



The Sangamner Merchant's Co-op Bank Ltd.

दि संगमनेर मर्चंटस् को-ऑप. बँक लि.

Head office : Indira Gandhi Marg, Post Box No. 13, Sangamner-422 605, Dist.Ahmednagar(M.S.)Ph. 225789

मुख्य शाखा : ०२४२५-२२५४३५, २२५७८९, बाजारपेठ शाखा : ०२४२५-२२६९५८, अकोले शाखा : ०२४२४-२२९४८९, सिन्नर शाखा : ०२५५९-२२०६०९,
राहाता शाखा : ०२४२३-२४३४३५, आळे शाखा : ०२९३२ - २६३७३५, घुलेवाडी शाखा : ०२४२५-२२५७९०, चाकण शाखा : ८९७५६२०८०८

Account Opening Form

Saving बचत Current चालू Recurring Term Deposit Branch _____

Cust ID.
ग्राहक क्र.

Date दिनांक : / /२०

CKYC No. (झेरोक्स प्रत आवश्यक)

A/c No.
खाते क्र.

GST No. (झेरोक्स प्रत आवश्यक)

Name(s) and Address /es of Depositor (s) in full : (with Surname First.)

खातेदारांचे पूर्ण नांव व पत्ता : (आडनाव प्रथम)

Name : MR/MRS/SMT/KU/Dr. नांव (ओळखपत्रानुसार)	
(१)	Proprietorship / Firm / Corporate :
(२)	Mother's Name : आईचे नांव : विवाहापूर्वीचे नांव : विवाहानंतरचे नांव :
(३)	Father's Name : वडिलांचे नांव :

(१)	Correspondence Address स्थानिक पत्ता :
Pin : State :	
(२)	Permanent Address कायमचा पत्ता :
Pin : State :	

Customer's Information खातेदाराची माहिती

	Date of Birth जन्मतारीख	PAN No./GIR पॅन / जीआयआर	AADHAR No. आधार क्र.	M/F पु/स्त्री	Voter ID मतदान कार्ड क्र.	Driving Licence /Passport/Light Bill/Phone Bill other if any
1 st Applicant 1. खातेदार क्र. १						
2 nd Applicant 2. खातेदार क्र. २						
3 rd Applicant 3. खातेदार क्र. ३						

Tel. No. (R) दुरध्वनी क्र./Mob मोबाईल _____ E-Mail ई-मेल _____

Indian भारतीय Yes होय No नाही Community धर्म

हिंदू	मुस्लीम	शीख	ख्रिश्चन	पारसी	जैन	झोराष्ट्रीयन	बुध्दीस्ट
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Cast जात

SC	ST	NT	OBC	OPEN
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For Account Operation: खाते व्यवहारासाठीच्या सूचना: Single वैयक्तिक स्वतः Either or Survivor दोघांपैकी एक: Jointly संयुक्त Any one कुणीही एक Other इतर

Declaration: I/We wish to open a new SA/CD/RD/FD A/C etc with your bank. I/We have read and understood the rules of SB/CD/RD/FD A/c. Scheme. I hereby agree to abide with these rules and also the rules being amended from time to time of the SB/CD/RD/FD A/c. I/we request to open SB/CD/RD/FD A/c. and handover to you a remittance of Rs. _____ For the same.(Amount In words)

सुचना : मी/आम्ही आपल्या बँकेत बचत/चालू/रिकरिंग/मुदतठेव खाते उघडू इच्छितो/ते मी/आम्ही बचत/चालू/रिकरिंग/मुदतठेव खाते योजनेचे सर्व नियम वाचून व समजून घेतले आहेत. सदर योजनेचे नियम वेळोवेळी होणारे बदल माझ्यावर बंधनकारक राहतील. मी/आम्ही अशी विनंती करतो /ते की, माझे, नवीन बचत/चालू/रिकरिंग/मुदतठेव खाते उघडण्यात यावे, त्याकरिता रु. _____ अक्षरीत रु. _____ रकमेचा भरणा करत आहे/आहोत All the other information related to me/us in the same as stated in "Personal Information" माझी/आमची इतर माहिती ग्राहक माहिती पत्रकामध्ये देत आहे/आहोत

