



BRANCH TO AFFIX RUBBER STAMP OF NAME AND CODE NO.

CURRENT ACCOUNT OPENING FORM FOR SOLE PROPRIETORSHIP FIRM

APPLICATION TYPE: ☒ NEW ☐ UPDATE

DATE: 18/11/2024 FOR OFFICE USE ONLY

CIF NO. []

CURRENT A/C NO. []

CAYC NUMBER (MANDATORY FOR CAYC UPDATE REQUEST): []

ACCOUNT HOLDER TYPE: ☐ US REPORTABLE ☐ OTHER REPORTABLE (PLEASE REFER TO GENERAL INSTRUCTIONS POINT 'A')

A. Fields marked with '*' are mandatory fields.
B. Tick '✓' wherever applicable.
C. Please fill the date in DD-MM-YYYY format.
D. Please fill the form in English and in BLOCK Letters.
E. Please read section wise detailed guidelines / Instructions.
F. List of two character ISO 3166 country codes and List of State/UT Code as per Indian Motor Vehicle Act, 1988 is available in the General Instructions.
G. General Instructions are available at the Bank's website: bank.sbi > Business > Current Account.
H. For particular section update, please tick (✓) in the box available before the section number and strike for the sections not required to be updated.

1. FIRM DETAILS* (Please see General Instruction Point 'C')

NAME OF THE FIRM: RAJLAXMI MOTORS PVT LTD

NAME OF THE PROPRIETOR: RAJKUMAR SANTOSH JOSHI

DATE OF FORMATION*: 05/06/2020 PLACE OF FORMATION*: PUNE COUNTRY OF FORMATION*: IN (SELECT 'IN' FOR INDIA)

PAN*: AAHRP3056D OR FORM 60 []

TAN: []

GSTN: 27AAHCD6055M1ZB IDENTIFICATION TYPE*: [] (Please refer General Instructions 'C2')

2. PROOF OF IDENTITY (PoI)* (Please refer 'D' in General Instructions) Any Two documents to be obtained

☒ REGISTRATION CERTIFICATE☒ ACTIVITY PROOF 1 (NAME OF THE ACTIVITY PROOF)☐ ACTIVITY PROOF 2 (NAME OF THE ACTIVITY PROOF)

IDENTITY NUMBER*: 0749999PN2020PTC188901

ACTIVITY PROOF NUMBER*: []

3. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email- ID) (Please refer General Instruction 'F')

TELE (RES): 02024452290

TELE (OFF): 02024453290

FAX: []

MOBILE NO. OF AUTHORISED SIGNATORY: 91-9924425758 EMAIL ID: psukhansh@gmail.com

4. PROOF OF ADDRESS (PoA)* (Copies of the document, as applicable, need to be submitted) (Please refer General Instruction 'E')

4.1 BUSINESS / OFFICE ADDRESS DETAILS*

PROOF OF ADDRESS*: ☒ REGISTRATION CERTIFICATE ☐ OTHER

LINE 1*: AKAR LANE

LINE 2: SND-654 MIDC D-145

LINE 3: BHOSARI CITY/TOWN/VILLAGE*: PUNE

DISTRICT*: PUNE 411018 PIN/POST CODE*: []

STATE/UT NAME*: MAHARASHTRA

STATE/UT NAME CODE*: MH

COUNTRY CODE*: 18

COUNTRY*: INDIA

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS*

☒ SAME AS BUSINESS / OFFICE ADDRESS DETAILS*PROOF OF ADDRESS*: ☐ REGISTRATION CERTIFICATE ☐ OTHER

LINE 1*: []

LINE 2: []

LINE 3: [] CITY/TOWN/VILLAGE*: []

DISTRICT*: [] PIN/POST CODE*: []

STATE/UT NAME*: []

STATE/UT NAME CODE*: [] []

COUNTRY CODE*: [] []

COUNTRY*: []

5. NATURE OF BUSINESS

☒ MANUFACTURER ☐ TRADER ☐ RETAILER ☐ SERVICE PROVIDER ☐ EXPORT / IMPORT ☐ OTHERS _____

INDUSTRY CLASSIFICATION CODE: 01 (PLEASE REFER TO INDUSTRY CODES GIVEN AT THE BOTTOM) OTHERS: _____ (PLEASE SPECIFY FOR CODE 50, 51, 52, 74, 93, 99)

BUSINESS SECTOR CODE: 00011
Please refer to Business Sector Code given below:

ANNUAL TURNOVER*: RS. 2000000 FY 2012-13

CODE	SECTOR	CODE	SECTOR	CODE	SECTOR	CODE	SECTOR
0001	AGRICULTURAL	0004	ENGINEER/ARCHITECT/TECHNICAL CONSULTANT	0029	OTHER PROFESSIONALS	0050	CONSTRUCTION
0010	AGRICULTURE / FISHING	0005	ARTIST / WRITER	0030	MANUFACTURING	0070	TRANSPORTATION / COMMUNICATION
0020	MINING	0006	ARTISAN / CRAFTSMAN	0031	INDUSTRIALIST	0080	FINANCE
0021	MEDICAL PROFESSION	0007	JOURNALIST	0032	BUSINESS IN TRADE SECTOR	0083	REAL ESTATE
0022	LEGAL PROFESSION	0008	SHARE AND STOCK BROKER	0033	BUSINESS IN SERVICE SECTOR	0099	ANY OTHER
0023	CA / ICWA / TAXATION / AUDIT / FINANCE	0010	CAPITAL MARKET MAKER	0040	GAS / WATER / ELECTRICITY		

