**APPLICATION FOR OPENING WSP ACCOUNT (ONLY FOR NERL CLIENTS)**

**We request you to open an Account in my/our name as per the details. (Please fill in CAPITAL LETTERS only)**

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| **Date** |  |  |  |  |  |  |  |  | **CMSE Client ID** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Application No.** |  |  |  |  |  |  |  |  |  |  | **Reference No.** |  |  |  |  |  |  |  |  |  |  |

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| **WSP Name** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **WSP Regd. Add:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Account Category: (Please tick correct category as below):-**

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| **PARTNERSHIP FIRM** |  | **TRUST** |  | **BODY CORPORATE** |  | **HUF** |  | **INDIVIDUAL** |  |
|  |  |  |  |  |  |  |  |  |  |
| **PRIVATE LIMITED CO.** |  | **LLP** |  | **PUBLIC LTD. CO** |  | **FARMER** |  | **SOLE PROP** |  |

1. **To be filled in case of NON Individual**

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| **Name of Company / Firm** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Registered Address:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **City** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **State** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Tel No.** |  |  |  |  |  |  |  |  |  |  | **Fax No.** |  |  |  |  |  |  |  |  |  |  |  |
| **PAN** |  |  |  |  |  |  |  |  |  |  | **TAN** |  |  |  |  |  |  |  |  |  |  |  |
| **Mobile No** |  |  |  |  |  |  |  |  |  |  | **E Mail** |  |  |  |  |  |  |  |  |  |  |  |
| **D.O.I** |  |  |  |  |  |  |  |  |  |  | **Place of Incorp** |  |  |  |  |  |  |  |  |  |  |  |

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| **Bank Name** | **Branch Address** | **Bank Acct No.** | **Acct typ: Sav/Cur/Oth** | **MICR Number** | **IFSC code** |
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**B) To be filled for all categories.**

**i) First Holder / Authorized Signatory I / KARTA Details / Partner Details / Sole Proprietor**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Permanent Address:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Tel No.** |  |  |  |  |  |  |  |  |  |  | **Fax No.** |  |  |  |  |  |  |  |  |  |  |  |
| **PAN** |  |  |  |  |  |  |  |  |  |  | **D.O.B** |  |  |  |  |  |  |  |  |  |  |  |
| **Mobile No** |  |  |  |  |  |  |  |  |  |  | **E Mail** |  |  |  |  |  |  |  |  |  |  |  |

(Bank details to be filled for individuals only)

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| --- | --- | --- | --- | --- | --- |
| **Bank Name** | **Branch Address** | **Bank**  **Account No.** | **Account Type:**  **Saving/Current/Others** | **MICR Number** | **IFSC code** |
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**ii) Second Holder / Authorized Signatory II / Partner Details**

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| **Name** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Permanent Address:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Tel No.** |  |  |  |  |  |  |  |  |  |  | **Fax No.** |  |  |  |  |  |  |  |  |  |  |  |
| **PAN** |  |  |  |  |  |  |  |  |  |  | **D.O.I** |  |  |  |  |  |  |  |  |  |  |  |
| **Mobile No** |  |  |  |  |  |  |  |  |  |  | **E Mail** |  |  |  |  |  |  |  |  |  |  |  |

**iii) Third Holder / Authorized Signatory III / Partner Details**

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| **Name** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Permanent Address:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Tel No.** |  |  |  |  |  |  |  |  |  |  | **Fax No.** |  |  |  |  |  |  |  |  |  |  |  |
| **PAN** |  |  |  |  |  |  |  |  |  |  | **D.O.I** |  |  |  |  |  |  |  |  |  |  |  |
| **Mobile No** |  |  |  |  |  |  |  |  |  |  | **E Mail** |  |  |  |  |  |  |  |  |  |  |  |

**Nomination (Only for Individuals): - YES \_\_\_\_\_ NO \_\_\_\_\_ (If YES, Kindly fill the Nomination request Form)**

**c) SALES TAX / VAT DETAILS.**

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| **L S T Regn** |  |  |  |  |  |  |  |  | **State** | | |  |  |  |  |  |  |  |  |  |  |  |  | **Validity** |  |  |  |  |  |  |
| **VAT Regn No** |  |  |  |  |  |  |  |  | **State** | | |  |  |  |  |  |  |  |  |  |  |  |  | **Validity** |  |  |  |  |  |  |
| **C S Tax Regn** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Validity** |  |  |  |  |  |  |

I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account Liable for termination and suitable action.

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| **Name** | **First Authorized Signatory** | | | | | | | | | | **Second Authorized Signatory** | | | | | | | | | | **Third Authorized Signatory** | | | | | | | | | |
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| **Occupation** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Signature** |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |
| **Passport Photograph** |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |

**(In case of more than 3 Authorized signatories, kindly attach details in Annexure 1)**

**(Please Tear Here)**

**Acknowledgement Receipt**

**We hereby acknowledge the receipt of the Account Opening Application**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name of the First / Sole Holder / Authorized Signatory** |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name of the Second Holder / Authorized Signatory** |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name of the Third Holder / Authorized Signatory** |  |  |  |  |  |  |  |  |  |  |  |  |
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| **CMSP Client ID** |  |  |  |  |  |  |

**WSP Employee Name and Designation WSP Stamp**

**ANNEXURE 1 (Format for Additional Authorized signatory details)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No** | **Name** | **Address** | **Contact No** | **Email Id** | **PAN No** | **Signature** | **Photo** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
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