



MUFG Bank, Ltd.

**Current Account
Opening Application Form**

Current Account Opening Documentation:

We seek your understanding and cooperation in furnishing the documents required for current opening and value your time and effort in doing so. We request you to provide suitable documentation as indicated below which is required by the Bank under local laws and regulations and also to comply with KYC guidelines and policy as part of the global effort to combat money laundering, terrorist financing and fraudulent activity.

Important Note:

- Please fill the form in CAPITAL letters and tick wherever applicable
- Avoid any sort of alternations/cutting in the Application form
- Produce original documents for verification against each self-attested photocopy by Account Holder(s)/Authorized Signatory(ies)
- Please provide respective Proof of Identity for all Account Holder(s)/Authorized Signatory(ies) and the Entity along with self-attested copies as mentioned in the Application form to confirm their name, address and date of birth
- Please attach separate sheets in case the given space is insufficient

Current Account Opening Requirements:

1. Complete Current Account Opening Application Form along with required documentation.
2. Recent Passport size photographs of all the Account Holder(s)/Authorized Signatory(ies) duly signed on front (not more than six months old)

Documents to be submitted for Current Account Opening:

Individual

- Proof of Identity: PAN Card and any of Passport, Driving License, Voter ID Card
- Proof of Address: Passport, Driving License, Voter ID card
- FRRO, Copy of Visa/Appointment letter (applicable for Foreign Nationals only)
- Letter from the Embassy confirming residential address (applicable for Diplomats and other embassy officials)

Foreign Company

- Approval from RBI
- Power of Attorney in favor of the Authorized Representative from the Head office, duly notarized and attested by Indian Consulate, along with the specimen signature.
- Passport copy of the authorized signatory/ies.
- FRRO (if applicable)
- List of Directors with their names, date of birth, address and contact numbers along with ID proof
- List of authorized signatory(ies) including Chief Executive with their names, date of birth, address and contact numbers along with ID proof and Pan Card Copy
- Project Agreement (in case of project office)
- Clearance of Project by an appropriate authority (if applicable) *Copy of the following document duly attested by the Notary Public in the country of Registration*
- Certificate of Incorporation
- Certificate of Commencement of Business
- Memorandum of Association
- Articles of Association
- Last Audited Balance Sheet

Public or Private Limited Companies

- Certificate of Incorporation
- Memorandum and Articles of Association
- Board Resolution for Current Account Opening and Authority to Operate the Account
- Certificate of Commencement of Business (only for Public Ltd. Companies)
- PAN Number and Pan Card Copy
- Copy of Form 32
- Copy of Form 18
- List of Directors with their Names, date of birth, address and contact numbers along with ID proof
- List of authorized signatory(ies) including Chief Executive with their names, date of birth, address and contact numbers along with ID Proof
- List of guarantor(s) (if applicable) with their names, date of birth, address contact numbers
- Latest audited Annual Report (if applicable)
- No Objection Certificate (NOC) from the Bank where account is maintained
- In case of Joint Venture, copy of Govt/RBI permission (if applicable)
- GST Certificate

Embassy / High Commission

- Letter from the Embassy/High Commission signed by Ambassador/Counsellor Confirming its address and residential address of Authorized Signatory(ies)
- List of authorized signatory(ies) with their names, date of birth, address and contact numbers along with ID proof.

Club/Society/Association

- Certified true copy of Registration Certificate and by-laws
- List of the Office Bearers along with their ID proof
- Resolution signed by the Chairman/President
- PAN Number of Club/Society/Association

Partnership Firms

- Partnership Deed
- Partnership Letter signed by all Partners
- List of Partners with their names, date of birth, address and contact numbers, along with ID Proof.
- List of guarantor(s) (if applicable) with their names, date of birth, address and contact numbers.
- Registration under Shop and Establishment Act.
- PAN Number and Pan Card Copy
- Income Tax Return/Income Tax Assessment Order with PAN card copy
- Certificate of Registration
- Registration with Sales Tax/VAT
- IEC Number (if applicable)
- License issued by Registering Authorities like Certificate of Practice issued by Institute of Chartered Accountants of India, India Medical Council

Proprietorship Concerns

- Registration Certificate
- IEC Number (if applicable)
- Business License
- PAN Number and Pan Card Copy
- Certificate/License issued under Shop and Establishment Act
- Income Tax Return/Income Tax Assessment Order with PAN Card Copy
- Sales/Service Tax/VAT/Excise Tax Registration
- License issued by Registering Authorities like Certificate of Practice issued by Institute of Chartered Accountant of India, Indian Medical Council

HUF

- HUF Declaration
- List of Coparceners including Karta with their names, date of birth, address and contact numbers along with ID proof
- PAN Number of HUF
- Sales/Service Tax/VAT/Excise Tax Registration
- Income Tax Return/Income Tax Assessment order with PAN card copy

Trusts

- Registration Certificate
- Trust Deed
- List of Trustees, Settlers, Beneficiaries and those holding Power of Attorney, Managers/Directors with their names, date of birth, address and contact numbers along with ID proof.
- Power of Attorney granted to transact business on its behalf/Resolution
- PAN Number and Pan Card Copy

- Notes :**
1. Disclaimer: Kindly note this is an indicative list.
 2. Bank may request for any further specific / additional documents as may be required.
 3. Please Provide a self-attested copy of the special approval / license from Government / Regulatory Authority (if applicable)

(For Bank use only)

Account Number

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

Customer ID No.