For Bank Information Customers Photo बँकेच्या माहितीसाठी खातेदारांचे फोटो



Applicant-1
(Please Sign in Black ink)



Applicant-2
(Please Sign in Black ink)



Applicant-3
(Please Sign in Black ink)

For Bank Information Sign बँकेच्या माहितीसाठी खातेदारांच्या सहीचे नमुने

Name :

Name :

Name :

For Branch

A/c Opened By _____ Emp No. _____

Sign _____ Date _____

Authorised By Name _____ Emp No _____

Sign: _____ Date _____

Personal Information ग्राहक माहिती पत्र

Depositor Name (s) in full खातेदाराचे पूर्ण नांव _____

How did you come to know about SM Bank एस.एम.सी.बी. बँकेविषयी माहिती कशी मिळाली?

Newspaper Advt

वर्तमानपत्र

Radio/Television Advt

रेडिओ / टि.व्ही.

Mobilization/Marketing of SMCB staff

मोबाईलमार्केटिंग/बँकेच्या कर्मचाऱ्यांचे मार्केटिंग

Hoarding

जाहिरात फलक

References of Relatives & Friends

नातेवाईक/मित्र मैत्रिणींचे संदर्भ

Marital Status वैवाहिक स्थिती Married विवाहित

Single अविवाहित

Education Qualification शैक्षणिक अर्हता _____

Employment Details उपजिविकेचे साधन :- Salaried नोकरी Business धंदा/व्यवसाय Self Employed स्वयंरोजगार

Retired सेवा निवृत्त Student विद्यार्थी

Profession उत्पन्नाचे साधन Doctor वैद्यक C.A./C.S सी.ए./सी.एस Engineer अभियंता Software / IT कॉम्प्युटर

Architect आर्किटेक्ट Lawyer वकिल Journalist पत्रकार Consultant सल्लागार Other अन्य

Occupation Name & Address नोकरी व नोकरीचा पत्ता _____

Annual Household Income वार्षिक उत्पन्न upto Rs. 1Lacs रु. १ लाखापर्यंत Rs. 1 to 3 Lacs रु. १ ते ३ लाखापर्यंत

Rs. 3 to 5Lacs रु. ३ ते ५ लाखापर्यंत Above 5 Lacs रु. ५ लाखाच्या पुढे

Signature _____

Date : _____

Name : _____

FIXED DEPOSIT FORM

Voucher No. _____

* Fixed Deposit Details *

Branch _____

Account No. _____ Date _____ Cust. ID _____

Deposit Amount _____ As on Date _____ Aadhar No. _____

In Words Rs. _____ Pan No. _____

Cheque No. _____ Amount _____ Bank Name _____ Mobile No. _____

Type of Deposite :- I) Short Term Deposit II) Fixed Deposit III) Nirantar Deposit IV) Anmol Deposit

V) Quarterly Income Cert. VI) Monthly Income Cert. VII) Locker Deposit

VIII) Auto Renewal WITH INTEREST IX) Auto Renewal Without INTEREST X).....

Customer Name	Surname	Name	Father's Name	Days	Mths	Yrs	Rate of Int%
[1]							
1 st Joint Name	[2]						
2 nd Joint Name	[3]						

Mode of Operation :- 1) Self 2) Joint 3) Either or Survivor 4) Any one 5) Other Instruction if any

Mode of Interest Payment: A) Re-Investment B) Monthly C) Quarterly D) Half Yearly E) Yearly

Special Instructions: _____ Interest Credit Saving A/c No. _____

Loan A/c No. _____

TDS Payment : 1] Income Tax Payer? YES / NO 2] TDS Deduct From Interest? YES / NO

Income Tax Exemption : Form 15 G From 15 H Other

**** **If you Want to Fixed Deposit Matured SMS** YES / NO

I/We have read and understood The Sangamner Merchant's Co-Op. Bank Ltd. Account Opening Terms & Conditions.

