



THE COSMOS CO-OP. BANK LTD.

(Multistate Scheduled Bank)

Registered Office: 'Cosmos Tower', Plot No. 6, ICS Colony, University Road, Ganeshkhind, Shivajinagar, Pune - 411007. Ph.: 020-67086708
Email: customercare@cosmosbank.in | www.cosmosbank.com

CURRENT ACCOUNT OPENING FORM

RTS No.: M

FORM NO.: CA

Branch : _____

Branch SOL ID: _____ Date:

D	D	M	M	Y	Y	Y	Y
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Customer ID :

Account No.

Please open an account as per details given below (whichever is applicable)

Current - Regular Premium Premium plus Royale Other(Please specify) _____

Account operation by - Proprietor Single Joint Either or Survivor Specific Any One

Initial Deposit - Cash Cheque (Cheque No _____ Date _____) Amount ₹ _____

I / We wish to avail of following E-Banking Services

Internet Banking (Cosmo Net + IM Banking) View only Transaction (1st Holder 2nd Holder 3rd Holder All)

Cosmo Visa Debit Card Cosmo RuPay Card QR Code

E-mail Id : _____

Cosmo E-Statement (Frequency - Monthly Quarterly Six Monthly Yearly)

Please offer me : Cheque Book Flexi Fixed Deposit Scheme (Auto Sweep)

NAME OF THE APPLICANT INDIVIDUAL / FIRM / COMPANY

(Mr/Mrs/M/s) :

Address: (Office)

Nearest Landmark

Address: (Factory)

Nearest Landmark

Tel:(Office)

 Factory

 Mobile

E-mail: _____

NAME OF THE PROPRIETOR / PARTNERS / DIRECTORS (Please fill up individual customer profile for each Partner / Director)

FIRST NAME

MIDDLE NAME

LAST NAME

1st Applicant's Name Mr/Mrs/Ms/M/s.

Customer ID.

 User ID _____ User Level

 *

Mobile No.

 E-mail: _____

2nd Jt. Applicant's Name Mr/Mrs/Ms/M/s.

Customer ID.

 User ID _____ User Level

 *

Mobile No.

 E-mail: _____

3rd Jt. Applicant's Name Mr/Mrs/Ms/M/s.

Customer ID.

 User ID _____ User Level

 *

Mobile No.

 E-mail: _____

* Important note: Level 1 - Initiator Level - 2, 3 Approver Level - 4 Initiator & Approver (Only in case of A/c operation Proprietor, E/S, Anyone)

Account Usage

Particulars	Deposits	Withdrawals
1. Anticipated number of cash transactions per month		
2. Anticipated value of transactions per month		
3. Total funds expected to be deposited in to the account over next three months		
4. Anticipated number of transactions per month (cheques / transfer etc.)		

Nomination Form - DA - 1 / (Applicable for Proprietary Firms)

Yes, I/We wish to nominate (as per details below)

No, I/We declare that I do not wish to make a nomination in my/our account.

Nomination under section 45 ZA read section 56 of the Banking Regulation Act, 1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rules, 1985 in respect of bank deposits.

I/We [(Name(s) & address (es))]

Nominate the following person to whom in the event of my/our minor's death, the amount of the deposit, particulars whereof are given below, may be returned by The Cosmos Co-op. Bank Ltd. Branch (Name & address of branch/ office where deposit is held)

Nature of Deposit	Distinguishing No.	Name & Address of Nominee	Relationship with the Depositor, if any	Age of the nominee	If Nominee is a minor his Date of Birth

As the nominee is a minor on this date, I/We appoint Mr/Mrs/Ms. (Name, address & age) _____

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.

1] _____ 2] _____ 3] _____
Witness: Two witness are necessary for nomination only when the • Depositor is illiterate • Depositor is minor • Nominee is minor

Witness - 1: Signature: _____

Witness - 2: Signature: _____

Name: _____

Name: _____

Address: _____

Address: _____

Declaration for Proprietor

I, the undersigned hereby inform you that I am the sole proprietor of the firm M/s. _____ and I am solely responsible for liabilities thereof. I shall advise you in writing of any change in constitution of the firm and I will be liable to you for any obligations 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 fully liquidated. The documents & its contents submitted at time of opening of this account are true and correct.