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

(To be filled by applicant only)

Date

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

Please fill the form in BLOCK LETTERS with Black/Blue Ink only and tick boxes where applicable. Do no leave any field blank, instead mention not Applicable (N.A.)

I/we hereby request MUFGBank, Ltd. _____ Branch to open my/our Current Account

- Current Account Current Account Collection Escrow Account CC/OD Account
- CC/OD Account-Collection EEFC Account LO/BO/PO Account Divident Account Others (Please specify)

Denominated Currency of the Account INR USD Euro JPY

Details of Account

1. Name of Individual/Entity																																
2. Other common names used																																
3. Date of Birth/Incorporation Individual / Non-Individual Place	D	D	M	M	Y	Y	Y	Y																								
4. Of Incorporation																																
Country of Incorporation	D	D	M	M	Y	Y	Y	Y																								
5. Date of Commencement of business																																
6. Registration Number																			8. IEC No. (Provide copy if any)													
7. PAN Number																			10. LEI No.													
9. CKYC Number (if available)																																
11. GST Number																																
12. RBI and Government Bodies Approval	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Others																															

13. Communication Details:

Registered Address																																
District																																
City																																
State/UT																																
Pin Code															Country																	
Tel. (with STD Code)																																
Fax (with STD Code)																																
Mobile																																
Email																																
Contact Person																																
Designation of Contact Person																																

Correspondence/Mailing Address																																
District																																
City																																
State/UT																																
Pin Code															Country																	
Tel. (with STD Code)																																
Fax (with STD Code)																																
Mobile																																
Email																																
Contact No.																																
Designation of Contact Person																																

14. Type of Entity:

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Public Sector Banks |
| <input type="checkbox"/> HUF | <input type="checkbox"/> Central/State Government or Agency |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Section 8-Companies (Companies Act, 2013) |
| <input type="checkbox"/> Private Limited Company | <input type="checkbox"/> Artificial Jurisdictional Person |
| <input type="checkbox"/> Public Limited Company | <input type="checkbox"/> International Organization or Agency/Foreign Embassy or Consular Office, etc. |
| <input type="checkbox"/> Society Association of Person (AOP) / Body of Individuals (BOI) | <input type="checkbox"/> Not Categorized |
-
- | |
|---|
| <input type="checkbox"/> Public Sector/Government Entity Trust |
| <input type="checkbox"/> Liquidator |
| <input type="checkbox"/> Limited Liability Partnership Artificial |
| <input type="checkbox"/> Liability Partnership |
| <input type="checkbox"/> Others (Please specify) _____ |

Proof of Identity Document Type & Number: _____

Proof of Address Document Type & Number: _____

15. Nature of Business:

- | | | |
|---|---|--|
| <input type="checkbox"/> Finance/Investment Export/Import | <input type="checkbox"/> Retailer/Stockist | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> Consultant/Professional Wholesaler | |
| <input type="checkbox"/> Trading | <input type="checkbox"/> Commission Agent/Broker Lottery | |
| <input type="checkbox"/> Antique Dealer | <input type="checkbox"/> Arms and Ammunition | |
| <input type="checkbox"/> Bar/Night Club/Casino Chartered | <input type="checkbox"/> Lawyers, Notaries | |
| <input type="checkbox"/> Accountant/CPA Real Estate Agent | <input type="checkbox"/> Dealers in precious metals/stones | |
| <input type="checkbox"/> Others (Please specify) _____ | <input type="checkbox"/> Money exchanger | |

16. Nature of Industry:

- | | | |
|--|---|--|
| <input type="checkbox"/> Engineering/Architectural Firm | <input type="checkbox"/> Food Products | <input type="checkbox"/> Power/Electricity |
| <input type="checkbox"/> IT Software/Hardware | <input type="checkbox"/> Gems/Jewellery | <input type="checkbox"/> Retailing |
| <input type="checkbox"/> Commodities | <input type="checkbox"/> Hotel/Restaurant | <input type="checkbox"/> Shipping |
| <input type="checkbox"/> Construction/Real Estate Electronic | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Textile |
| <input type="checkbox"/> Goods | <input type="checkbox"/> Leather | <input type="checkbox"/> Timber |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Metals | <input type="checkbox"/> Transport/Logistics |
| <input type="checkbox"/> Others (Please specify) _____ | | |

17. Holding/Parent Company:

- Name of Holding/Parent Company _____
- Nature of Business of Holding/Parent Company _____
- Registered Address of Holding Parent Company _____
- _____
- Correspondence address of Holding/Parent Company _____
- _____
- Contact Details of Holding/Parent Company:
- Contact Person _____ Designation _____
- Telephone (with Country Code) _____ Mobile _____
- E-mail ID _____ Fax (with Country Code) _____

18. Details of Accounts held with other Banks (Mandatory as per RBI guidelines):

The Applicant maintains account/s with the following Banks:

Name of the Bank	Branch Address	Type of Account	Account Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

19. Credit Facilities with other Banks (Mandatory as per RBI guidelines):

I/We declare that do not enjoy credit facilities with other bank(s)/any other branch of you bank and undertake to inform the bank in writing as soon as any credit facility is availed any other banks/any other branch of you bank.

