



# The SUTEX<sup>®</sup> Co-op. Bank Ltd.

Regd. Office / ADM. OFFICE : "SURAJRAM BACHKANIWALA BHAVAN" UDHNA-MAGDALLA ROAD, SURAT-395 017.  
(Registered under the Gujarat Co. Operative Societies Act 1961)

(Reg. No. : S - 37561, 2006)

Ph. : 2632027, 2632028, 2632029  
Email : sutexcbs@sutexbank.in • Website : www.sutexbank.in

## CORPORATE CUSTOMER PROFILE

Bar Code

Branch Code :		Account No.		Date :													
2		4		8		0											
Firm / Company Name :																	
Corporate Office Address Shop/Office No.																	
Building / Premises / Shop / Office Name																	
Road / Street / Post Office																	
Locality		Land Mark				City											
State		Country				PIN Code :											
Ph No Office						email ID											
Mobile No. 1						Mobile No. 2											
Registered Office Address if different from above Shop / Office No.																	
Building / Premises / Shop / Office Name																	
Road / Street / Post Office																	
Locality		Land Mark				City											
State		Country				PIN Code :											
Ph No Office						email ID											
Mobile No. 1						Mobile No. 2											
Factory Address Block / Plot No.																	
Building / Premises / Shop / Office Name																	
Road / Street / Post Office																	
Locality		Land Mark				City											
State		Country				PIN Code :											
Ph No Office						email ID											
Mobile No. 1						Mobile No. 2											
Purpose of Opening the Account																	
Constitution						Nature of Business											
PAN No.						Registration No.											
Date of Incorporation						Date of Commencement of Business											
Importer Exporter Code (IEC)						ROC Number											
GST Registration No.																	

Do you have account in any other branch(es) of our Bank ? if so, Please give details

	Name of the Branch	Type of Account / Facility	Account Number
1			
2			
3			
4			

Do you have account in any **other Bank(s)** ? If so, Please give details

	Name of Bank & Branch	Type of Account / Facility	Account Number
1			
2			
3			
4			

Declaration : I hereby declare that the information furnished above is true & correct to the best of my knowledge  
**Name(s) of Proprietor, Partners, Directors, Promoters, Office Bearers**

Sr. No.	Customer ID	Full Name	Designation	Specimen Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Date :

**INTRODUCER**

I/We certify that captioned applicant/s is/are known to me/us personally and I/We confirm that the occupation and address stated in this application from for opening account are correct to the best of my/our knowledge and belief.

CID	<input type="text"/>	Branch Code	<input type="text"/>	Account No.	<input type="text"/>
Verified By :	<input type="text"/>	2	4	8	Introductory Signature
Officer / Manager	Seal	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**FOR OFFICE USE ONLY**

We have perused the Original Documents and as per KYC noms all re correct. The signatory has signed before me. I authorize Opening of the account. Also I certify that according to the nature of Business/activity, this account may be treated under the below selected risk category.

Letter of thanks sent to customer and introducer

Classification of the Account as  High Risk  Medium Risk  Low Risk

Date

Signature of Authorised Officer