

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)

Date	<input type="text"/>	CMSE Client ID	<input type="text"/>
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Application No.	<input type="text"/>	Reference No.	<input type="text"/>
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WSP Name	<input type="text"/>																				
WSP Regd. Add:	<input type="text"/>																		Pin	<input type="text"/>	

Account Category: (Please tick correct category as below):-

PARTNERSHIP FIRM	<input type="checkbox"/>	TRUST	<input type="checkbox"/>	BODY CORPORATE	<input type="checkbox"/>	HUF	<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>
PRIVATE LIMITED CO.	<input type="checkbox"/>	LLP	<input type="checkbox"/>	PUBLIC LTD. CO	<input type="checkbox"/>	FARMER	<input type="checkbox"/>	SOLE PROP	<input type="checkbox"/>

A) To be filled in case of NON Individual

Name of Company / Firm	<input type="text"/>																				
Registered Address:	<input type="text"/>																		Pin	<input type="text"/>	

City	<input type="text"/>																			
State	<input type="text"/>																			

Tel No.	<input type="text"/>										Fax No.	<input type="text"/>									
PAN	<input type="text"/>										TAN	<input type="text"/>									
Mobile No	<input type="text"/>										E Mail	<input type="text"/>									
D.O.I	<input type="text"/>										Place of Incorp	<input type="text"/>									

Bank Name	Branch Address	Bank Acct No.	Acct typ: Sav/Cur/Oth	MICR Number	IFSC code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B) To be filled for all categories.
i) First Holder / Authorized Signatory I / KARTA Details / Partner Details / Sole Proprietor

Name	<input type="text"/>																				
Permanent Address:	<input type="text"/>																		Pin	<input type="text"/>	

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.

Name	First Authorized Signatory										Second Authorized Signatory										Third Authorized Signatory									
Occupation																														
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

Name of the First / Sole Holder / Authorized Signatory

Name of the Second Holder / Authorized Signatory

Name of the Third Holder / Authorized Signatory

CMSP Client ID

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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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