

# JANATA SAHAKARI BANK LTD., Pune

(Multistate Scheduled Bank)

## Depository Services Cell

### ADDITIONAL CHECK LIST WITH RESPECT To SEBI AUDIT

Name of the 1<sup>st</sup> Holder : \_\_\_\_\_

Client ID : \_\_\_\_\_

No.	PARTICULAR	Checked & Verified
1.	Mapping of Power of Attorney at Back Office Software for all accounts of NSDL/CDSL wherever applicable.	
2.	Nominee Registration details on physical form and captured at Back office software for all account of NDSL/CDSL	
3.	IPV Details on physical Account Opening & KYC Form	
4.	KYC Forms a) Original Verified / True Copies of Documents received and b) Self-attested / Self-certified documents were received. Tick Marks on blocks provided for the same.	
5.	KYC Form - Signature of Authorised Signatory	
6.	CDSL - AOF - Periodicity of Statement - Tick to respective option	
7.	Upload of KYC details at NDML KRA System	

Sign. of Maker

Signature of Checker

Date :    /    / 20

# JANATA SAHAKARI BANK LTD., Pune

(Multistate Scheduled Bank)

## Depository Services Cell

### Checklist for Account Opening Form (AOF)

Name of the 1<sup>st</sup> Holder : \_\_\_\_\_

PAN verified in ITD site - For office use only	
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1) Tick ☒ if applicable and checked 2) Write - N.A. if not applicable

#### Holder's Details -

1	All Details regarding Sole/First and all other holder duly filled	
2	In case any of the holder is a minor, Guardian details are filled	
3	Address for communication mentioned (if applicable)	
4	If Address of Third Party - KYC taken	

#### Bank Details -

1	Bank Details - Bank name, A/c type and A/c No. & MICR duly filled	
2	9 Digit MICR code is filled (Xerox copy of cancelled cheque attached)	

#### Financial Details -

1	PAN details filled	
2	Income Details marked	

#### Standing Instruction -

1	Standing Instruction for Shares Credit , SMS Facility marked and POA marked	
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#### Photograph & Signature/s -

1	Photograph of all holders pasted & signed across	
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#### Nomination (if applicable) -

1	Name, Relationship, Address and Signature of nominee	
2	if the nominee is minor, date of birth mentioned	
3	Guardian details mentioned	
4	Photograph of nominee pasted & signed across	
5	Photograph of Guardian pasted & signed across	
6	Signature & address of two witness	
7	Nomination form signed by all the holders	

#### Rights and Obligations -

1	Acknowledgment taken on Rights and Obligations form	
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#### Schedule of Charges -

1	Schedule of Charges is duly filled with a/c no. and signed by all a/c holder/s	
2	Xerox copy of Janata Bank Passbook attached (for verification of charge account)	

#### Documents -

1	Proof of identity <b>of all holders</b> - Clearly visible Pan Card photo copy	
2	Proof of Address <b>of all the holders</b> is taken & verified with AOF	
3	Address on AOF matches with proof submitted.	
4	<b>Verified with Original / In person verification done on AOF / Documents / KRA Form taken.</b>	

Sign. of A/c Holder

Signature of Checker

Date :    /    / 20

# JANATA SAHAKARI BANK LTD., Pune

## NSDL Cell (DP ID In 300280)

1360, Shukrawar Peth, Bharat Bhavan Building, Behind Saraswati Mandir Prashala,  
Bajirao Road, Pune - 411 0021. Phone : 24431014 / 15 / 16

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**It is mandatory as per SEBI guideline that every sole / joint applicant/s should have personally visit to DP for in person verification at the time of Account opening.**

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### DOCUMENTS REQUIRED FOR OPENING DEMAT ACCOUNT (FOR INDIVIDUAL)

- 1) It is mandatory as per SEBI guideline, Submission of Pan card Photocopy is mandatory for Sole/Joint account holder/s. Original must provided for verification purpose.
- 2) Name/s appearing on the PAN Card Should be match exactly with the name on account opening form as well as income Tax Website.
- 3) You can check your PAN on <http://incometaxindiaefiling.gov.in/challan/enterpanchallan.jsp>
- 4) Proof of Address (POA) - for every sole/joint holder - Address on Account Opening Form (AOF) holder should be match with POA. In case AOF is filled by joint applicant, every joint applicant should submit separate POA with original for verification. (Copy of ration card/passport/Driving license/Bank passbook duly signed by Bank Official/Election Card/Telephone (landline) bill/Electricity Bill-not more than two months old), Registered leave license Agreement/Agreement for Sale & Index II)
- 5) *Proof of Identity (POI) - for every sole/joint holder* - Address on Account Opening form must be matched with POI. Every sole/joint holder have to submit Clearly visible POI with original for verification (PAN Card passport/Driving license/Election Card/Mapin card/Identity card of - Central/State government/Scheduled bank/College affiliated for Recognized University/Identity card of companies or other type of private institute cannot be accepted.
- 6) Photocopy of Bank Passbook for the purpose of debiting demat charges.
- 7) Photocopy of Cancelled cheque should have submit for verification of MICR code.