Date:

D	D	M	M	Y	Y	Y	Y
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Place: _____

[To be signed by the Proprietor of the firm without rubber stamp]

Declaration for Partnership Firm

We, the undersigned are the only partners in the firm. We are jointly & severally responsible to the Bank for liabilities of the firm with the Bank.

The Bank may recover its claims from the estate of any or all the partners of the firm.

We shall advise you in writing of any change that take place in the partnership and all the present 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 receipt of such Notice and until all such obligations shall have been liquidated. The documents and its contents submitted at the time of opening of this account are true and correct.

1. Name _____

Signature _____

2. Name _____

Signature _____

3. Name _____

Signature _____

Date:

D	D	M	M	Y	Y	Y	Y
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 Place: _____

[To be signed by the Partners of the firm without rubber stamp]

Specimen Format for Resolution for Current Account of Company, Trust, Society, Club, AOP along with Net Banking

Resolution No.: _____ **Resolution Date:** _____
RESOLVED that the CURRENT ACCOUNT Along with INTERNET BANKING Facility for M/s. _____ be opened with The Cosmos Co-op. Bank Ltd., and the said Bank be and is hereby authorized to honor cheques, bills of exchange and promissory notes drawn or made on behalf of the _____ by _____ and to act on any instructions jointly/ singly, so given, relating to account whether the same be overdrawn or not.

The Following are the directors/ trustees/ authorised signatories of the Company / Trust/ Society/ Club -

1) _____
2) _____
3) _____

Master information of the authorised signatories

Sr.No	Account Holder Name	Mobile No.	Email ID

Details of the users who will operate the NET Banking Account

Name	User ID	Access Rights View or Transaction	Transaction Limit	User Level

Important Note: Level - 1 Initiator

L2 - L3 Approver,

L4 Initiator & Approver (Only in case of A/c operation E/S)

This resolution shall remain in force until in writing of its withdrawal or cancellation is given to the bank by authorised signatory of the company.

Authorised Signatory

Stamp- Company / Trust/ Society/ Club Dry Seal/ Rubber Stamp & Signature (The said resolution should be printed on letter head & signed with Seal/ Rubber Stamp)

Declaration for Trusts / Associations / Societies / Clubs

The account will be operated by _____ who has / have been authorised by the Bye-Laws / Memorandum of Association / Articles of Association / Trust Deed and Resolution No. _____ Dated _____ of the Trustees / Director / Authorised signatories. A certified copy of the resolution signed by all Trustees / Directors / Authorised Signatories is attached herewith.

A copy of the Bye-Laws / Trust Deed / Memorandum of Association and Articles of Association dated _____ duly certified is sent herewith. In future if any change is required in the name of the operators of the account it will be effected by a resolution of the Board of Trustees and you will be informed accordingly in writing by all the trustees and you will allow such person to operate upon the account.

We agree to comply with and be bound by Bank's rules now and from time to time in force for the conduct of such accounts. We have received the deposit rules annexed to this account opening form and agree to abide by the same.

We shall submit prior permission communication from Ministry of finance for accepting foreign contribution within 3 months and you may not accept any foreign contribution till such time we submit the communication.

We certify that this is the only FCRA Account opened and held by the trust and that the foreign contribution received by the Trust will be strictly in accordance with FCRA Act and Rules.

Name of Trustee/ 1. _____ Signature _____
Directors / 2. _____ Signature _____
Authorised Signatories 3. _____ Signature _____

Special Note

- Current account having no account operations initiated by customer for more than one year will be treated as Inoperative Accounts as per RBI guidelines. The accounts having no operations initiated by customer for more than two years will be treated as Dormant Accounts.
- Account operations will be ceased after six months from the date of account opening for non-submission of Aadhaar till submission.
- Mobile Number mentioned in Account Opening form is considered as primary mobile number and all SMS/Alerts related to account will be sent to that Number.
- For activation of Dormant Account, customer will have to submit latest KY documents and latest photograph along with letter giving reasons for non-operation of account.