I/We accept & agree to be bound by the said Terms and Conditions including those excluding / limiting Your liability.

I/We agree that the Bank may debit my / our account for service charges applicable from time to time.

Date : _____

Sign :

Name : _____

(Nomination Form - DA - 1)

(नामनिर्देशन अर्ज DA - १)

Nomination under section 45ZA read with section 56 of the Banking Regulation Act, 1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rules, 1985 in respect of banks 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 Sangamner Merchants Bank Ltd.

Branch (Name & address of branch / office where deposit is held) बँक ठेवीकरिता बँकींग रेग्युलेशन ॲक्ट, १९४९ चे कलम ५६ व कलम ४५ ZA, तसेच को-ऑपरेटिव्ह बँकेचे (नामनिर्देश) नियम, १९८५ चे कलम २ (१) नुसार नामनिर्देशन. मी/आम्ही (नांव/नावे व पत्ता/पत्ते)

माझ्या / आमच्या / अज्ञानव्यक्तीच्या मृत्यूनंतर दि संगमनेर मर्चंटस् सहकारी बँक लि.,

_____ शाखा (शाखेचे नांव व पत्ता/ठेवीची रक्कम मिळण्यासाठी खालील व्यक्तीचे नामनिर्देशन करत आहोत.
ठेवीबाबतचा तपशील खाली नमूद केला आहे.)

Nature of Account खात्याचे स्वरूप	Distinguishing No. क्रमांक	Additional details if any अधिक तपशील असल्यास

(Nominee नामनिर्देशित व्यक्ती)

Nominee's Name & Address वारसदाराचे नाव व पत्ता	Relationship with Depositor, if any खातेदाराशी असणारे नाते	Age वय	If nominee is a minor His/Her date of birth वारसदार अज्ञान असल्यास त्याची जन्मतारीख

*As the nominee is a minor on this date, I/We appoint Shri./Smt/Kum.(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 नामनिर्देशित व्यक्ती आजमितीस अज्ञान असल्यामुळे तो/ती सज्ञान होईपर्यंत माझ्या/आमच्या/अज्ञानाच्या मृत्यूनंतर नामनिर्देशित व्यक्तीच्या वतीने ठेवीची रक्कम मिळण्याकरिता मी/आम्ही, श्री/श्रीमती/कु. (नांव व पत्ता) _____

यांची नेमणूक करत आहोत.

Name (s), signature (s) and address (es) of witness (es)

साक्षीदारांची नावे, सही पत्ता

१) _____

२) _____

Signature(s) Thumb Impression(s) of Depositor(s)

[Thumb impression (s) shall be attested by two witnesses]

ठेवीदारांची स्वाक्षरी / अंगठा

(खातेदाराचा अंगठा असल्यास दोन साक्षीदारांच्या सहा)

१. Signature (सही) _____ Place (ठिकाण) _____ Date (दिनांक) _____

२. Signature (सही) _____ Place (ठिकाण) _____ Date (दिनांक) _____

*Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf on the minor. * Strike out if the nominee is not a minor

* ठेव अज्ञान व्यक्तीच्या नावे असल्यास, अज्ञान व्यक्तीच्या वतीने व्यवहार करण्याचे कायदेशीर अधिकार असलेल्या व्यक्तीने नामनिर्देशित अर्जावर स्वाक्षरी करणे आवश्यक आहे. * नामनिर्देशन व्यक्ती अज्ञान नसल्यास खोडून टाकावे.

E-Banking Services Application

I/We wish to avail following E-Banking Services, From the Bank

ATM/Debit Card SMS/Mobile Banking Mobile Banking Passbook/Statement/Cheque /Cash Deposit

Mr/Mrs/Ms _____

I/We request you to

Issue New / Replace / Cancel ATM / Debit Card

Name to be embossed on the card.