**\*\*\* Please Refer to notes on page no. 4 of the AOF for further details.**

Please insure Following :

- 1) All relevant papers are attached & original kept with for verification purpose.
- 2) Every column on AOF is correctly filled.
- 3) Sole/joint account holder and 2 Witness is signed.
- 4) Every correction of AOF & agreement required signature of sole/all applicant.
- 5) Address and name of AOF should be exactly matched with address proof for sole/joint holder/s.
- 6) It is advised that in case of Nomination, account holder should not be a guardian for minor nominee, because purpose of nomination can't be served in case of claim settlement.
- 7) A/c no. and branch is correctly mentioned in account opening & as well as Charges Schedule form.



**ANNEXURE - (J) 9**  
**PART II - ACCOUNT OPENING FORM**  
(For Individuals)

Date											Client - ID (To be filled by Participant)											
I/We request you to open a depository account in my/our name as per the following details : (Please fill all the details in CAPITAL LETTERS only)																						
A) Details of Account holder(s) :																						
Account Holder(s)												Occupation (Please tick any one & give brief details)										
Sole/First Holder												<input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist										
Father / Husband Name												<input type="checkbox"/> Public Sector <input type="checkbox"/> Retired										
Address												<input type="checkbox"/> Government <input type="checkbox"/> Housewife										
												Service <input type="checkbox"/> Student										
												<input type="checkbox"/> Business <input type="checkbox"/> Other (Pl.specify)										
												<input type="checkbox"/> Professional .....										
PAN												Tel./Mob. No. :										
Brief Details :												E-mail :										
Second Holder												<input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist										
Father / Husband Name												<input type="checkbox"/> Public Sector <input type="checkbox"/> Retired										
Address												<input type="checkbox"/> Government <input type="checkbox"/> Housewife										
												Service <input type="checkbox"/> Student										
												<input type="checkbox"/> Business <input type="checkbox"/> Other (Pl.specify)										
												<input type="checkbox"/> Professional .....										
PAN												Tel./Mob. No. :										
Brief Details :												E-mail :										
Third Holder												<input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist										
Father / Husband Name												<input type="checkbox"/> Public Sector <input type="checkbox"/> Retired										
Address												<input type="checkbox"/> Government <input type="checkbox"/> Housewife										
												Service <input type="checkbox"/> Student										
												<input type="checkbox"/> Business <input type="checkbox"/> Other (Pl.specify)										
												<input type="checkbox"/> Professional .....										
PAN												Tel./Mob. No. :										
Brief Details :												E-mail :										
B) For HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below :																						
Name												PAN										
C) Type of Account																						
<input type="checkbox"/> Ordinary Resident <input type="checkbox"/> NIR - Repatriable <input type="checkbox"/> NRI - Non Repatriable																						
<input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> Foreign National <input type="checkbox"/> Promoter																						
<input type="checkbox"/> Margin <input type="checkbox"/> Other (Please specify) .....																						
D) Gross Annual Income Details																						
Income Range per annum (Please tick any one)																						
<input type="checkbox"/> Below Rs. 1 Lac <input type="checkbox"/> Rs. 1 - 5 Lac <input type="checkbox"/> Rs. 5 - 10 Lac																						
<input type="checkbox"/> Rs. 10 - 25 Lac <input type="checkbox"/> More than Rs. 25 Lac																						