Comprehensive Declaration & Instructions

I/We confirm having read and understood the account rules and hereby agree to be bound by the terms and conditions governing the account which I/We am / are opening / will open and amendment to the rules made from time to time and those relating to various services availed by me / us when displayed by the Bank on its Notice Board or on its website- www.cosmosbank.com and those relating to various services offered by the Bank including but not limited to ATM Card/ Debit Card / Internet Banking / SMS Banking / IM (Internet + Mobile) Banking / Flexi Fixed Deposit Scheme / Sweep in Sweep Out and other facilities offered by the Bank. The usage of these facilities is governed by the terms and conditions stipulated by the Bank from time to time.

I/We have read/ understood and agreed to 'Most Important Terms & Conditions' including the interpretation of rules, risk, limits, charges and other conditions.

For Premium / Royale Account

Bank reserves the right to revise the charges applicable to any of the chargeable services or to discontinue any of the free services without prior notice. Other rules applicable to Current Bank Account will be applicable to requested scheme. If I/We fail to maintain the prescribe balance in the account under requested scheme, for consecutive 4 quarters, Bank reserves the right to shift the account to Regular Current Account Scheme and withdraw the benefits offered under requested scheme without prior notice. I/We hereby given my/our consent for the same.

For IM (Internet + Mobile) Banking

- In case you find multiple customer IDs attached for my / our different accounts, I / we accept & agree to merge those multiple customer IDs in one customer ID as per RBI directives, which will also be used as authenticated login user ID for Internet Banking / IM (Internet + Mobile) Banking.
- I/We authorize the applicant to access the account(s) via the channels selected further. We accept and agree to be bound by the said terms and conditions for the use of Internet Banking / IM (Internet + Mobile) Banking selected services.
- Cosmos Bank shall not be responsible and liable to monitor the nature of expenses incurred by the use of the said Net Banking facility.
- All transactions carried in the above mentioned account/s through use of the Net Banking facility shall be binding on the corporate entity and Cosmos Bank shall all times be kept saved and harmless from all actions, claims, demands, proceedings losses, damages cost, charges and expenses whatsoever which Cosmos Bank may at any time incur, suffer or to be put as a consequence of or by reason of or arising out of transaction carried out through the Net Banking facility.
- Cosmos Bank shall at all times be informed of any change in the operating instructions for Net Banking facility by furnishing necessary documents in writing and in such events to change the Net Banking password forthwith.
- I/We further agree that since the mode of operation of our Account is Joint (one initiator & all other approvers), the transaction/s initiated by any one holder will have to be approved by other Joint Holder/s. I/We further affirm, confirm and undertake that I/We will be responsible for any action by any of us using Internet Banking Facility.
- I/We hereby state that should I/We wish to change/revoke the above authorization, I/We shall duly submit a change mandate to that effect to the bank.
- I/We hereby agree that till 10 (ten) working days, after receipt of such change mandate existing account operations shall be held good.
- I confirm that I will keep all banking information and password securely. I will not share any of important banking information to any unknown person.
- I also confirm that all the information given above belongs to me and can be used to update my records in your bank.

