

This is a machine readable form. Please avoid overwriting while filling the application.



ACCOUNT OPENING FORM CORPORATE ACCOUNTS (OTHER THAN INDIVIDUALS)

CKYC No.

For Office Use

Serial No. **3 0 5** **007795**

A/c. No. _____ Customer ID _____

Product Type : _____ Date **11 08 2022**

With Welcome Kit Without Welcome Kit ID ONLY EXISTING ID

To,
The Branch Manager, City Union Bank Ltd.,
Please open our Account at your : perumbakkam Branch Branch Code **390**

(Please fill all the details in CAPITAL LETTERS and in BLACK INK only. Fields with * are MANDATORY.)

I/We do not have any account with CUB (or)
 I/We have an account with CUB
(Please tick (✓) whichever is applicable)

Dealing with CUB since (Year) _____ at _____ Branch

Nature of Account _____
Credit Facilities with CUB (if any) _____

*Constitution: Sole proprietor Partnership LLP HUF Private Ltd Company Public Ltd Company Society Trust NGO/NPO SHG
 Association Club University Government Body Financial Inst Bank JLG Local Body

*Nature of Business: Manufacturing Service Provider Stock Brokers Real Estate Retail Trading Wholesale Trading Agri Others

*Nature of Industry	Retail Jewellery	Fishmeat/butiry	Transportation/Logistic	Petrol Pumps	Fuel Pump/Gasstation	Term Lending Institutions	Apparel/Textiles/Gammas/Duits/Silos
<input type="checkbox"/> Grocery / Super Market	<input type="checkbox"/> Petrol Pump	<input type="checkbox"/> Furniture/Timer	<input type="checkbox"/> Cement/Paints	<input type="checkbox"/> IT/Software/BPO	<input type="checkbox"/> Multiplex	<input type="checkbox"/> Electronic/Computer Hardware	<input type="checkbox"/> Fertilizers/Chemicals/Seeds/Phytocides
<input type="checkbox"/> Contractors	<input type="checkbox"/> Braking	<input type="checkbox"/> Engineering Goods	<input type="checkbox"/> Media/Entertainment	<input type="checkbox"/> Travel/Tour Agency	<input type="checkbox"/> Cosmetics/Beauty/Health Clubs	<input type="checkbox"/> Issue & Portfolio Management	<input type="checkbox"/> Drug Stores/Pharmacy/Pharmaceuticals
<input type="checkbox"/> Opticians	<input type="checkbox"/> Oil	<input type="checkbox"/> Advt. Agencies	<input type="checkbox"/> Construction	<input type="checkbox"/> Metro/Granite	<input type="checkbox"/> Agricultural Commodities	<input type="checkbox"/> Hospitals/Nursing Home/Clincs	<input type="checkbox"/> Automobile service centres/Garages
<input type="checkbox"/> Consultancy	<input type="checkbox"/> Restaurants / Bars	<input type="checkbox"/> Hotels/Resorts	<input type="checkbox"/> Steel/Iron/ware	<input type="checkbox"/> Printing/Publishing	<input type="checkbox"/> Leasing & Hire Purchase	<input type="checkbox"/> Fast Moving Consumer Goods (FMCG)	<input type="checkbox"/> Music / Cassettes / CDs / Audio and Videotapes
<input type="checkbox"/> Education	<input type="checkbox"/> Forest Dealer/Bulkier	<input type="checkbox"/> Consumer Durables	<input type="checkbox"/> Dairy/Food Processing	<input type="checkbox"/> Auto Finance	<input type="checkbox"/> Wine Shops	<input type="checkbox"/> Home Appliances/Consumer Durables	<input type="checkbox"/> Telecommunication Hardware
<input type="checkbox"/> Electronics	<input type="checkbox"/> NBFC	<input type="checkbox"/> Money Lender	<input type="checkbox"/> Shuff	<input type="checkbox"/> Housing Finance	<input type="checkbox"/> Travel Agents	<input type="checkbox"/> Computer Hardware and Software	<input type="checkbox"/> Auto Accessories/Petroleum Products other than fuel
<input type="checkbox"/> Games / Toys / Gifts	<input type="checkbox"/> Child Funds	<input type="checkbox"/> Bookstore/Stationery	<input type="checkbox"/> Furnishings	<input type="checkbox"/> Sales	<input type="checkbox"/> Photo Goods	<input type="checkbox"/> Clock/Watch Store/Jewellery	<input type="checkbox"/> Footwear/Leather Goods/Luggage
<input checked="" type="checkbox"/> Others	<u>lab and diagnostic</u>						

ENTITY DETAILS*

* ACCOUNT TITLE
M/S GREEN LABS AND DIAGNOSTICS

Date of Incorporation **19 02 2020** Date of commencement of Business (For Company Accounts)

PAN No. : **CTPPM422AG** (or) FORM 60 CIN No. :

Address Proof **DNRHS** GST / TIN No. _____

Address Proof **DNRHS** No. _____

Whether involved in Exports Imports IEC Code _____

MAILING ADDRESS / LOCAL ADDRESS

*Flat/Plot No & Bldg. Name **NO 3/199,** *Mobile No. **8681822920**

* Road Name **1ST MAIN ROAD,** STD Code _____

* Land Mark **PERUMBAKKAM,** Tel (R) _____

* City **KANCHEEPURAM.** Tel (O) _____

* District **KANCHEEPURAM.** *State **TAMIL NADU** *Pin Code **600100**

*Email Id **ABULALI979@YAHOO.COM** Country _____

REGISTERED OFFICE / PLACE OF BUSINESS ADDRESS Please tick both addresses are same

*Flat/Plot No & Bldg. Name _____ *Mobile No. _____

* Road Name _____ STD Code _____

* Land Mark _____ Tel (R) _____

* City _____ Tel (O) _____

* District _____ *State _____ *Pin Code _____

Country _____

INTRODUCTION DETAILS CITY UNION BANK Customer (Introducer's) Name

I confirm that I am an account holder with CITY UNION BANK for over six months
I confirm that I personally know the applicant's detailed above for more than 6 months
and confirm his / her identity, occupation and address. A/c No. _____ Customer ID _____

2022/8/11 16:12