

FOR PARTNERSHIP FIRMS

To,
ABHYUDAYA CO-OP. BANK LTD.
 Branch _____
 Sir,

As the firm named M/s. _____ is having dealings with the Bank, we inform you that, we the undersigned are the only Partners in the said firm. We are jointly and severally responsible to the Bank for the liabilities of the Firm with the Bank. The Bank may recover its claim from the estate, of any or all the Partners of the Firm.

Whenever any changes takes place in our Partnership, we undertake to promptly inform the Bank of the same in writing and our individual responsibility to the Bank will continue until all our liabilities with the Bank are discharged.

Yours faithfully,

1	2	3
---	---	---

(To be signed by each Partner of the firm)

I have been explained about the benefits of the Nomination facility. Nomination required : Yes No
 If Yes, the name of Nominee to be printed on Pass Book / Statement of Account. Yes No

Signature of Account Holder(s)

NOMINATION (DA1Form) : (Only for Proprietorship Firm)

* Nomination under section 45ZA of the Banking Regulation Act 1949, and rule 2(1) of the Co-operative Banks (Nomination) Rules, 1985, in respect of the Bank deposits.

I _____ residing at _____, nominate the following person to whom the balance in the account may be paid by _____ Branch of Abhyudaya Co-op. Bank Ltd., in the event of my death.

Name and Address of Nominee	Age	Relationship	D.O.B. if Nominee is a Minor
			DD/MM/YYYY

In case the Nominee is a Minor :

As the nominee is a minor on this date, whose Date of Birth is DD/MM/YYYY I / We appoint Mr./ Mrs. _____

(Name, Address and 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.

#Signature of the Proprietor

FOR OFFICE USE

Account Opened By : _____ Astd. Accountant/Accountant _____ In-charge/Manager/Sr. Manager/AGM _____
 Staff No. _____ Staff No. _____ Staff No. _____
 Date: DD/MM/YYYY

M - Maker | C - Checker

Branch No.	KYC Complied		Photo Scanned		Sign Scanned		AOF-2 Scanned		Document sent to CDEC	
	M	C	M	C	M	C	M	C	M	C
Date :										

CDEC	AOF-2 Accepted & Verified as per KYC & Updated in the systems				AOF-2 Not Accepted Reasons _____			
	M		C		M		C	
Date :								

