



JANATA SAHAKARI BANK LTD., PUNE (Scheduled Bank)

CUSTOMER PROFILE

BRANCH _____

Customer No.

FIRST ACCOUNT HOLDER

NAME Mr./Ms. _____

ADDRESS: Flat /House No. _____ Bldg./Society's Name _____

Road/Lane _____ Locality _____

City _____ Pincode State _____

Phone No. (Res) (Cell) Email ID _____

Profession : Service/Employer _____

Office Address _____ (Off.)

Annual Income _____ PAN

Married / Single M S Date of Birth Qualification _____

Shareholder of Bank: YES/NO. Member No. Existing House: Own Rental Vehicle: 2W 4W Both

D mat A/c with us With other Bank _____

Name of spouse _____ Occupation _____

Names of Children _____ / _____ / _____

Name of Father _____ Age _____ Name of Mother _____ Age _____

If A/c holder is minor ,
Name of the Guardian _____ Minor's Birth date

Customer No.

SECOND ACCOUNT HOLDER

NAME Mr./Ms. _____

ADDRESS: Flat /House No. _____ Bldg./Society's Name _____

Road/Lane _____ Locality _____

City _____ Pincode State _____

Phone No. (Res) (Cell) Email ID _____

Profession : Service/Employer _____

Office Address _____ (Off.)

Annual Income _____ PAN

Married / Single M S Date of Birth Qualification _____

Shareholder of Bank: YES/NO. Member No. Existing House: Own Rental Vehicle: 2W 4W Both

D mat A/c with us With other Bank _____

Name of spouse _____ Occupation _____

Names of Children _____ / _____ / _____

Name of Father _____ Age _____ Name of Mother _____ Age _____

If A/c holder is minor ,
Name of the Guardian _____ Minor's Birth date

[JSB FORM No. 5]



CUSTOMER PROFILE

BRANCH _____

Customer No.

THIRD ACCOUNT HOLDER

NAME Mr./Ms. _____

ADDRESS: Flat /House No. _____ Bldg./Society's Name _____

Road/Lane _____ Locality _____

City _____ Pincode State _____

Phone No. (Res) (Cell) Email ID _____

Profession : Service/Employer _____

Office Address _____ (Off.)

Annual Income _____ PAN

Married / Single M S Date of Birth Qualification _____

Shareholder of Bank: YES/NO. Member No. Existing House: Own Rental Vehicle: 2W 4W Both

D mat A/c with us With other Bank _____

Name of spouse _____ Occupation _____

Names of Children _____ / _____ / _____

Name of Father _____ Age _____ Name of Mother _____ Age _____

If A/c holder is minor , Name of the Guardian _____ Minor's Birth date

Customer No.

FOURTH ACCOUNT HOLDER

NAME Mr./Ms. _____

ADDRESS: Flat /House No. _____ Bldg./Society's Name _____

Road/Lane _____ Locality _____

City _____ Pincode State _____

Phone No. (Res) (Cell) Email ID _____

Profession : Service/Employer _____

Office Address _____ (Off.)

Annual Income _____ PAN

Married / Single M S Date of Birth Qualification _____

Shareholder of Bank: YES/NO. Member No. Existing House: Own Rental Vehicle: 2W 4W Both

D mat A/c with us With other Bank _____

Name of spouse _____ Occupation _____

Names of Children _____ / _____ / _____

Name of Father _____ Age _____ Name of Mother _____ Age _____

If A/c holder is minor , Name of the Guardian _____ Minor's Birth date



JANATA SAHAKARI BANK LTD.,PUNE (Scheduled Bank)

ACCOUNT OPENING FORM

Branch _____
Date: _____

(FOR CORPORATES/SOLE PROPRIETARY/PARTNERSHIP FIRM/ASSOCIATION/TRUSTS & SOCIETIES)

Product Code No.

CUSTOMER NO

Account No.

Title of Account _____

Name of the Proprietor/Partners/ (1) _____ (2) _____

Directors/Office Bearers/Trustees (3) _____ (4) _____

Office Address: (Regd.) _____

City _____ State _____ Pincode

Phone No. Fax No.

E-mail ID _____ website _____

(Local Office/Factory) _____

City _____ State _____ Pincode

Phone No. Fax No.

Date of Registration Registration No. _____

Nature of Business _____ Since _____

PAN Shop Act S.S.I. C.S.T. MST Any other
(Pl. tick which is applicable) Please Specify _____

Present Bankers (if any) _____ Since _____

Name of the Contact Person: Shri _____ Designation _____

Phone No. Cell No.

Customer No.

Account operation instructions _____

Photo	Photo	Photo	Photo

Specimen signature

Specimen Signature

Specimen Signature

Specimen Signature

Type of Deposit _____ Period Days _____ Months _____ Rate of interest _____ % p.a.