SOURCES OF FUND: ☒ BUSINESS INCOME ☐ DONATION / GRANT ☐ FROM GROUP COMPANY ☐ EQUITY INVESTMENT ☐ OTHER _____

MLM UNDERTAKING:

☒ "I Declare that my Proprietorship Firm is not a MLM (Multi Level Marketing) Firm"

☐ "I Declare that my Proprietorship Firm is a MLM (Multi Level Marketing) Firm" (Select Industry code 98, if MLM Firm)

Firm is doing business of Multi-Level Marketing and has given an undertaking to the Department of Consumer Affairs that the Firm is in compliance with Direct Selling Guidelines, 2016 issued by the Government of India, Ministry of Consumer Affairs, Food & Distributions as also any direct selling guidelines issued by the State Government, where the registered office of the Firm is located. Further, the Firm is not in violation and I undertake not to violate the provisions of Prize Chit.

Signature of the Declarant

6. ACCOUNT VARIANT

☒ Regular Current Account (MAB - Rs. 5,000/-) ☐ Gold Current Account (MAB - Rs. 1,00,000/-)

☐ Diamond Current Account (MAB - Rs. 5,00,000/-) ☐ Platinum Current Account (MAB - Rs. 10,00,000/-) ☐ Others _____

7. SERVICES REQUIRED

CORPORATE INTERNET BANKING: VIEWING RIGHTS ☐ TRANSACTION RIGHTS ☒

BUSINESS DEBIT CARD: PRIDE ☒ PREMIUM ☐

CASH MGMT PRODUCTS ☐

POS FACILITY (CARD SWIPING MACHINE) ☒ CHEQUE BOOK ☒

viz CASH PICK UP ☐ e-COLLECTION ☐ e-PAYMENT ☐

UPI / QR CODE ☒ SMS ALERTS ☐ E-HAND SHAKE INSTA DEPOSIT CARD ☐

DO YOU WISH TO REGISTER FOR POSITIVE PAY SYSTEM: YES ☐ NO ☐

8. MODE OF OPERATION

☒ SINGLY ☐ OTHERS: (PLEASE SPECIFY) _____

9. COUNTRY OF RESIDENCE AS PER TAX LAWS *

DETERMINE* WHETHER THE ENTITY IS 'FI' OR 'NFI' (AN ENTITY CAN BE EITHER AN 'FI' OR 'NFI', IT CAN NOT BE BOTH)

☐ FINANCIAL INSTITUTION (FI): IF FINANCIAL INSTITUTION (FI) IS TICKED, PLEASE ALSO FILL ANNEXURE I & ANNEXURE II FOR ALL THE RELATED PERSON (BANKS, INSURANCE AGENCIES, NBFCs ETC.) OR

☒ NON FINANCIAL ENTITY (NFI): IF ENTITY IS NFI, WHETHER IT IS*: ☐ ACTIVE NFI OR ☐ PASSIVE NFI

(AN ENTITY CAN BE EITHER AN 'ACTIVE NFI' OR A 'PASSIVE NFI', IT CAN NOT BE BOTH - SEE INSTRUCTIONS 'H' IN GENERAL GUIDELINES FOR ACTIVE & PASSIVE NFI)

