit of this account b ncase such an instrume	y ordinary post or by Registered. ent is lost in transit.
Signature  Note: Please sign in black ink. Photogra	Signature aphs shoud be signed across by the	applicants. Sole propri	Signature etors to sign with firm's stamp
Photo	Photo		Photo of the Nominee (Optional)
Name	Name	Name	
DOCUMENTS FURNISHED (Please Tick)  ☐ Passport Size Photographs 2 Nos.  ☐ Residence Proof	FOR BANK USE Account opening apporved by	CC Entered by :	Authorised by :
	Authorised Signatory	Scanning by :	Authorised by :

## Check List:

- Whether Partnership Deed is Received.
- 2. Whether Memorandum of Association and Articles of Association is Received.
- Whether Certificate of incorporation is Received.
- 4. Whether Certificate of Commencement of Business is Received
- Whether Resolution is receive to open and operate the account is Received.
- 6. Whether Proof of Identification as Signatories to the Account is Received.

## PARTNERSHIP LETTER

To, The Branch Manager The Adarsh Co-op. Urban Bank Lt	d.	Place :
Dear Sirs,		
we the undersigned	(here write the names of partners)	
	***************************************	
	***************************************	
	trading in partnership under the name and style	d that our firm has been been been been been been been bee
and provisions of the Indian Partnershi	p Act with Registar of Firms at	
request you to take notice that every or notes, hundies, bills and other negotiab our liability or the liability of our firm to yo as co-obligant. We further hereby intimatione part and ourselves on the other part in respect of all or any of the aforesaid tracticement in the manner required under the liable to you for any act done by any further in the matter of making payments and when called upon by the acknowledgement made or given by any payments and acknowledgments so reseverally for the purpose of law of limital hade as agent/s of the other or other part and acknowledgement and acknowledgement or other payments.	e not with standing any provision in our deed of pa	cept and negotiate cheques, Promissory of we also request you to take notice that in if any third party joins in the transaction adarsh Co-op. Urban Bank Ltd., on the of each and everyone of us is liable to you be liable to issue notice to you regarding a partners shall be liable and continue to tirement as aforesaid.  Takknowledging the liabilities or any part itation we declare that the payments or bintly and/or severally and that the said itation against all of us jointly and / or payment/s shall be taken as given and artnership, which may conflict, with any  Yours faithfully
	Address and Telephone No.	Signature
The state of the state of		