

**ACCOUNT OPENING FORM FOR FIRMS / TRUSTS / HUF / CORPORATES
(Private Limited Company / Public Limited Company)**

Date :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please open :
 Current Account Term Deposit Account EEFC Account - USD Euro CIF Opening

Please note :

- ➔ Fill the form in BLOCK LETTERS only.
 - ➔ Fields marked with * (Asterisk) are mandatory.
 - ➔ Leave one space between words e.g.
- | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| V | I | J | A | Y | K | U | M | A | R | V | E | R | M | A |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
- ➔ Fill the form in BLACK ink only.
 - ➔ Please write your name as it appears in all your supported documents.
 - ➔ Please counter sign in full against any over-writing alterations.

*Account title

M/s. _____

If the Firm / Company has an existing account with the Bank, please quote the Customer Number

--	--	--	--	--	--	--	--	--	--

1) Business / Professional Details

Nature of Business - Manufacturer Trader Service Provider (Industry) _____

Date of incorporation

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Annual turnover

₹									
---	--	--	--	--	--	--	--	--	--

 Crs Exports / Imports turnover

₹									
---	--	--	--	--	--	--	--	--	--

 Crs

* PAN

--	--	--	--	--	--	--	--	--	--

 or Form 60 or Form 61 attached Yes No IEC Code

--	--	--	--	--	--	--	--	--	--

a. CKYC number _____ b. GST number _____ c. LEI number _____

2) Mailing Address

Please fill correct and complete address to enable delivery through courier / post.

* Office / Building name _____

* Road number / Name _____

Landmark / Area _____

* City _____ * State _____ * Pin _____

* Telephone number(s) with city code

* Telephone (Office) - +91

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

Mobile number

--	--	--	--	--	--	--	--	--	--

* Telephone (Residence) - +91

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

Registered Office Address

Is it same as the mailing address?

Yes No - If 'No' please provide the registered office address below.

3) Constitution of the Business Entity (Please tick (✓) the appropriate box).

- | | | |
|---|---|---|
| <input type="checkbox"/> Hindu Undivided Family | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership Firm |
| <input type="checkbox"/> Public / Private Limited Company | <input type="checkbox"/> Banks / Mutual Funds / Insurance | <input type="checkbox"/> Trust / Club |
| <input type="checkbox"/> Society / Co-operative Society | <input type="checkbox"/> Non-Profitable Organisation | <input type="checkbox"/> Company Incorporated outside India |

4) Credit Facilities with other Banks

We declare that we do not enjoy any credit facilities with other Banks. If we avail any credit > ₹ 5 crores from banking system, we will inform your bank immediately.

or
 We enjoy the following credit facilities with other Banks at present.

Name of Bank / Branch	Type of facility	Amount
1)		
2)		
3)		

We have no objection to Bank Maybank Indonesia intimating the said Bank(s) of our request for opening of Bank Accounts with you, in line with extant RBI guidelines in the matter.

5) Initial Deposit Details

₹ _____, by _____

Cheque number _____ dated

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 drawn on (Bank/Branch) _____

Please debit my /our account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 held with you

By inward remittance / RTGS / NEFT dated

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 from _____

6) For Term Deposit Accounts

Deposit amount ₹

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Rupees (in words) _____

Period _____ Days _____ Months _____ Years

Maturity instructions (Please tick (✓) the appropriate box).

- Please renew the deposit proceeds ₹ _____ for the same period _____ Days _____ Months _____ Years
- Please credit my /our account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 held with you.
- Others - (Please specify)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

7) Nomination applicable only for Proprietorship Firms / HUF).

- Yes - If 'Yes' please fill up Form DA1 (on next page).
 Name of Nominee _____
- No, I do not wish to make a Nomination on my Deposit Account.

NOMINATION (Form DA1)

Nomination under section 45ZA of the Banking Regulation Act 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985, in respect of Bank deposits.

Details of Deposit Account

Nature of Deposit / Account	Distinguishing Number	Additional Details, if any

I / We named above, nominate the following person to whom in the event of my death, the amount of the deposit covered by the above Customer Account Number, may be returned by Bank Maybank Indonesia , _____ branch.

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

As the Nominee is a minor, I appoint _____ to receive the amount of the deposit / in the account, on behalf of the Nominee in the event of my death.