TAX RESIDENT OF INDIA ONLY AND NOT OF ANY OTHER COUNTRY OUTSIDE INDIA YES ☐ NO ☐

IF "NO" THEN PLEASE FILL ANNEXURE C - FATCA & CRS *

INDUSTRY CODES

01: AGRI & RELATED SERVICE ACTIVITIES	23: MFG OF COAL/COKE/PETRO PRODUCTS	41: WATER SUPPLY	72: COMPUTER & RELATED ACTIVITIES
02: FORESTRY, LOGGING & RELA ACTIVITIES	24: MFG OF CHEMICALS PRODUCTS	45: CONSTRUCTION	73: RESEARCH & DEVELOPMENT
05: FISHING & RELATED ACTIVITIES	25: MFG OF RUBBER/PLASTIC PRODUCTS	50: WHOLESALE/RETAIL TRADE	74: OTHER BUSINESS ACTIVITIES
10: MINING OF COAL & LIGNITE	26: MFG OF NON-METALIC MINERAL PRODUCTS	51: WHOLESALE/COMMISSION TRADE	75: PUBLIC ADMIN AND DEFENCE
11: PETROLEUM & NATURAL GAS	27: MFG OF BASIC METALS	52: RETAIL TRADE	80: EDUCATION
12: URANIUM & THORIUM	28: MFG OF FABRICATE METAL PRODUCT	55: HOTELS/RESTAURANTS	85: HEALTH & SOCIAL WORK
13: MINING OF METAL ORES	29: MFG OF MACHINERY/N.E.C.	60: TRANSPORT/STORAGE/COMMUNICATION	90: SEWAGE/SANITATION
14: OTHER MINING/QUARRYING	30: MFG OF COMPUTING MACHINERY	61: WATER TRANSPORT	91: ACTIVITIES OF MEMBERSHIP ORGANIZATION
15: MFG OF FOOD PRODUCTS/BEVERAGES	31: MFG OF ELECTRICAL MACHINERY	62: AIR TRASPORT	92: RECREATIONAL/CULTURAL/SPORTING
16: MFG OF TOBACCO PRODUCTS	32: MFG OF RADIO/TV/COMMUNICATION	63: SUPPORTING/AUXILIARY TRANSPORT	93: OTHER SERVICE ACTIVITIES
17: MFG OF TEXTILES	33: MFG OF MEDICAL/OPTICAL EQUIPMENT	64: POST & TELECOMMUNICATIONS	94: PERSONAL LOANS
18: MFG OF WEARING APPAREL	34: MFG OF MOTOR VEHICLES/TRAILERS	65: FINANCIAL INTERMEDIATION	98: MULTI-LEVEL MARKETING FIRM (MLM)
19: MFG OF LEATHER PRODUCTS	35: MFG OF OTHER TRANSPORT EQUIPMENT	66: INSURANCE/PENSION FUNDING	99: MISCELLANEOUS
20: MFG OF WOOD PRODUCTS	36: MFG OF FURNITURE/N.E.C.	67: AUXILIARY FINANCIAL INTERMEDIA	
21: MFG OF PAPER & PAPER PRODUCTS	37: RECYCLING	70: REAL ESTATE ACTIVITIES	
22: PUBLISHING/PRINTING	40: ELECTRICITY/GAS/STEAM SUPPLY	71: RENTING OF MACHINERY/EQUIPMENT	

10. FORM - 60 (IN CASE PAN IS NOT AVAILABLE)

NAME:

(SAME AS ID PROOF)

IF APPLIED FOR PAN AND IT IS NOT YET GENERATED, ENTER DATE OF APPLICATION & THE ACKNOWLEDGEMENT NUMBER

IF PAN IS NOT APPLIED, FILL ESTIMATED TOTAL INCOME (INCLUDING INCOME OF SPOUSE, MINOR CHILD, ETC.) AS PER SECTION 64 OF INCOME TAX ACT 1961 FOR FINANCIAL YEAR IN WHICH THE ABOVE TRANSACTION IS HELD

AGRICULTURE INCOME (RS) OTHER THAN AGRICULTURAL INCOME

VERIFICATION
 I, RASHUMAR SANTOSH JOSHI do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare 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 18 day of NOV 2024

Place: PUNE

Signature of the Declarant

11. DECLARATION CUM UNDERTAKING FOR OPENING / CONTINUING CURRENT ACCOUNT

(This undertaking is similar to Annexure ver 3 (V-A) of e-Circular NBS/TBU-LTP/19/2021-22 dated 29.11.2021)

Name of the Customer: <u>RASHLAXMI MOTORS PVT LTD</u>					Rs.
Bank Name	Total Exposure	Fund Based CC/OD	Fund based (like TL/DL)	Non-Fund based (like LC/BG)	Exposure %
<u>SVC CO-OP BANK</u>					
SBI					
Bank1:	<u>10.000.00</u>				
Bank2:					
Total	<u>10.000.00</u>				

TOTAL CREDIT EXPOSURE :

- LESS THAN RS. 5 CRS ☒ (FILL UNDERTAKING GIVEN BELOW)
- ≥ RS. 5 CRS ☐ PLEASE FILL ANNEXURE B (i)
- EXEMPTED CATEGORY ☐ PLEASE FILL ANNEXURE B (ii)

I/We RASHLAXMI MOTORS PVT LTD (Name of the Customer) have to advise that I/We have no credit exposure with any Banks including SBI or, our total credit exposure with all the Banks (including SBI) is less than Rs.5.00 crores.

I / We undertake to inform SBI in case of any changes to my/ our CC/OD/ Other Credit facilities. I/We also understand that it will be my/our sole responsibility to inform SBI in writing regarding any changes in the above undertaking and/or when the credit facilities availed by me/us from the banking system reaches Rs.5.00 crores or more.

I/We also agree to provide any documents that may be required from me/us time to time in terms of RBI regulations / SBI requirements for continuing my Current Account with SBI. I/We also agree to close the Current Account as and when demanded by SBI and understand that SBI is empowered to close / discontinue the Account if I/We fail to respond in a reasonable time to any notice issued in this regard.

Signature of the Customer(s) / Authorised Representative(s)

(Tick whichever is applicable)

ACKNOWLEDGEMENT DA-1

We acknowledge receipt of nomination made by you in favour of:

Name of the Nominee Age Years

With respect to your Account Number

Registration No.

Date:
Yours faithfully

Signature of Bank Official with Seal