I/We declare that I/we enjoy credit facilities with other bank(s) of your bank as per the following details:

S. No.	Nature of Credit Facility etc.	Amount sanctioned	Amount utilized as on date	Name of the Bank	Address of the Bank	Account No.

* Credit facility details provided include all fund based and non-based facilities.

I/We agree to keep the bank informed in case of any increase in the aggregate exposure of the credit facilities or any changes in the credit facilities declared by me/us above. Exposure for the purpose of these instructions shall mean sum of sanctioned fund based and non-fund based credit facilities.

20. Initial Payment Details:

A. Funding Cheque details

Currency _____ Amount _____ (In words) _____

Cheque No. _____ Dated _____ Drawn on Bank _____

Branch _____ Account Number _____

Cheque should be crossed A/C Payee & payable to "MUFG Bank, Ltd. A/C - Account Name" and should be from own account with other bank.

Please ensure that signature(s) on funding cheque match with the specimen signature(s) provided to the Bank.

B. Inward Remittance

Remitter _____ Address _____

Currency and Amount _____ Remitting Bank Branch Address _____

21. Introducer

Name _____

of introducing customer _____

Account number of the Introducer _____

I/We confirm that I/We maintain an account with MUFG Bank, Ltd. Branch for over 12 months. I/we personally know the applicant(s) detailed in the Application form for more than 6 months and confirm his/her/their identity, occupation and address.

Signature: _____

(With stamp if applicable)

Date

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

22. Mode of Account Operation

Singly

Jointly

Either or Survivor

Former or Survivor

Anyone

As per board resolution attached

Power of Attorney

Others (please specify details below under special instructions) _____

23. Details Directors/ Partners:

PLEASE PASTE
THE FIRST
DIRECTOR'S/
PARTNER'S
LATEST
PASSPORT SIZE
COLOURED
PHOTOGRAPH
SIGNED ACROSS

First Director's/ Partner's Details

Name _____
 Father's/Spouse's Name _____

 Mother's Name _____
 Gender
 Male Female Third Gender
 Nationality
 Indian Other: _____
 Designation: _____
 Date of Birth: _____
 Residential Address: _____

 Pin Code:

Contact Details:

Home _____
 Mobile _____
 Office _____
 Fax _____
 E-Mail ID _____
 PAN No. _____
 Proof of Identity _____
 Document Identification Number: _____

 Proof of Address: _____

 Document Identification Number: _____

 Director Identification Number (DIN): _____

 KYC No. of Director _____

PLEASE PASTE
THE SECOND
DIRECTOR'S/
PARTNER'S
LATEST
PASSPORT SIZE
COLOURED
PHOTOGRAPH
SIGNED ACROSS

Second Director's/ Partner's Details

Name _____
 Father's/Spouse's Name _____

 Mother's Name _____
 Gender
 Male Female Third Gender
 Nationality
 Indian Other: _____
 Designation: _____
 Date of Birth: _____
 Residential Address: _____

 Pin Code:

Contact Details:

Home _____
 Mobile _____
 Office _____
 Fax _____
 E-Mail ID _____
 PAN No. _____
 Proof of Identity _____
 Document Identification Number: _____

 Proof of Address: _____

 Document Identification Number: _____

 Director Identification Number (DIN): _____

 KYC No. of Director _____

PLEASE PASTE
THE THIRD
DIRECTOR'S/
PARTNER'S
LATEST
PASSPORT SIZE
COLOURED
PHOTOGRAPH
SIGNED ACROSS

Third Director's/ Partner's Details

Name _____
 Father's/Spouse's Name _____

 Mother's Name _____
 Gender
 Male Female Third Gender
 Nationality
 Indian Other: _____
 Designation: _____
 Date of Birth: _____
 Residential Address: _____

 Pin Code:

Contact Details:

Home _____
 Mobile _____
 Office _____
 Fax _____
 E-Mail ID _____
 PAN No. _____
 Proof of Identity _____
 Document Identification Number: _____

 Proof of Address: _____

 Document Identification Number: _____

 Director Identification Number (DIN): _____

 KYC No. of Director _____

PLEASE PASTE
THE FOURTH
DIRECTOR'S/
PARTNER'S
LATEST
PASSPORT SIZE
COLOURED
PHOTOGRAPH
SIGNED ACROSS

Fourth Director's/ Partner's Details

Name _____
 Father's/Spouse's Name _____

 Mother's Name _____
 Gender
 Male Female Third Gender
 Nationality
 Indian Other: _____
 Designation: _____
 Date of Birth: _____
 Residential Address: _____

 Pin Code:

Contact Details:

Home _____
 Mobile _____
 Office _____
 Fax _____
 E-Mail ID _____
 PAN No. _____
 Proof of Identity _____
 Document Identification Number: _____

 Proof of Address: _____

 Document Identification Number: _____

 Director Identification Number (DIN): _____

 KYC No. of Director _____

Signature of Authorized Signatory(ies):
(with stamp)

PLEASE PASTE
THE FIRST
AUTHORIZED
SIGNATORY'S
LATEST
PASSPORT SIZE
COLOURED
PHOTOGRAPH
SIGNED ACROSS

First Authorized Signatory's Details
Name _____
Father's/Spouse's Name _____

Mother's Name _____
Gender
 Male Female Third Gender
Nationality
 Indian Other: _____
Designation: _____
Date of Birth: _____
Residential Address: _____