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

I wish to register the below mention account /s to following E-Banking Services. I agree for the charges to be recovered from me for the above services provided by the Bank. The charges should be debited to my A/c from time to time as per Bank rules & regulations.

SM Bank Mobile Banking/SMS Alert Facility

Account Number ** _____ Mobile Number :- _____

1. _____

2. _____

3. _____

4. _____

Sign :

Name :

Date :

E-Services Demand application Terms & Conditions

Terms & Conditions

I/We declare that all information's provided above are true & correct. I/We have gone through the terms & Conditions governing the operations in use of Mobile Banking/SMS/e-statement facility/ATM/RUPAY DEBIT CARD. I/We hereby declare that particulars given above are correct and complete. I/We also hereby agree in bear the charges (if any) as revised from time to time by the Bank as its sole discretion.

I/We confirm to download the Mobile Banking software as directed by the Bank through SMS or through any other mode. I/We confirm that I/We have read the "TERMS & CONDITIONS" related to Mobile Banking, reverse of this application and accept the same in full unconditionally. I/We undertake to state to state that I/We will not share my/own application password and / or main to anyone . The complete security of above password is my/own responsibility. I/We understand that I/We shall be required to initiate SMS of GPRS services for availing Mobile banking facility and hence shall be liable to pay charges to my/our respective service provider as per applicable tariff plan.

I/We also understand that Bank would not be responsible / liable for any such charges levied by the services provider, Bank should not be held liable for non-receipt of any of the above services provided due to incomplete information mentioned or any unknown reasons & Bye laws of the Bank which are now in force or may hereafter come in force. I/We after confirm and undertake that I/We have read and understood the Terms and Conditions for usage of the Mobile Banking Services offered by The Sangamner Merchant's Co-Op. Bank as displayed on the website www.smbank.in and I/We agree to abide by them. I/We request you to issue the above Mentioned services inn the name (s) mentioned above for accessing above referred Account (s).

- Rights on the Online The Sangamner Merchant's Co-Op Bank Ltd, Services will be same as that in your account at the branch.
- Visit play store down load SMePay / Sangamner Merchant's' application. Input Client ID, Set Password Code. Here Your Mobile banking operation will start.
- Because of any connectivity problem if our Onilne Mobile Banking Service will not available customer, are unable to access this service Bank will not responsible.
- In Future any changes in online service will be mandatory for customer.
- Dispute regarding this service will be solved within Sangamner Jurisdiction.

Declaration

- I have read the provisions contained in the "Term of Services (Terms & Conditions) document "of "Mobile Banking The Sangamner Merchant's Co-Op bank Ltd. " and accept them. I agree that the any operation executed over Online The Sangamner Merchant's Co-Op bank Ltd, under my Username and Password will be binding on me.
- I affirm, confirm and undertake that I/we have read and understood the Terms and conditions for usage of the Internet Banking, Phone Banking and Mobile Banking services offered by The Sangamner Merchant's Co-Op. Bank Ltd, and I agree to pay if any charges apply by bank in future
- I declare that all particulars and information given in this application from (and all documents referred or provided there with) are true, correct, complete and up-to-date in all respects and I and other joint account holders have not withheld any information. I understand that certain particulars given by me or required by the operational guideline governing banking companies. I agree and undertake to provide any further information that The Sangamner Merchant's Co-Op. bank Ltd.
- I agree and understand that The Sangamner Merchant's Co-Op. bank Ltd. reserves the right to reject any application without providing any reason. I agree and understand that The Sangamner Merchant's Co-Op. bank Ltd. reserves the right to retain the application form and the documents provided there with and will not return the same to me.

Accepted
Yours faithfully,

Name (s) of Account holder(s) _____

Signature (s) of Account holders (s) _____

The Details mentioned in application form including the signature of customer & mode of operation of accounts is / are verified
The KYC norms are also adhered to while opening of account.

