ब्रह्मदेवदादा माने सहकारी बँक लि., सोलापूर.

११३ अ, सिध्देश्वर पेठ, सोलापूर

			दिनांक	/	/२०
आपल्या बँके		खाते उघडण्याची इ	इच्छा असल्यामुब्	हे मी/ आम	ही सोबतच्या
सध्याचे बँकेर	प्रमाणे रक्कम भरीत आहे/ वे नियम व पुढे वेळोवेळी निय म्ही बांधला/ बांधले गेलो अ	ग्मात होणारा बदल माझेवर	!/आमचेवर बंधन	कारक अर	नून त्याप्रमाणे
खात्याचे नांव (संग		nie/ oneixi.			
31.11.11.(11	· —				
विशेष सूचना	नेहमी व्यवहार पाहणाऱ्याचे नांव ———				
	चेक्सवर सह्या				
	करणाराच नाव				
·		; 	आपला/ आपले	विश्वासू,	
धंदा संपूर्ण पत्ता					
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संपूर्ण नांव			नमुन्याच्या	ा सह्या	
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	खाते उघडण्याबद्दल शिप	nारस करणाऱ्याची सही (बँकेतील नमुन्या	प्रमाणे)	
१) नांव ——		9) नांव			
सही		 सही			
खाते उघडले दिन	ांक / /२०		सही		
कारकून			अकौटंट/ म	 नेजर	

Brahmadeodada Mane Sahakari Bank Ltd, Solapur.

Dear Sir, I, the ur	idersigned, beg to info	rm you that i am t	he sole proprietor of the firm
advice you in w and will be liab on your books	riting of any change th le to you on any obliga on the date of the rece	at may take plac itions which may	ible for liabilities thereof. I shall be in the constitution of the firm be standing in the firm's name be and until all such obligations
shall have beer	ı liquidated.	,	Your's faithfully,
Place		Personal	Signature of the Sole Proprietor
Date		Full na	ame of the sole Proprietor
Brahmadeod	lada Mane Sahakari	i Bank Ltd, Sol	apur.
Dear Sirs,	A. the free f		
have dealings partners in the	said firm. we are jointle firm with the Bank. the	ly and severally	nat we the undersigned are the responsible to the Bank for the ver its claims from the estate of
inform the Banl continue until v	k of the same in writing	and our individunk an acknowle	r partnership we undertake to all responsibility to the Bank will dgment of the letter and until all Your's faithfully,
		Name	Signature
To be signed hare by each partner of the firm.	2)		
	J 4)	Date	
Bank be and	is hereby authorised	to honour Ched	Bank Ltd, Solapur and the said ques , Bills of Exchange, and of
by			
and to act on a		en relating to the	e account whethe the same be
True copy of Re	es. No. Date _		_
Place			Chairman