Pin Code:
Contact Details:
Home _____ Mobile _____
Office _____ Fax _____
E-Mail ID _____
PAN No. _____
Proof of Identity _____
Document Identification Number: _____

Proof of Address: _____

Document Identification Number: _____

Passport/Driving License No. _____
Place of Issue _____
Date of Issue _____
Expiry Date _____

Singly Rs. /Unlimited
Jointly Rs. /Unlimited
(to be signed jointly with

Special instruction (if any)

PLEASE PASTE
THE SECOND
AUTHORIZED
SIGNATORY'S
LATEST
PASSPORT SIZE
COLOURED
PHOTOGRAPH
SIGNED ACROSS

Second Authorized Signatory's Details
Name _____
Father's/Spouse's Name _____

Mother's Name _____
Gender
 Male Female Third Gender
Nationality
 Indian Other: _____
Designation: _____
Date of Birth: _____
Residential Address: _____

Pin Code:
Contact Details:
Home _____ Mobile _____
Office _____ Fax _____
E-Mail ID _____
PAN No. _____
Proof of Identity _____
Document Identification Number: _____

Proof of Address: _____

Document Identification Number: _____

Passport/Driving License No. _____
Place of Issue _____
Date of Issue _____
Expiry Date _____

Singly Rs. /Unlimited
Jointly Rs. /Unlimited
(to be signed jointly with

Special instruction (if any)

Specimen Signature with stamp

Specimen Signature with stamp

PLEASE PASTE
THE THIRD
AUTHORIZED
SIGNATORY'S
LATEST
PASSPORT SIZE
COLOURED
PHOTOGRAPH
SIGNED ACROSS

Third Authorized Signatory's Details
Name _____
Father's/Spouse's Name _____

Mother's Name _____
Gender
 Male Female Third Gender
Nationality
 Indian Other: _____
Designation: _____
Date of Birth: _____
Residential Address: _____

Pin Code:
Contact Details:
Home _____ Mobile _____
Office _____ Fax _____
E-Mail ID _____
PAN No. _____
Proof of Identity _____
Document Identification Number: _____

Proof of Address: _____

Document Identification Number: _____

Passport/Driving License No. _____
Place of Issue _____
Date of Issue _____
Expiry Date _____

Singly Rs. /Unlimited
Jointly Rs. /Unlimited
(to be signed jointly with

Special instruction (if any)

PLEASE PASTE
THE FOURTH
AUTHORIZED
SIGNATORY'S
LATEST
PASSPORT SIZE
COLOURED
PHOTOGRAPH
SIGNED ACROSS

Fourth Authorized Signatory's Details
Name _____
Father's/Spouse's Name _____

Mother's Name _____
Gender
 Male Female Third Gender
Nationality
 Indian Other: _____
Designation: _____
Date of Birth: _____
Residential Address: _____

Pin Code:
Contact Details:
Home _____ Mobile _____
Office _____ Fax _____
E-Mail ID _____
PAN No. _____
Proof of Identity _____
Document Identification Number: _____

Proof of Address: _____

Document Identification Number: _____

Passport/Driving License No. _____
Place of Issue _____
Date of Issue _____
Expiry Date _____

Singly Rs. /Unlimited
Jointly Rs. /Unlimited
(to be signed jointly with

Special instruction (if any)

Specimen Signature with stamp

Specimen Signature with stamp

Mode of Account Operation-List of Director/Partners/Authorized Signatories for operating Current Account

As per the Board Resolution dated _____ passed in the Board Meeting held on _____ / Partnership deed dated _____

the following directors/Partners are authorized to operate the Current Account maintained with the Bank as per the man date mentioned below:

Name of Director/Partner	Designation	Contact Details (Telephone, Mobile, Fax Number and E-mail address)	Mode of Account Operation	Specimen Signature
		Tel.: _____ Mob.: _____ Fax: _____ E-mail ID: _____	Singly Rs. _____ / Unlimited Jointly Rs. _____ / Unlimited (be signed jointly with _____) Special Instructions (if any): _____	
		Tel.: _____ Mob.: _____ Fax: _____ E-mail ID: _____	Singly Rs. _____ / Unlimited Jointly Rs. _____ / Unlimited (be signed jointly with _____) Special Instructions (if any): _____	
		Tel.: _____ Mob.: _____ Fax: _____ E-mail ID: _____	Singly Rs. _____ / Unlimited Jointly Rs. _____ / Unlimited (be signed jointly with _____) Special Instructions (if any): _____	
		Tel.: _____ Mob.: _____ Fax: _____ E-mail ID: _____	Singly Rs. _____ / Unlimited Jointly Rs. _____ / Unlimited (be signed jointly with _____) Special Instructions (if any): _____	

In addition to the above, following persons has also been authorized to operate the current account as per the Board Resolution dated _____ passed in the Board Meeting held on _____ / Power of Attorney