4) Details of Proprietor / Partners / Karta / Directors / Authorised Signatories

(Please add separate sheet of this format if required)

Please paste passport size colour photograph here and sign across

Customer ID

Title Mr. Ms. Dr. Other _____

Name _____

Designation _____

Address _____

Date of birth PAN

ID Proof _____ Address Proof _____

Signature _____

Please paste passport size colour photograph here and sign across

Customer ID

Title Mr. Ms. Dr. Other _____

Name _____

Designation _____

Address _____

Date of birth PAN

ID Proof _____ Address Proof _____

Signature _____

Please paste
passport size colour
photograph here
and sign across

Customer ID

Title Mr. Ms. Dr. Other _____

Name _____

Designation _____

Address _____

Date of birth PAN

ID Proof _____ Address Proof _____

Signature _____

Please use additional sheet(s) for details of Partners, Directors and Authorised Signatories, if required.

Operating Instructions

- As per Resolution / Letter of Authority
- As per details mentioned below :

Declaration

I / We have read and understood Bank's Terms & Conditions pertaining to Current Account / Term Deposit Accounts, and agree to abide by them. I / We also read and agree to the Bank's schedule of charges for the respective accounts. I / We understand that the Terms & Conditions and the service charges are subject to change from time to time, without prior notice. I / We confirm that the information furnished / declaration made by me / us in this form is true. I / We understand and agree that for the purpose of providing certain services, the Bank may, on your behalf, engage services of specialised and other service providers and agents and the Bank may be required to furnish information regarding my / our account to them.

I / We also understand that the continuation of the Accounts is at the Bank's sole discretion, and in case the Bank is not satisfied with the conduct of the Account, the Bank has the right to close the Account after giving suitable notice or withdraw some all services / concessions to the Account.

Authorised Signatory

Authorised Signatory

Authorised Signatory

Authorised Signatory

FOR BANK USE ONLY

Account type _____ Customer segment _____

CIF number Account number

Entered by

Approved by

KYC Documents for Non-Individual Entities opening the Account - Checklist

	Proprietorship	Partnership Firm	Co-operative Society	Limited Company
Documents of Constitution (all documents listed are required to be submitted)	<ul style="list-style-type: none"> • PAN Card of Proprietor • Proprietorship Letter 	<ul style="list-style-type: none"> • Partnership Deed • PAN Card of Firm • Partnership Letter 	<ul style="list-style-type: none"> • Certificate of registration with Registrar of Co-operative Societies 	<ul style="list-style-type: none"> • Memorandum & Article of Association • Certificate of Incorporation • Certificate of commencement of Business (only for Public Ltd. Co.) • PAN Card of Company
Registration with Revenue / Govt. Authorities (any one document may be submitted)	<ul style="list-style-type: none"> • Registration with Central Excise / Sales Tax Authorities / Service Tax Authorities • Registration with DGFT for EXIM No. (for Importers / Exporters) 	<ul style="list-style-type: none"> • Registration with Central Excise / Sales Tax Authorities / Service Tax Authorities • Registration with DGFT for EXIM No. (for Importers / Exporters) 	N / A	<ul style="list-style-type: none"> • Registration with Central Excise / Sales Tax Authorities / Service Tax Authorities • Registration with DGFT for EXIM No. (for Importers / Exporters)
Registration with Revenue / Govt. Authorities (any one document may be submitted)	<ul style="list-style-type: none"> • Proprietor to authorise 	<ul style="list-style-type: none"> • All Partners to sign the Account Opening Form and authority to operate the Account 	<ul style="list-style-type: none"> • Minutes of AGM to authorise the Managing Committee to open and operate the account • Minutes of meeting of Managing Committee resolving to open account with the Bank and authority to operate 	<ul style="list-style-type: none"> • Resolution of Board of Directors, authorizing • Opening of Account • Operating instructions for the account
Address proof (any one)	<ul style="list-style-type: none"> • Correspondence from any of the registering government entities at the address • Recent utility Bills • Statement of Account from other Bank 	<ul style="list-style-type: none"> • Correspondence from any of the registering government entities at the address • Recent utility Bills • Statement of Account from other Bank 	<ul style="list-style-type: none"> • Correspondence from any of the registering government entities at the address • Recent utility Bills • Statement of Account from other Bank 	<ul style="list-style-type: none"> • Correspondence from any of the registering government entities at the address • Recent utility Bills • Statement of Account from other Bank