



# ARIHANT BANK

SHRI ARIHANT CO-OP. BANK LTD.

Corporate office : GB 10A & B, Karma Stambh, L.B.S. Marg, Vikhroli (W) , Mumbai - 400083  
Tel : 25799326/9619486622, e-mail : [acblho@arihantbank.com](mailto:acblho@arihantbank.com) Website: [www.arihantbank.com](http://www.arihantbank.com)

**OUR GSTIN : 27AAAAA0266B1ZG**

**Goods and Services Taxpayer Identification Number registration Form**  
**Please fill the form in BLOCK letters only.**

**Branch Name:** \_\_\_\_\_ **Application Date:** \_\_\_/\_\_\_/2017

### APPLICANT DETAILS

**CIF ID:**

**Account Number:**

**Title: M/s/MR/MRs/**

**Account Name:**

---

### GSTIN DETAILS

**GSTIN**

**PAN**

---

**\*Address registered for GSTIN**

**Line 1**

**Line 2**

**Landmark**

**PIN Code**

**State**

**\*Address is same as the address given in the account: YES / NO**

---

**Name of Authorized Signatory/Primary Holder:**

**Signature:**

**Name of Authorized Signatory1/Joint Holder1:**

**Signature1**

**Name of Authorized Signatory2/Joint Holder2:**

**Signature2**

**Name of Authorized Signatory3/Joint Holder3:**

**Signature3:**

---

### FOR OFFICE USE ONLY:

I hereby certify that the form is complete in all respects and relevant document has been obtained and the details furnished above have been verified.

**Date:**

**Name :**

**Designation:**

**Signature:**