Dated _____

Name of Authorized Signatories	Designation	Contact Details (Telephone, Mobile, Fax Number and E-mail address)	Mode of Account Operation	Specimen Signature
		Tel.: _____ Mob.: _____ Fax: _____ E-mail ID: _____	Singly Rs. _____ / Unlimited Jointly Rs. _____ / Unlimited (be signed jointly with _____) Special Instructions (if any): _____	
		Tel.: _____ Mob.: _____ Fax: _____ E-mail ID: _____	Singly Rs. _____ / Unlimited Jointly Rs. _____ / Unlimited (be signed jointly with _____) Special Instructions (if any): _____	
		Tel.: _____ Mob.: _____ Fax: _____ E-mail ID: _____	Singly Rs. _____ / Unlimited Jointly Rs. _____ / Unlimited (be signed jointly with _____) Special Instructions (if any): _____	
		Tel.: _____ Mob.: _____ Fax: _____ E-mail ID: _____	Singly Rs. _____ / Unlimited Jointly Rs. _____ / Unlimited (be signed jointly with _____) Special Instructions (if any): _____	

24. Nomination Form (Form DA1) [In Case of Individual / Sole Proprietorship Account only]:

Yes, I/We want to nominate the following person.

No, I/We do not want to nominate anyone on your behalf.

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.

I/We nominate the following person to whom in the event of my / our death the amount of the deposit/s in the account may be returned by MUFG Bank, Ltd. (Branch).

Nominee Name & Address: _____

Relationship with Depositor(s), if any: _____ Age Year _____ Date of Birth

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

As the nominee is a minor on this date, I/we appoint (Guardian Name & Address)

to receive the amount of the deposit/s in the account of behalf of the nominee in the event of my/our death during the minority of the nominee. I/We do hereby declare that what is started above is true to the best of my/our knowledge and belief.

Signature(s)/Thumb impression of Account Holder(s) [Only in case of Individual/Sole proprietor]

Witness Name _____

Witness Name _____

Signature*** _____

Signature*** _____

Address _____

Address _____

Date

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

Date

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

Notes:

*** Thumb impressions must be attested by two witnesses

Any variation in cancellation of the nomination shall be in the prescribed form under the signatures of the depositor. The Bank recommends that all depositors avail the nomination facility. The nominee, in the event of death of the depositor/s would receive the balance outstanding in the account as a trustee of legal affairs, thus helping in quick and Easy settlement.

Signature(s)/ Thumb Impression of Account Holder(s) [Only in case of Individual/ Sole proprietor]

Know Your Customer (KYC) Details:

1. Purpose of Account Opening: Salary

- | | |
|--|--|
| <input type="checkbox"/> Business Transaction Investment | <input type="checkbox"/> Loan Repayment |
| <input type="checkbox"/> | <input type="checkbox"/> Inter Company Settlement |
| <input type="checkbox"/> | <input type="checkbox"/> Others (please specify) _____ |

2. Expected Source of Funds which shall be credited to the Account: Salary Receipts

- | | |
|--|--|
| <input type="checkbox"/> Business | <input type="checkbox"/> Sales Proceeds |
| <input type="checkbox"/> Receipts | <input type="checkbox"/> From Business Owners/Parent Company |
| <input type="checkbox"/> Income from Investments | <input type="checkbox"/> Others (please specify) _____ |

3. Brief description of business activities: _____

4. Entity's Turnover:
(Amount in INR Million)

	Yes/No	<50	51-250	251-500	501-1000	>1000
Domestic						
Import						
Export						
Total						

5. Expected Account Turnover (INR) _____ **6. Expected Number of Transaction per year:** _____

7. Expected Account Activity:

Product / Service	Total Amount in a month (INR)	Frequency in a month	Country of Remittance	Purpose
Cash Withdrawals-INR				
Cash Deposits-INR				
DDs/Pay Orders/Cheques Issued in Clearing				
Cheque Deposits-Local/Outstation				
Cheque Deposits-Foreign Currency				
RTGS/NEFT/ECS-Outward				
RTGS/NEFT/ECS-Inward				
Foreign Wire Transfer-Outward				
Foreign Wire Transfer-Inward				
Any Other Services				

8. Major Suppliers:

Name	Country

9. Major Customers:

Name	Country

10. Whether Letter of Authority/Power of Attorney given to another person Yes No

If yes, please provide POA Holder's Name Address _____

Date of Birth _____ Identification Document _____

For Corporate Entitles only

11. Representative Director / Executive _____

[The highest ranking officer who is empowered to commit the corporation legally, e.g. CEO, Chairman, President, Managing Director]

12. Whether the Company is listed in Stock Exchange(s) Yes No

If yes, please mentioned the name of the Stock Exchange(s)

13. Shareholding pattern of the Company

Name	Holding %	Country	Listed Stock Exchange	Non-listed

14. In case the shareholder is holding 10% or more share as stated above and is a non-listed Company, please mention the shareholding pattern of such non-listed Company.

