



# Customer Information Form Company /Partnership/Sole Proprietorship/Trusts/HUF (To be filled by applicant only)

## Instructions

- Please fill the form in BLOCK letters and in BLACK INK only.
- All fields marked \* are mandatory.
- Account facility shall be at sole discretion of National Australia Bank, Mumbai Branch.
- Please attach the relevant documents.

National Australia Bank Limited, Mumbai Branch  
Phone +91 22 6198 8200/+91 22 6198 8299  
Version date: September 2013

For office use only

Please quote this reference number for any future communication.

“NAB/Bank/You” in this form means National Australia Bank Limited, Mumbai Branch.

“I/We” in this form means the Account Holder.

I/We acknowledge that the information requested in this form is for the purposes of complying with various laws, regulations and guidelines (including Know Your Customer (KYC) norms / Anti-Money Laundering (AML) standards/Combating of Financing of Terrorism (CFT)/Obligation of banks under the Prevention of Money Laundering Act, 2002) promulgated by the Government of India from time to time. I/We further acknowledge that if I/we do not provide the requested information to you, you may be unable to provide me/us with your services, including the opening, maintenance and operate account(s) in my/our name(s).

Customer ID number (For bank use only)

Branch

Date




## Customer details \*

Name

First name

Middle name

Last name

Constitution  Sole proprietorship  Partnership firm  Public/Private Limited Company  Trusts  Clubs  Society  
 Associations  HUF  Other (please specify)

Nature of Business  Manufacturer  Trader/Stockist  Service Provider  Consultant/Professional  
 Exporter/Importer  Retailer  Other (please specify)

Nature of industry to which business belongs  Annual turnover (in thousands)

Number of employees

## Permanent account number details

1. My PAN is

2. PAN has been applied for, which is not yet allotted. I undertake to provide you the PAN on receipt (copy of application is attached and copy of Form 60/61 is attached)

Date of incorporation / Establishment of business  
Inheritance date

Country of Incorporation/Country of Registration of Partnership or  
Sole Proprietorship

No. of years in Business

Supporting documents submitted with this form are^

## Registered Office/address\*: (The current registered office/address of the company/business)

Unit/Floor/Building

Street/Road

City/District

Country

Postal code

## Correspondence address\*, if different from business address above

Unit/Floor/Building

Street/Road

City/District

Country

Postal code

**Contact details**

Name of contact person\*

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First name

Middle name

Last name

Landline number (Country code) (STD code)

(    )	(    )
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Mobile number

(    )
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Facsimile number (Country code + number)

(    )
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E-mail

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^ Acceptable documents as per the Reserve Bank of India guidelines enlisted in Annexure A

\*Details of Partner(s) Ultimate Beneficial Owner(s) / Legal Representative / Sole Proprietor / Trustees/ (valid evidence to verify the identity and addresses of the following persons to be supplied)#

Name	Designation	Address	Contact number	
			Landline	Mobile

- #For partnerships and sole proprietorships, at least two of the present partners of the partnership or the sole proprietor ( as the case may be) and each of the authorised person(s)
- #For companies, please provide the details of the shareholding pattern filed with the relevant registrar of companies.

**Declaration****Please fill in for Hindu Undivided Family**

As our HUF wishes to open an account with your Bank in the said name \_\_\_\_\_

\_\_\_\_\_ we request to say that the first signatory to this letter, i.e.

\_\_\_\_\_ is the Karta of the joint family and other signatories are the adult co-parceners of the said family. We further confirm that the business of the said family is carried on mainly by the said Karta as also the other signatories hereto in the interest and for the benefit of the entire body of co-parceners of the joint family. We all, undertake that claims due to the Bank from the said family, shall be recoverable personally from all or any of us and also for the entire family properties of which the first signatories, the Karta, including the share of minor co-parceners. We hereby undertake to inform the Bank, of the death or birth of a co-parceners, or any change occurring at anytime in the membership of our joint family during the currency of the Account

Name and signature of Karta: \_\_\_\_\_ - s/d \_\_\_\_\_

Name and signature of adult co-parceners

1. \_\_\_\_\_ -s/d \_\_\_\_\_

2. \_\_\_\_\_ -s/d \_\_\_\_\_

3. \_\_\_\_\_ -s/d \_\_\_\_\_

4. \_\_\_\_\_ -s/d \_\_\_\_\_

Name and date of birth of minor co-parceners

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Please fill in for Partnership Firm**

Re: Opening of a new account in the name of : \_\_\_\_\_ We , the undersigned, are the only partners in the firm and are jointly responsible for liabilities thereof, we shall advise you, in writing, of any change that takes place in the partnership forthwith and, all the partners will be liable to you on any obligation which maybe 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 liquidated.

Name and Signatures ( in individual capacity without Stamp) of Partners

1. \_\_\_\_\_ -s/d \_\_\_\_\_

2. \_\_\_\_\_ -s/d \_\_\_\_\_

3. \_\_\_\_\_ -s/d \_\_\_\_\_

4. \_\_\_\_\_ -s/d \_\_\_\_\_

**Please fill in for Sole Proprietorship Concern**

Re: Opening of a new Account in name of \_\_\_\_\_ refer to the captioned account opened by you and declare as under:

I, the undersigned, am the sole proprietor of the firm and am solely responsible for the liabilities thereof. I will be liable to you for any obligation which may be standing in the firm name in your books on the date of the receipt of such notice and until all such obligation shall have been liquidated.