Amount (In words) _____ Rs. _____

Interest on Deposit to be credited to SB/CA/CC/LN A/C No. or Cash/ Payslip to be issued in the name of _____

Credit to other Bank or Branch: Name of the Bank & Branch _____

Account No. _____

TDS: Deduct/Member No. _____ PAN _____

Instructions for deduction of R.D. instalment : Debit SB/CA/CC/A/C No. _____ Rs. _____ for _____ months

We wish to open said Deposit A/c with your Bank. We have read and understood the rules governing said Deposit Scheme and agree to be bound by the said rules as amended from time to time.

(1) _____ (2) _____ (3) _____ (4) _____

(Signature of Depositor/s)

INTRODUCTION

Introducer's Name _____

Customer No. _____ Nature of Account _____ Customer A/c No. _____

Introducer's specimen signature _____ Signature of verifying officer with Code No. _____

NOMINATION FORM DA-1

(only for Sole Proprietor)

Nomination u/s 45 ZA read with section 56 of the Banking Regulation Act 1949, Rules 2(1) of the Cooperative Banks (Nomination) Rules, 1985 in respect of Bank Deposit. (Nomination valid only after properly witnessed)

I/We, _____ nominate the following person to whom in the event of my/our/minors death, the amount of deposit particulars whereof are given below, may be returned by Janata Sahakari Bank Ltd., Pune

Particulars of the deposits Type /A/c. No.	Name & Addresses of Nominee	Relation with Depositor	Age	If nominee is minor date of birth

* As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum _____ to receive the amount of the deposit on behalf of the nominee in event of my/our minor's death during the minority of the nominee.

(1) _____
(Signature/Thumb impression of Sole Proprietor)

Witness/es

1) Sign. _____ 2) Sign. _____
Name & _____ Name & _____
Address _____ Address _____

FOR OFFICE USE ONLY

Enclosures

Copy of Memorandum & Articles of Association Trust Deed Partnership Deed & Registration certificate

Copy of Shop Act SSI CST MST Any other licence.

Allowed to open account

Board Resolution.

Pass Book Issued Deposit Receipt Issued Cheque book Issued

Date of Maturity _____

Authorised Signatory

Renewal Sub a/c no. _____ Date _____ Amount _____



CHECK LIST OF PAPERS ALONG WITH ACCOUNT OPENING FORM

In case of Sole Proprietor/Partnership Firm/ Private Ltd./Public Ltd. Company/Cooperative Society/ Trust etc.

Sole Proprietor/Partnership Firm	Private Ltd./Public Ltd. Company	Cooperative Society/ Trust
Copy of Partnership Deed	True extract of Resolution with Common Seal of Company duly affixed	True copy of Registration Certificate
Copy of Firm Registration	Certificate of Incorporation and Cert. of Commencement	True copy of Resolution with Common Seal
Copy of PAN CARD (Firm as well as All Partners)	Copy of PAN CARD Memorandum and Article of Association	-----
SSI/CST/MST Regn. Certificate	SSI/CST/MST Regn. Certificate	-----
Shop Act Licence/ Any other Business Licence, if any	Shop Act /Factory/Any other Business Licence, if any	-----

DECLARATION FOR PROPRIETORY CONCERN

Dear Sir,

I, the undersigned wish to inform you that I am the sole proprietor of M/s. _____ and I am solely responsible for liabilities thereof, I shall not change the nature & constitution of the concern without the prior approval of the Bank and I will be liable to you on any obligations which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been fully liquidated. The documents & its contents submitted at the time of opening of this account are true and correct.

(To be signed by the proprietor of the firm **without rubber stamp**)

Date _____

Place _____

Yours faithfully, _____

THIS IS A SPECIMEN OF THE TEXT. IF REQUIRED, DECLARATION SHOULD BE OBTAINED ON A SEPERATE SHEET AS PER THE SPECIMEN AND NOT ON THIS SHEET.

DECLARATION (FOR PARTNERSHIP FIRM)

Dear Sir,

As the firm M/s. _____ having dealing with the Bank, we wish to inform you that we the undersigned are the Partners in the said firm. We are jointly and severally responsible/Liable to the Bank for the liabilities of the firm with the Bank. The Bank may recover its claims from the estate of any or all the Partners of the firm.

We hereby undertake that we will not change or vary the constitution of the firm/Partners without your prior approval in writing and our individual responsibility to the Bank will continue until we receive written discharged letter from the Bank. The document and its contents submitted at the time of opening of this account are true and correct.

Yours faithfully, _____

(To be signed by each partner of the firm **without rubber stamp**)

Date _____

Place _____

Yours faithfully, _____

THIS IS A SPECIMEN OF THE TEXT. IF REQUIRED, DECLARATION SHOULD BE OBTAINED ON A SEPERATE SHEET AS PER THE SPECIMEN AND NOT ON THIS SHEET.

RESOLUTION (FOR COMPANIES)

Resolution No. _____

RESOLVED that the Banking Account for M/s. _____ be opened with Janata Sahakari Bank Ltd., Pune and the said Bank be and is hereby authorized to honour cheques, bill of exchange and promissory note drawn, accepted or made on behalf of the _____

by _____

and to act on any instructions so given relating to account whether the same be overdrawn or not.

Date : _____

Place : _____

Seal of the Company

Chairman