Name	Holding%	Country	Non-listed

Declaration of Beneficial Ownership

- A. In case of corporate entities the "beneficiary owner" is defined as the natural person(s) who ultimately own or control legal entity directly/indirectly through a shareholding or voting rights of 10% or more.
- B. In case of foundations and trust which administer and distribute funds, the beneficial owner is any natural person who receives the benefits of 15% or more of the property, assets or income of the legal entity. Whether carrying out transactions for a client: Yes No

If Yes, please specify the relation and also fill the "UBO Form" (Ultimate Beneficial Customer)

(UBO here refers that you are maintaining or propose to maintain the account for the benefit of other person)

- Acting as formation agent of legal person(s)
- Acting as (or arranging for another person to act as) a Director or Secretary of a Company.
- Acting as (or arranging for another person to act as) a Partner of a Partnership.
- Acting as (or arranging for another person to act as) a Trustee of an Express Trust.
- Acting as (or arranging for another person to act as) a nominee shareholder of another person. Any Other (Please Specify)

Declaration of Beneficial Ownership Form for Corporate Entities

1. Full Legal Name of the Entity: _____
2. Number of Ultimate Beneficial Owners: _____
3. Please list the names and ownership percentage & attached supporting documentation:

Customer Type	First Name	Last Name	Entity Name	% Beneficial Ownership	Country of Residence

Supporting Documents: Share Register, Memorandum and Articles of Association, Audited Annual Report, Copy of Identification Documents to confirm name, address and date of birth of individuals mentioned above.

Declaration of Beneficial Ownership Form for other than Corporate Entities

1. Full Legal Name of the Customer: _____
2. Number of Ultimate Beneficial Owners: _____
3. Details of Ultimate Beneficial Owners (please submit respective identification proof and address proof):

Name	Gender & Nationality	Father's /Spouse's Name	Mother's Name	PAN No.	Address	Date of Birth	% Ownership

Customer's Declaration

(Please read carefully and sign at the end of the declaration after you have filled in all the details in the Account Opening Form):

The Customer hereby declares that all the particulars and information given in the Account Opening Form (and all documents referred or provided therewith) are true, correct, complete and up to date in all respects and it has not withheld any information.

Further, the Customer confirms that it has read, understood and agrees to abide by the terms and conditions (as may be amended, supplemented or superseded by the Bank from time to time) displayed on the Bank's website at the link mentioned below governing the operation of the account, deposit and facilities, services, products offered by the Bank which the Customer may avail from time to time.

For corporate customer (i.e. company incorporated in India), please refer to the link
https://www.bk.mufg.jp/global/globalnetwork/asiaoceania/pdf/gl_master_terms_for_corporate.pdf

For other than corporate customer, please refer to the link
https://www.bk.mufg.jp/global/globalnetwork/asiaoceania/pdf/gl_master_terms_for_other_corporate.pdf

Signature of the authorized signatory (ies)

For Bank use only

1. Customer Name	:	_____	13. H.O./ Branch	:	_____
2. Short Name	:	_____	14. BIS Character	:	_____
3. Sorting Index	:	_____	15. Competent Division	:	_____
4. Legal Address	:	_____	16. CIF List Cycle	:	_____
	:	_____	17. CPA List	:	_____
5. Mail Address	:	_____	18. W/H Tax	:	_____
6. Postal Code	:	_____	19. I/D 1	:	_____
7. Japanese/ Non Japanese	:	_____	20. I/D 2	:	_____
8. Customer Country	:	_____	21. Local Option 1	:	_____
9. H.O. Country	:	_____	22. Local Option 2	:	_____
10. Residence	:	_____	23. Local Option 3	:	_____
11. Industry	:	_____	24. Optional Inquiry 2	:	_____
12. Sovereign / Private	:	_____	25. Optional Inquiry 3	:	_____

Client Consent obtained at the time of Customer Yes No

On boarding Staff Confirmation for Account Opening:-

I, _____, an employee of MUFG Bank, Ltd. _____ Branch, India and, confirm working as _____ that I have met in person Mr./ Ms. _____ of _____

(Name of Customer Company/ Firm/ Entity).

I have provided the customer a copy of the Terms & Conditions, Schedule of Fees & Charges and obtained duly filled in Current Account Opening Application Form along with the required documents from the customer.

Signature of Account Officer _____ Name _____ Date _____

Recommended for Account Opening (CBD/CFD/Deposits):

Account Officer/RM	AVP/VP	Director	GM
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Checked by: Approved by (Operation):

Officer	VP	Director	GM
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Compliance Check done :

AVP	VP	CO/CCO
<input type="text"/>	<input type="text"/>	<input type="text"/>

Annexure-1 - Declaration by Proprietor of Proprietorship Concern [on Firm's Letter Head]

I, the undersigned (Name of the Proprietor) having address at do _____

_____ hereby declare that I

am the sole proprietor of _____.

(Trading Firm/ Business Name), and am solely responsible for all of its obligations and liabilities and shall be responsible for all transactions in my account with the Bank or arising out of its operations or otherwise.

I shall advise the Bank in writing about the same of any change that take place in the proprietorship.

I will be liable in respect of all obligations/outstanding to the said firm named until all such obligations have been liquidated by me or expressly discharged by the Bank.

Date: _____	Signature _____
Place: _____	Name _____

ANNEXURE 2 - Hindu Undivided Family (HUF) Declaration [to be executed on Stamp paper of prevalent prescribed value]

We, the undersigned are members of the Hindu Undivided Family ("HUF") which is carrying on business under the name and style of _____

The first signatory viz _____ is the Karta of the HUF and the other signatories are the adult coparceners of the said family.

We confirm and declare that the business of the family is carried on mainly by the Karta as also by the other signatories in the interest and for the benefit of the family.

We also confirm and declare that _____ karta is empowered and authorized to operate upon the bank account(s) and all transactions entered into and obligations incurred will be binding on us/HUF.