Yours faithfully,

Name  
\_\_\_\_\_

Signature  
\_\_\_\_\_

(Please sign without the stamp)

#### General Terms and Conditions

1. I/We acknowledge that I have read and understood NAB's "Privacy Policy", a copy of which has been provided to me.
2. I/We acknowledge, agree and consent that NAB and its officers, employees, service provider and agents may use, store, process, disclose, transfer (whether within or outside India) and/or exchange my information (including personal data and information relating to any of my accounts) in accordance with NAB's "Privacy Policy".
3. I/We warrant that all information and particulars given to you (whether in an account opening form or otherwise) are true, correct and not misleading. I/We undertake to notify you of any changes in those particulars as soon as reasonably practicable after the change.
4. I/We understand that the Bank may as its absolute discretion, discontinue any of the services completely or partially without any notice to me/us, subject to compliance with applicable laws.
5. I/We authorise the Bank to keep providing me/us the information of the Bank's new products and offers through all means of contact provided by me/us in this form.
6. I/We hereby irrevocably authorize the Bank to disclose, from time to time, any information on or relating to my/our account(s) with the Bank to any other branch of the Bank or any of its subsidiaries or affiliates or to any authority whether in India or any other jurisdiction or third party without any requirement for any further consent from me.
7. I/We hereby confirm, that all other rules and conditions of the Bank including any amendments thereto as notified by the Bank from time to time shall apply to each of the accounts and all documentation in relation thereto.
8. I/We agree to furnish such additional documents to the Bank as the Bank may require from time to time.

#### Information pursuant to Anti-Money Laundering Regulations

- I/We am/are the beneficial owner of all assets run through my/our own account
- The beneficial owner of some/all assets run through the account is/are (name and address of person for whom the account(s) are maintained)

#### Foreign exchange management act, 1999

I/We hereby declare that the transactions relating to foreign exchange routed through your Bank do not and will not involve, and are not and will not be designed for the purpose of any contravention or evasion of the provisions of the aforesaid Act or of any rule, regulation, direction, or order made thereunder.

I/We also hereby agree and undertake to give such information/documents from time to time as will reasonably satisfy you about the transactions in terms of the above declaration.

The information including landline number, mobile number and email ID as mentioned above (apart from being used for mandatory account verification and maintenance purposes) may also be used by the Bank to contact the customer and offer carefully selected products and services from time to time either its or through its agents or authorised representatives. Please indicate if you are agreeable to receiving such offers:

- Yes  No

#### For and on behalf of account holder

Place for Photograph	Signature _____
	Name _____

Place for Photograph	Signature _____
	Name _____

Capacity: Legal Representative/Partner/Sole Proprietor/ Inheritor/ Authorised Person(s)

#### Annexure A

##### Company:

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 allotment letter
5. Copy of the telephone bill
6. Latest shareholding pattern of the company

##### Partnership firms:

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 addresses
5. Telephone bill in the name of firm/partners

**Trusts:**

1. Certificate of registration, if registered
2. Power of Attorney granted to transact business on its behalf
3. Any officially valid document to identify the trustees, settlors, beneficiaries and those holding Power of Attorney, founders/managers/ directors and their addresses
4. Resolution of the managing body of the foundation/association
5. Telephone bill
6. Copy of trust deed
7. If trustee is a corporate or partnership firm, then the documents for corporates/partnership firm to be provided.

**Proprietorship: (any two of the following documents will suffice)**

1. Registration certificate (in the case of a registered concern)
2. Certificate/license issued by the Municipal authorities under Shop and Establishment Act
3. Sales and income tax returns
4. CST/VAT certificate
5. Certificate/registration document issued by Sales Tax/Service Tax/Professional Tax authorities
6. Licence 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, Food and Drug Control Authorities, registration/ licensing document issued in the name of the proprietary concern by the Central Government or State Government Authority Department, IEC (Importer Exporter Code) issued to the proprietary concern by the office of DGFT, etc.

**For internal use only**

Customer risk profile     Very conservative     Conservative     Moderate     Aggressive     Very aggressive

Lead generated by

Customer sourced by

Customer managed by (RM Name/RM CODE)

Signature witnessed by

Name of bank officer

Information entered by

Checked by

Account number  


Branch manager/Service manager

Employee ID

Date  

D	D	M	M	Y	Y	Y	Y
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Notes

**For further information**

- Customer classification     General customer     Very important person     Investor     Professional investor     Exit bank
- Business unit     Retail banking     Business banking     Corporate banking     NAB Health
- Customer category     Private banking     Private banking payroll     Business banking     Personal banking
- Foreign     Local  
 Corp broker     Charity / Non profit     Financial institution     Mutual fund / Investor  
 Govt. body subsidiary     Limited company     Partnership  
 Shell company     Trustee / Nominees     Unlimited company

- Please visit our bank branches
- Log on to [www.nabasia.in](http://www.nabasia.in)
- Contact us: +91 22 61988200
- E-mail us at [nabin\\_enquiry@nabasia.com](mailto:nabin_enquiry@nabasia.com)