For Office Use Only

At the time of accepting the application : Confirmed all a/c holder and operation on _____

Confirmed all signatures and other details on _____

Application accepted by : Name of the Officer _____ Sign :- _____ Date: _____

Tick any on box ATM Card Data Entry SM Bank Mobile Banking/SMS Alerts/Data Entry in SMS Banking

SM Bank Net Banking Facility Data Entry E-Lobby PIN No. Generation.

We have confirmed that customer has deposited / account debited by Rs. _____ /-against charges of issuance of new Sangamner ATM Card / Debit Card / SMS Alerts as per banks rules & policy.

Entered on :-

Verified on :-

Name _____

Name _____

Designation _____

Designation _____

Employee No. : _____ Sign _____

Employee No. _____ Sign _____

ATM Demand application Terms & Conditions

DEFINITION :-

The term " Bank " means The Sangamner Merchant's Co-Op Bank Ltd. its successors or assigns. The term " Card Means ATM debit and issued to customer for the purpose of withdrawing cash from NPCI MEMBER BANKS ATM machine. The term " card holder" means the applicant to whom the ATM card is issued by the Bank.

DELIVERY OF CARD:-

On receiving the intimation from the bank regarding ready ness of the card, the applicant is supposed to contact designated officer of the bank and take the delivery of the card after establishing his / her identity.

NON TRANSFER ABILITY :-

The card is not transferable and to be used only by the card holder.

VALIDITY PERIOD :-

The Validity period of the card will be used only by the card holder.

PERSONAL IDENTIFICATION NUMBER :-

This number is code number useful for accessing ATM & shall under no circumstances be disclosed to any third person. The card holder can change the PIN with the help of ATM machine. If card holder forgot their PIN then he/she should visit Head office Sangamner with written application.

SAFETY OF THE CARD :-

The Cardholder shall take all reasonable and necessary care & precaution and ensure that card should not lost, misplaced, stolen or misused. Further the card holder hereby agree to indemnify & keep indemnified at all times, for bank against any loss, cost, expenses, damages, payment as liabilities of what so ever nature and extent arising out of his or any other persons negligence, mistake fraud or any fault to the bank, in relation to ATM facility.

LOSS OR THEFT OF THE CARD :-

- The cardholder shall advise the branch as prompt as possible in writing of the loss of the card howsoever off coming. The Cardholder shall however be responsible for all transactions effected by use of the card until it is on confiscated cancelled it is mandatory on the part of the cardholder lodge police complaint at the nearest police station where the incidence of theft occurs at the earlist possible and in any event prior to application for fresh card the fresh card will be issued to the cardholder after recovering the charges thereon minimum 100+GST and after executing indemnity bond in favour of the Bank.
- Any change in details like Address, Cell No., E-mail ID etc. will be informed to bank immediately. Any loss due to not informing the details will be born by card holder and bank will not responsible for the same.

DRAWING LIMIT FIXATION :-

Cash limit for saving bank account and current should not be more than Rs. 25,000/- & Rs. 50,000/- respectively per day.

MUTILATED / DAMAGED CARE :-

In case of mutilated / damaged ATM Card duplicate shall be issued to the cardholder after recovering the charges thereon minimum of Rs. 250/-+GST and after executing indemnity bond prescribed by the Bank in such event an original card shall be surrendered to the bank.

OWNERSHIP THE CARD :-

The card is and shall remain the property of the Bank and will be surrendered to the Bank upon request or in the event of cardholder no longer requiring the service.

CASH WITHDRAWALS :-

Card Holders may withdraw minimum of rs. 100/- and Maximum if Rs. 25,000/-per day (in multiples of Rs. 100/-) subject to the daily limit fixed by the Branch. Any deviation in this regard may attract additional charges.

OTHER :-

It is cardholder's obligation to maintain sufficient balance in the designated account to meet card withdrawals and service charges.