We all undertake that the claims/ amounts due to the Bank from said family shall be recoverable personally from all or any of us and also from the entire family properties of which the first signatory the karta including the share of minor coparceners.

We shall undertake to keep the Bank informed about any change in the member(s) of the constitution of said family by any reason including due to any addition of members or on account death of any members of said family that may occur during the currency of the account.

All the below mentioned co-parceners declare that we are the only members of the said family.

Name of Karta _____ Signature _____

	Name of Co-Parcener	Date of Birth	Relationship with Karta	Signature
1				
2				
3				

Annexure-3-Partners' Declaration [to be executed on stamp paper of prevalent prescribed value]

We, the undersigned hereby confirm and declare that we are the partners of the Firm carrying on business in the name and style of

registered under the Indian Partnership Act, 1932 with the Registrar of Firms _____

_____ (the "Firm").

Any change in the constitution of the Firm shall be intimated by us/ the Firm to the Bank in writing.

All partners of the Firm shall be liable to the Bank in respect of all obligations incurred by anyone or more of the partners whether under the signatures of the firm or by the individual signatures of the person(s) entering into the transaction.

We hereby unconditionally and irrevocably undertake that the Firm, its partners and/or its successors shall be jointly and severally liable and responsible from t time to t time herein after to the Bank in respect of all our existing and future transactions and dealings with the Bank, in any manner whatsoever until all our/ Firm's obligations to the Bank are completely satisfied/ liquidated.

Our/ Firm's liability shall not in any way be affected even if any third party joins in the transaction(s) as co-obligant.

Any acknowledgement(s) made or given by anyone or more of us in respect of the transactions/ outstanding shall be binding on all of us for the purpose of law of limitation. This declaration shall operate and be effective not with standing any provision on our deed of partnership which may conflict with any of the terms herein.

Date: _____	Signature _____
Place: _____	Name _____

Date: _____	Signature _____
Place: _____	Name _____

Date: _____	Signature _____
Place: _____	Name _____

Date: _____	Signature _____
Place: _____	Name _____

Annexure 4
FORM NO. 60
[See second proviso to rule 114 B]

1.	First Name													Date of Birth/Incorporation of declarant							
	Middle Name													D	D	M	M	Y	Y	Y	Y
	Surname																				
3.	Father's Name (in case of individual) First Name																				
	Middle Name																				
	Surname																				
4.	Flat/ Room No.										5.	Floor No.									
6.	Name of premises										7.	Block Name/No.									
8.	Road/ Street/ Lane										9.	Area/ Locality									
10.	Town/ City										11.	District				12.	State				
13.	Pin code				14.	Telephone Number (with STD code)						15.	Mobile No.								
16.	Amount of transaction (Rs.):																				
17.	Date of transaction		D	D	M	M	Y	Y	Y	Y	18. In case of transaction in joint names, number of persons involved in the transaction:										
19.	Mode of transaction		<input type="checkbox"/> Cash, <input type="checkbox"/> Cheque, <input type="checkbox"/> Card, <input type="checkbox"/> Draft/Banker's Cheque, <input type="checkbox"/> Online transfer, <input type="checkbox"/> Other:																		
20.	Aadhaar Number issued by UIDAI (if available):																				
21.	If applied for PAN and it is not yet generated enter date of application and acknowledgement number:										D	D	M	M	Y	Y	Y	Y			
22.	If PAN not applied, fill estimated total income (including income of spouse, minor child etc, as per section 64 of Income-tax Act, 1961,) for the financial year in Which the above transaction is held																				
a.	Agricultural income (Rs.):																				
b.	Other than agricultural income (Rs.):																				
23.	Details of document being produced in support of identify in Column 1 (Refer instruction overleaf)				Document code				Document identification number				Name and address of the authority issuing the document								
					Document code				Document identification number				Name and address of the authority issuing the document								
24.	Details of document being produced in support of address in Columns 4 to 13 (Refer instruction overleaf)				Document code				Document identification number				Name and address of the authority issuing the document								

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that i do not have a Permanent Account Number and my/ our estimated total income (including income of spouse, minor child etc, as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, the _____ day of _____ 20____

Place: _____

(Signature of Declarant)

Note :

1. Before signing the declaration, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income tax Act, 1961 and on conviction be punishable.

(i) in a case where tax sought to be evaded exceeds twenty five lakh rupees with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine: INCOME-TAX RULES, 1962

(ii) In any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.

2. The person accepting the declaration shall not accept the declaration where the amount of income of the nature referred to in item 22b exceeds the maximum amount which is not chargeable to tax, unless PAN is applied for and column 21 is duly filled.