E)	<b>In case of NRIs / Foreign Nationals</b>												
	RBI Approval Reference Number												
	RBI Approval date												
F)	<b>Bank Details</b>												
	1 Bank account type <input type="checkbox"/> Saving Account <input type="checkbox"/> Current Account <input type="checkbox"/> Other (Please specify) .....												
	2 Bank Account Number												
	3 Bank Name												
	4 Branch Address		.....										
			.....										
			City/Town/Village				PIN Code						
	State				Country								
5 MICR Code													
6 IFSC													
G)	Please tick, if applicable : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)												
H)	<b>Standing Instructions</b>												
	1 I/We authorise you to receive credits automatically in to my/our account							<input type="checkbox"/> Yes <input type="checkbox"/> No					
	2 Account to be operated through Power of Attorney (PoA)							<input type="checkbox"/> Yes <input type="checkbox"/> No					
	3 <b>SMS Alert Facility</b> : <i>[Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]</i>												
		<b>Sr. No.</b>		<b>Holder</b>						<b>Yes</b>		<b>No</b>	
		1		Sole/First Holder						<input type="checkbox"/>		<input type="checkbox"/>	
		2		Second Holder						<input type="checkbox"/>		<input type="checkbox"/>	
		3		Third Holder						<input type="checkbox"/>		<input type="checkbox"/>	
	4 Mode of receiving Statement of Account <i>[Tick any one]</i>		<input type="checkbox"/> Physical Form										
			<input type="checkbox"/> Electronic Form <i>[Read Note 4 and ensure that email ID is provided in KYC Application Form].</i>										
	<b>Please attach recent passport size photograph in the space provided below :</b>												
	Sole/First Holder			Second Holder				Third Holder					
	Signature across photograph			Signature across photograph				Signature across photograph					
	----- Sole / 1st Holder			----- 2nd Holder				----- 3rd Holder					
	Janata Sahakari Bank Ltd. Pune DP ID - IN 300280			IN Presence of DP staff									
In person verification Date :													
Branch Name													
Signature of Employee													
Employee Name													
Employee Code													
Place of Verification													
Sign. of Applicant /s			1)										
In presence of DP Staff			2)										
			3)										

I)	<b>Guardian Details</b> (where sole holder is a minor) : [For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]												
	Guardian Name												
	PAN												
	Relationship of guardian with minor												
J)	<b>Nomination Option</b>												
	<input type="checkbox"/> I/We wish to make a nomination. [As per details given below]				<input type="checkbox"/> I/We wish to cancel the nomination made by me/us earlier and consequently all rights and liabilities in respect to beneficiary ownership in the securities held by me/us in the said account shall vest in me/us. <b>[Strike off the nomination details below]</b>								
	<b>Nomination Details</b>												
	I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities held in the Depository by me / us in the said beneficiary owner account in the event of my/ our death.												
	Nomination can be made upto three nominees in the account			Details of 1st Nominee			Details of 2nd Nominee			Details of 3rd Nominee			
	1	Name of the Nominee(s) (Mr./Ms.)											
	2	Share of each Nominee	Equally <input type="checkbox"/> (If not equally, please specify percentage)	%			%			%			
				Any odd lot after division shall be transferred to the first nominee mentioned in the form									
	3	Relationship with the Applicant (If any)											
	4	Address of Nominee(s)											
		PIN Code											
	5	Mobile / Telephone. No. of Nominee(s)											
	6	Email ID of Nominee(s)											
	7	Nominee Identification details [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID											
	<b>Sr. Nos. 8 - 14 should be filled only if nominee(s) is a minor :</b>												
	8	Date of Birth [in case of minor nominee(s)]											
	9	Name of Guardian (Mr/Ms.) [in case of minor nominee(s)]											
	10	Address of Guardian(s)											
		PIN Code											
	11	Mobile / Telephone. No. of Guardian											
	12	Email ID of Guardian											
	13	Relationship of Guardian with nominee											
	14	Nominee Identification details [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID											

Signature of Witness for Nomination									
Name of the Witness	Address				Signature of Witness				
					Date				

Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been ready by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/We hereby declare that the detail furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am / we are aware that I/we may be held liable for it. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulation.

I/We require Rights and Obligations in **Physical Format** ☐ or **Electronic Format** ☐

I/we acknowledge the receipt of copy of the document, "Rights and obligations of the Beneficial Owner and Depository Participant.

Name(s) of holder(s)		Signature(s) of Holder
Sole / First Holder (Mr./Ms.)		X
Second Holder (Mr./Ms.)		X
Third Holder (Mr./Ms.)		X

Notes :

1. All communication shall be sent at the address of the Sole/First Holder only.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special executive magistrate.
3. Instructions related to nomination are as below :

I The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non-individuals including society, trust body corporate, partnership firm, Karta of Hindu Undivided Family, holder of power of attorney cannot nominate if the accounts is held jointly all jointly all joint holders will sign the nomination form.

ii) A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.

iii) The nominee(s) shall not be a trust society, body corporate, partnership firm, Karta of Hindu Undivided family or a power of attorney holder. A non-resident Indian can be a nominee subject to the exchange controls in force, from time to time.

iv) Nomination in respect of the beneficiary owner account stand rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.

v) Transfer of securities in favour of nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.

