

Operating Instructions (Strike off whichever is not applicable.)

The Account will be operated by proprietor singly

(or)

The account will be operated by any partner singly.

(or)

The account will be operated by the following partners jointly

- 1) _____
- 2) _____
- 3) _____

The account will be operated by the following Directors / Officials of the company as per the Company's notification attached.

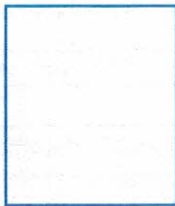
- 1) _____
- 2) _____
- 3) _____

Any other

Accounts with other Banks (NOC form each Bank needs to be attached)

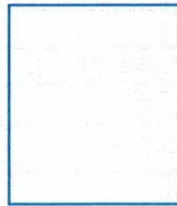
- I) We donot enjoy any credit facility with any other Bank.
- II) We enjoy the following credit facilities.

S.No.	Name & Address of the Bank	Nature of Credit Facility	Limit
1			
2			
3			



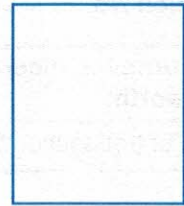
Applicant 1

Signature Applicant 1



Applicant 2

Signature Applicant 2



Applicant 3

Signature Applicant 3

I/We declare that the information given above is true and correct to the best of my/our knowledge and belief. I/We hereby authorize the bank to verify the details given in this form.

Place : _____ 1) _____ 2)

Date : _____ 3)

Signature of Authorized Signatory(ies)

Note : Basing on constitution of the organization, documents listed overleaf should be submitted along with this Form

Form of nomination (Mandatory for sole proprietors / individuals)

Nomination Required : Yes / No

Form DA1 - Nomination Form

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

I/We : _____ (Name) residing at

_____ (Address) nominate the

following person to whom in the event of my/our/minor's death the amount of deposit in the account, particulars where of are given below, may be returned by Coastal Local Area Bank Ltd., **Seetharampuram, VJA-2** branch.

Name & Address of the nominee	Relationship with Depositor, if any	Age	Date of birth of Nominee

As the nominee is a minor on this date, I/We appoint _____ (Name)

_____ (Address) _____ (Age)

_____ (Account No of Nominee if having account with Coastal Local Area Bank Ltd.,) to receive the amount of the deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

OR

I/We Do not wish to keep Nomination

1) _____ 2) _____ 3) _____ 4) _____

(**Signature(s) / Thumb impression of Depositors**)
* *Thumb impression (s) shall be attested by two witnesses.*

Personal details & Signature of witness :

1) Name : _____ 2) Name : _____

Address : _____ Address : _____

Sign : _____ Sign : _____

Place & Date : _____ Place & Date : _____

FOR BRANCH USE ONLY

Particulars of Form DA1 (if received) entered in Nomination Register Sr. No. _____ Dt. _____

Officer _____ Ledger Keeper _____

Acknowledgment

We have noted the nomination in Nomination Register Sr. No. _____ Dt. _____ for your account No. _____

Branch Seal.

Branch Manager(_____ Branch)

List of Documents to be submitted by the organization (depending on constitution) along with Organization Data Form.

Constitution	Purpose	Documents to be submitted
Proprietary Concern	For Identity of the Proprietary concern, its activities, address. For identity of the proprietor.	(i) Prescribed Proprietary Declaration Letter. (ii) Shop and Establishment Registration Certificate or any other similar documents indicating the activities of the concern. (iii) Telephone / Utility Bill in the name of the concern if any. (iv) Certificate of CST / VAT / Service Tax / Sales Tax / Professional Tax, Full Income Tax Returns etc. may be taken as Proof of Business or address. (any two of ii, iii, iv may be taken) (v) Customer Information Form (C.I.F.) of the proprietor along with prescribed enclosures such as Proof of ID / Address, Photograph etc.,
Hindu Undivided family	For Identity of the HUF, its activities, address and authority for opening and operation of account(s) For identity of the Karta and authorized Major co-parceners of the HUF.	(i) Prescribed Joint Hindu Family Letter Signed by all the major Co-parceners. (ii) Declaration form from the Karta with Photograph. Customer Information Form (C.I.F.) of Karta and each of the authorized Major co-parceners along with prescribed enclosures such as Proof of ID / Address, Photograph etc.,
Partnership Firm	For Identity of the Firm, its activities, address and authority delegated for opening and operation of its account(s) For identity of all the partners.	(i) Registration Certificate, if the firm is registered. (ii) Partnership Letter (iii) Telephone/Utility Bill in the name of the firm (iv) Power of Attorney granted to a partner or an employee of the firm to open and to operate the account(s) of the firm by all the partners. Customer Information Form (C.I.F.) of each Partner along with prescribed enclosures such as Proof of ID / Address, Photograph etc.,
Company / Corporation	For Identity of the Company / Corporation, its activities, address and authority delegated for opening and operation of account(s) For Identity of the authorized directors / officials.	(i) Certification of Incorporation (ii) Memorandum and Articles of Association (iii) Current list of directors (iv) Telephone / Utility Bill in the name of the company / corporation (v) Resolution of the Board of Directors / Power of Attorney issued delegating powers to opening and to operate the account(s) of the company / corporation. (vi) Copy of Pan allotment Letter. Customer Information Form (C.I.F.) of each authorized person and key directors such as Chairman / M.D./CEO etc., along with prescribed enclosures such as Proof of ID / Address, Photograph etc., (The Branch is to ensure that declared persons are the actual directors of the Company)
Trust / Foundation	For Identity of the Trust, its activities address and authority delegated for opening and operation of account(s) For Identity of the authorized Trustees.	(i) Certificate of Registration, (ii) Trust Deed / Settlers Declaration (iii) Telephone / Utility Bill in the name of the Trust (iv) List of Trustees and their bio-data (v) Resolution of the Managing Committee of the Trust delegating powers to open and to operate the account(s) of the Trust. (vi) Any official document identifying Trustees/Settlers/Beneficiaries/ Authorised Persons to operate the account, and also Founders/ Managers/Directors of the Foundation and their addresses. (Customer Information Form (C.I.F.) of each be taken)
Society, Club Association, NGO and Any other Organization	For Identity of the organization, its activities address and authority delegated for opening and operation of account(s) For Identity of the authorized Managing Committee Members	(i) Certificate of Registration, if registered, (ii) Bye laws (iii) Telephone / Utility Bill in the name of the organization (iv) List of Managing Committee Members (v) Resolution of the Managing Committee of the Organization delegating power to open and to operate the account(s) of the organization. (vi) Customer Information Form along with Identity and Address Proof of Managing Memebers such as Chairman/Secretary/Treasurer etc., and the authorised person to operate the Account be taken.
Local Body / Government Department	For Identity of the applicant, its activities address and authority delegated for opening and operation of its account(s) For Identity of the authorized official(s)	Notification / Resolution / Letter delegating powers to open and to operate the account(s) of the body / department. Customer Information Form (C.I.F.) for each authorised Person along with Identity and Address Proof is to be taken.

* Incase of Professionals Certificate of Trustees assure by Institutions like ICAI, IMC, Bar Councelling etc., to be taken.

* Incase of exporter / importer certificate of Import Export code issued by DGFT may be taken.

* Copy of any licence applicable as per the business nature may be taken while opening the account.