- The bank at is absolute discretion may amend the terms & conditions governing ATM services.
- The Bank reserves the right to introduce new facilities or remove existing facilities as and when warranted.
- The cardholder on receipt of the card shall immediately sign on signature panel provided on the reverse of the card.
- The bank may, subject to the satisfactorily conduct of the cardholder account continue to issue renewal cards or replacement card until the cardholder instruct the Bank to stop renewal / replacement of the cars in writing. The renewal / replacement fees shall be charged to the cardholder's account.

Accepted,

Place :-

Signature of Card Holder

Date :

FOR OFFICE USE :

Services Provided		Mobile Banking	e-Statement	ATM/Rupay Debit Card	SMS
KYC,SIGN VERIFY & UPDATION IN EASY BANK IS AUTHORIZED BY	Staff No.				
	Sign.				
KYC CHECKED AND UPDATE IN EASY BANK	Staff No.				
	Sign.				

Officer/Br. Manager/Dy. Asst. Gen Manager

Branch :- _____ Date :- _____ Place :- _____

सेव्हिंग्ज खाते उघडण्यासाठी घ्यावयाची कागदपत्रे

Individual	Small Saving
लेटेस्ट पासपोर्ट साईज रंगीत फोटोग्राफ (३ प्रती)	लेटेस्ट पासपोर्ट साईज रंगीत फोटोग्राफ (३ प्रती)
खालील आवश्यक घ्यावयाचे डॉक्युमेंटस सेल्फ अटॅस्टेड	आधारकार्ड सेल्फ अटॅस्टेड १
पॅन कार्ड सेल्फ अटॅस्टेड	फॉर्म नं ६० दोन प्रत
अॅड्रेस प्रुफ साठी (खालीलपैकी एक सेल्फ अटॅस्टेड)	लाईट बिल झेरॉक्स प्रत सेल्फ अटॅस्टेड (दोन महिन्यापेक्षा जास्त जुने नसावे)
आधारकार्ड / मतदान कार्ड / ड्रायव्हिंग लायसन्स / पासपोर्ट	फोन बिल झेरॉक्स प्रत सेल्फ अटॅस्टेड (दोन महिन्यापेक्षा जास्त जुने नसावे)
फोन बिल / लाईटबिल झेरॉक्स (दोन महिन्यापेक्षा जास्त जुने नसावे)	(Note - 12 महिन्याच्या आत पॅनकार्ड जमा करणे)

करंट खाते उघडण्यासाठी घ्यावयाची कागदपत्रे

प्रोप्रायटरी फर्म साठी	पार्टनरशिप फर्म असल्यास
प्रोप्रायटर यांचे लेटेस्ट रंगीत फोटोग्राफ (२ प्रती)	सर्व पार्टनर्स यांचे लेटेस्ट रंगीत फोटोग्राफ (२ प्रती)
खालील आवश्यक घ्यावयाचे डॉक्युमेंटस सेल्फ अटॅस्टेड	सर्व पार्टनर्स यांचेकडून खालील आवश्यक घ्यावयाचे डॉक्युमेंटस सेल्फ अटॅस्टेड
पॅन कार्ड सेल्फ अटॅस्टेड	पॅन कार्ड
अॅड्रेस प्रुफ साठी (खालीलपैकी एक सेल्फ अटॅस्टेड)	अॅड्रेस प्रुफ साठी (खालीलपैकी एक सेल्फ अटॅस्टेड)
आधार कार्ड / ड्रायव्हिंग लायसन्स / मतदान कार्ड / पासपोर्ट	आधार कार्ड / ड्रायव्हिंग लायसन्स / मतदान कार्ड / पासपोर्ट
फोन बिल / लाईटबिल झेरॉक्स (दोन महिन्यापेक्षा जास्त जुने नसावे)	फोन बिल / लाईटबिल झेरॉक्स (दोन महिन्यापेक्षा जास्त जुने नसावे)
रजिस्ट्रेशन सर्तिफिकेट	भाग्यदारी फर्मचे घ्यावयाचे कागदपत्रे
नगरपालिका किंवा ग्रामपंचायत दाखला किंवा उद्यम आधार / उद्योग आधार/शॉप अॅक्ट	भाग्यदारी रजिस्ट्रेशन सर्तिफिकेट
इन्कम टॅक्स रिटर्न प्रॉफिट	पार्टनरशिप डिड,पार्टनरशिप फर्म चे पॅन कार्ड (आवश्यक)
GST सर्तिफिकेट प्रोव्हिजनल किंवा फायनल	पार्टनरशिप रजिस्टर ऑफीस अॅड्रेस प्रुफ
प्रोफेशनल टॅक्स विभाग यांचे कडून रजिस्ट्रेशन सर्तिफिकेट (असल्यास)	GST सर्तिफिकेट प्रोव्हिजनल किंवा फायनल
लाईटबिल झेरॉक्स (दोन महिन्यापेक्षा जास्त जुने नसावे)	सह्यांचे अधिकाराबाबत अंडरटेकिंग
फोन बिल (दोन महिन्यापेक्षा जास्त जुने नसावे)	