To be signed by Proprietor / Director / Partner / Trustees

Signature of
1st Applicant

Signature of
2nd Applicant

Signature of
3rd Applicant

Name _____ Name _____ Name _____

I/We confirm that I/We have read and understood the above Declaration and that the details provided on the form are correct. I /We also confirm that I /We have signed in the presence of Bank Officer Mr. / Ms. _____

For Office Use Only

At the time of accepting the application: Photo Received Yes No Threshold Limit ₹ _____

Check and Confirm Email ID / Mobile No. / User Level for IB / IM (Internet + Mobile) Banking _____

KYC Compliance checked and allowed to open an account / KYC

Initial Amount ₹ _____ DC No. _____ Date _____ WF No. _____

Date: D D M M Y Y Y Y

Name & Signature of the Officer _____ Ticket No:

For AOC Cell (✓ Tick any one Box)

Entered by: Name & Signature _____ Ticket No:

VISA / ATM Card Data Entry in ATM Card Application Management (Intranet Site)

Data Entry in SMS Banking System (Intranet Site) The applicant A/C is active & KYC complied

Personalized Cheque Book Issued IB confirmation at request

IM (Internet + Mobile) Banking confirmation at request

We have confirmed that customer has deposited / account debited by ₹ _____/- against charges of issuance of new VISA / RuPay / Card as per Banks rules & policy.

Verified & found correct for further processing.

Name & Signature of the officer _____ Ticket No:

RTS No. IB: _____ RTS No. IM (Internet + Mobile) Banking _____

Name & Signature of the Officer _____ Ticket No:

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Following are the documents that can be taken as KYC documents at the time of opening of a Current Account

Note: Bring original documents for verification. Please submit self attested photocopies of documents.

Accounts of Proprietary Concern

Proof of Identity, Proof of Residential Address, Latest Colour Photographs.

Business documents (any two of the following):

- Registration Certificate (in case of a registered concern)
- Certificate/License issued by the Municipal authorities under Shop & Establishment Act.
- SSI License.
- Fire License, Weight And Measurement license issued by State Govt.
- License issued by Food And Drug Control Authorities.
- Complete Income Tax Return (Not Just Acknowledgment) in the name of sole proprietor, in which the firm's income is reflected in Computation of Income, duly authenticated/acknowledge by Income Tax Authorities.
- Any other Tax Registration (Service Tax, Profession Tax etc.)
- PAN intimation letter in the name of firm.
- Current Account Statement of other bank with IT Return in the name of firm.
- Rent Agreement in the name of firm.
- Address proof i.e. telephone bill/ electricity bill/ property tax in the name of firm.
- Certificate issued by officer recognized by PF with PF Commissioner.
- Import Export Code (IEC) issued by Director General, Foreign Trade.
- License issued by the registering authority like Certificate of Practice issued by Institute of Chartered Accountants of India, Institute of Cost Accountants of India, Institute of Company Secretaries of India, Indian Medical Council.

Accounts of Companies

Documents of All Directors - Proof of Identity, Proof of Residential Address, Latest Colour Photographs.

Documents of Pvt./Public Ltd. companies.

- 1) Certificate of Incorporation and Memorandum & Articles of Association.
- 2) Resolution of the Board of Directors to open an account and identification of those who have authority to operate the account.
- 3) Power of Attorney granted to its Managers, Officers or Employees to transact business on its behalf.
- 4) Copy of PAN Card or PAN allotment letter.
- 5) Copy of the latest Telephone bill.

Accounts of Partnership Firm

Documents of All Partners - Proof of Identity, Proof of Residential Address, Latest Colour Photographs.

Documents of Business Concern-

- 1) Registration Certificate, if registered.
- 2) Partnership Deed.
- 3) Power of Attorney granted to a partner or an employee of the firm to transact business on its behalf.
- 4) Any officially valid document identifying the partners and the persons holding the Power of Attorney and their address.
- 5) Copy of the latest Telephone Bill / Light Bill in the name of firm/partners.

Accounts of Trust & Foundation

Documents of Directors/Trustees - Proof of Identity, Proof of Residential Address, Latest Colour Photographs.

Documents of Business Concern-

- 1) Certificate of Registration, if registered
- 2) Trust Deed
- 3) Power of Attorney granted to transact business on its behalf.
- 4) Any officially valid document to identify the trustees, settlers, beneficiaries and those holding Power of Attorney, founders/managers/directors and their address.
- 5) Resolution of the managing body of the foundation/associaton.
- 6) Copy of the latest Telephone Bill / Light Bill.