Instruction:

(1) Documents which can be produced in support of identity and address (not required if applied for PAN and item 20 is filled):-

Sl.	Nature of Document	Document Code	Proof of Identity	Proof of Address
A	For Individuals and HUF			
1.	AADHAR card	01	YES	YES
2.	Bank/Post office passbook bearing photograph of the person	02	YES	YES
3.	Elector's photo edentity card	03	YES	YES
4.	Ration/Public Distribution System card bearing photograph of the person	04	YES	YES
5.	Driving License	05	YES	YES
6.	Passport	06	YES	YES
7.	Pensioner Photo card	07	YES	YES
8.	National Rural Employment Guarantee Scheme (NREGS) Job card	08	YES	YES
9.	Caste or Domicile certificate bearing photo of the person	09	YES	YES
10.	Certificate of Identify/address signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer as per annexure A prescribed in Form 49A	10	YES	YES
11.	Certificate from employer as per annexure B prescribed in Form 49A	11	YES	YES
12.	Kisan passbook hearing photo	12	YES	NO
13.	Arm's licence	13	YES	NO
14.	Central Government Health Scheme /Ex-servicemen Contributory Health Scheme card	14	YES	NO
15.	Photo identity card issued by the government/ Public Sector Undertaking	15	YES	NO
16.	Electricity bill (Not more than 3 months old)	16	NO	YES
17.	Landline Telephone bill (Not more than 3 months old)	17	NO	YES
18.	Water Bill (Not more than 3 months old)	18	NO	YES
19.	Cunsumer gas card/book or piped gas bill (Not more than 3 months old)	19	NO	YES
20.	Bank Account Statement (Not more than 3 months old)	20	NO	YES
21.	Credit Card Statement (Not more than 3 months old)	21	NO	YES
22.	Depository Account Statement (Not more than 3 months old)	22	NO	YES
23.	Property registration document	23	NO	YES
24.	Allotment letter of accommodation from Government	24	NO	YES
25.	Passport of spouse hearing name of the person	25	NO	YES
26.	Property tax payment receipt (Not more than 1 year old)	26	NO	YES
B	For Association of persons (Trusts)			
	Copy of trust deed or copy of certificate of registration issued by Charity Commissioner	27	YES	YES
C	For Association of persons (other than Trusts) or Body of Individuals or Local authority or Artificial Juridical Person)			
	Copy of Agreement or copy of certificate of registration issued by Charity commissioner or Registrar of Cooperative society or any other competent authority or any other document originating from any Central or State Government Department establishing identity and address of such person.	28	YES	YES

(2) In case of a transaction in the name of a Minor, any of the above mentioned documents as proof of Identity and Address of any of parents/guardians of such minor shall be deemed to be the proof of Identity and address for the minor declarant and the declaration should be signed by the parent/guardian.

(3) For HUF any document in the name of Karta of HUF is required.

(4) In case the transaction is in the name of more than one person the total number of persons should be mentioned in Sl. No. 18 and the total amount of transaction is to be filled in Sl. No. 16. In case the estimated total income in column 22b exceeds the maximum amount not chargeable to tax the person should apply for PAN, fill out item 21 and furnish proof of submission of application.

Annexure 5 - Cheque Book Requisition

Date _____

The Manager,
MUFG Bank, Ltd.

Dear Sir/Madam,

Please issue me/us a cheque book for my/our new current account opened with the Bank.

Please deliver the cheque book to me/us.

Please deliver the cheque book to the bearer whose signatures are attested below.

Bearer's Signature _____

Name of the Bearer _____

Signature of Account holder(s)/ Authorized Signatory(ies) (with Stamp) _____

Please note: in case the cheque book is not collected within a period of 15 days, the Bank reserves the right to dispatch the same at the correspondence address and debit the delivery charges to the account.

I/We authorize the Bank to courier the cheque book at the correspondence address and debit the delivery charges to my / our Account.

Signature of Account holder(s)/ Authorized Signatory(ies) (with stamp)

Account Name _____

For Bank Use only

Currency _____

Account Number _____

Annexure 6 - Format of Authority Letter to collect documents (to be submitted on letterhead)

Date _____

The Manager,
MUFG Bank, Ltd.

Dear Sir/Madam,

I/We authorize the following persons whose signatures are attested below to collect all documents pertaining to transaction undertaken with the Bank such as demand drafts, pay orders, fixed deposit receipts, bank guarantees, trade finance documents etc.

Sr. No.	Name	Designation	Signature

I/We confirm and declare that in case of any loss/misplacement or damage caused to any document and/or instrument after delivery to the above named nominated/ designated authorized representatives, I/we shall be solely responsible for the same and the Bank shall not be held liable whatsoever and I/we shall keep the Bank harmless and indemnified in all respects.

I/We confirm that this authority letter shall remain valid until otherwise notified by me/us.

Thanking You,

Yours Faithfully,

Signature of Authorized Signatory(ies) (with stamp)

Account Name _____

NEEMRANA BRANCH: G-47, RIICO Industrial Area, Neemrana, District Alwar, Rajasthan-301705 Tel.: 91-1494-670800

NEW DELHI BRANCH: 5th Floor, Wordmark- 2, Asset 8, Aerocity, New Delhi-110 037 Tel.: 91-11-4100 3456

MUMBAI BRANCH: 602/603, LEVEL 6, INSPIRE BKC, G BLOCK, BKC MAIN ROAD, BANDRA KURLA COMPLEX, BANDRA EAST, MUMBAI-400051 Tel.: 91-22-66693000

CHENNAI BRANCH: "Seshachalam Centre", 6th & 7th Floor, Door No.636/1, Anna Salai, Nandanam, Chennai-600 035 Tel.: 91-44-45605800,45605900

BANGALORE BRANCH: Unit No701,7th Floor, World Trade Center, Brigade Gateway Campus, 26/1, Dr. Rajkumar Road, Malleshwaram, Bangalore-560055 Tel.: 91-80-67580000