कंपनी असल्यास	ट्रस्ट असल्यास
सर्व संचालक यांचे लेटेस्ट रंगीत फोटोग्राफ (२ प्रती)	सर्व ट्रस्टी यांचे लेटेस्ट रंगीत फोटोग्राफ (२ प्रती)
सर्व संचालकांकडून खालील आवश्यक घ्यावयाचे डॉक्युमेंटस सेल्फ अटॅस्टेड	सर्व ट्रस्टी यांचे कडून खालील आवश्यक घ्यावयाचे डॉक्युमेंटस सेल्फ अटॅस्टेड
पॅन कार्ड	पॅन कार्ड
अॅड्रेस प्रुफ साठी (खालीलपैकी एक सेल्फ अटॅस्टेड)	अॅड्रेस प्रुफ साठी (खालीलपैकी एक सेल्फ अटॅस्टेड)
आधार कार्ड / ड्रायव्हिंग लायसन्स / मतदान कार्ड / पासपोर्ट	आधार कार्ड / ड्रायव्हिंग लायसन्स / मतदान कार्ड / पासपोर्ट
फोन बिल / लाईटबिल झेरॉक्स (दोन महिन्यापेक्षा जास्त जुने नसावे)	फोन बिल / लाईटबिल झेरॉक्स (दोन महिन्यापेक्षा जास्त जुने नसावे)
कंपनी चे घ्यावयाचे कागदपत्रे	ट्रस्ट डिड रजिस्टर
नोंदणी (Incorporation) certificate	ट्रस्ट चे पॅन कार्ड
Memorandum आणि Articles of Association	सह्यांचे अधिकाराबाबत पॉवर ऑफ अॅटर्नी (POA) (खात्यावर व्यवहार करण्यासाठी)
कंपनीचे पॅन क्रमांक (सेल्फ अटॅस्टेड), बोर्ड रिझॉल्युशन सर्तिफिकेट, (प्रोव्हिजनल किंवा फायनल)	ट्रस्टचे खालील आवश्यक घ्यावयाचे डॉक्युमेंटस सेल्फ अटॅस्टेड
सह्यांचे अधिकाराबाबत पॉवर ऑफ अॅटर्नी (POA) (खात्यावर व्यवहार करण्यासाठी)	ट्रस्ट रजिस्टर ऑफीस अॅड्रेस प्रुफ
अॅड्रेस प्रुफ साठी उद्यम आधार / उद्योग आधार	लाईटबिल झेरॉक्स (दोन महिन्यापेक्षा जास्त जुने नसावे)
कंपनी रजिस्टर ऑफीस अॅड्रेस प्रुफ	फोन बिल (दोन महिन्यापेक्षा जास्त जुने नसावे)
GST सर्तिफिकेट प्रोव्हिजनल किंवा फायनल	