- vi) The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non-individuals including society, trust, body corporate, partnership firm, Karta of Hindu Undivided Family, Holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
- vii) On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(s).
- Viii) Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
- ix) On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
- x) Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure D.
- xi) Savings bank account details shall only be considered if the account is maintained with the same participant.
- xii) DP ID and client ID shall be provided where demat details is required to be provided.
4. For receiving Statement of Account in electronic form :
- I) Client must ensure the confidentiality of the password of the email account.
- II) Client must promptly inform the Participant if the email address has changed.
- III) Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.

5. **Strike off whichever is not applicable.**

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**Acknowledgment**

**Janata Sahakari Bank Ltd., Pune** (Multistate Scheduled Bank)  
Depository Cell : DPID - IN 300280  
Phone : 020 - 24431014 / 15 / 16 E-mail : depository@janatabankpune.com

Received the application from Mr./Ms. .... as the sole/first holder  
alongwith..... and ..... as the second  
and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to  
you in all your future correspondence.

Date :     /     / 20

**Participant Stamp & Signature**





# JANATA SAHAKARI BANK LTD., PUNE.

(MULTISTATE SCHEDULED BANK)

## DEPOSITORY CELL

(NSDL & CDSL)

[NSDL DPID-IN 300280]

[CDSL DPID 13014200]

Bharat Bhavan, 1360, Shukrawar Peth,

Behind Saraswati Prashala, Bajirao Road, Pune - 411 002.

**Phone :** 020 - 24431014 / 15 / 16 **Fax :** 020 - 24521182

**E-mail :** jsbnsdl@dataone.in, depository@janatabankpune.com

## **Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories**

### **General Clause**

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

### **Beneficial Owner information**

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

### **Fees/Charges/Tariff**

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "no charges are payable for opening of demat accounts".
6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/directions/notifications issued from time to time.
7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

### **Dematerialization**

8. The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories.

### **Separate Accounts**

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.
10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions/Business Rules of the Depositories.

### **Transfer of Securities**

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

### **Statement of account**

13. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.
14. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such Bos and shall resume sending the transaction statement as and when there is a transaction in the account.
15. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.
16. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

### **Manner of Closure of Demat account**

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.

18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

**Default in payment of charges**

19. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.
20. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5&6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

**Liability of the Depository**

21. As per Section 16 of Depositories Act, 1996,
1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.
  2. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

**Freezing/ Defreezing of accounts**

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.
23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

**Redressal of Investor grievance**

24. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.

**Authorized representative**

25. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

**Law and Jurisdiction**

26. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.
27. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.
28. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.
29. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and/or SEBI
30. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.
31. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

\*\*\*\*\*

**Signature**

\_\_\_\_\_  
Sole / First Holder

\_\_\_\_\_  
Second Holder

\_\_\_\_\_  
Third Holder



# Janata Sahakari Bank Ltd., Pune (Multistate Scheduled Bank)

DPID : IN 300280

Bharat Bhavan, 1360, Shukrawar Peth, Behind Saraswati Prashala, Bajirao Road, Pune - 411 002.

Phone : 020 - 24431014 / 15 / 16

E-mail : depository@janatabankpune.com

**NSDL**

## Schedule of Charges w.e.f. 1<sup>st</sup> July 2015

Sr. No.	Particulars	New Charges
1.	Account Opening	Nil *
2.	Account Maintenance	Rs. 350/- P.A. (For Individual Client) Rs. 1000/- P.A. (For Corporate Client) No Maintenance for Speed-e No Maintenance for IdeAs
3.	Sale (Market / Off Market)	Upto Rs. 2 Lac Rs. 20/- per entry and above Rs. 2 Lac 0.035% of Market Value per entry
	Speed-e	Rs. 10/- Flat
4.	Purchase (Market / Off Market)	Nil (w.e.f. 01 Februry 2005)
5.	Entry Rejection	Rs. 25/- Per Entry
6.	Dematerialisation	Rs. 5/- Per Certificate + Forwarding Charges Rs. 35/-
7.	Rematerialisation	w.e.f. 1 December 2006 Remat fee Rs. 15/- per Certificate or Rs. 15/- for every hundred securities or part thereof whichever is higher + forwarding and handling charges Rs. 35/- per ISIN
8.	Re-purchase	Rs. 30/- Per Entry
9.	Demat Rejection	Rs. 50/- Per Entry
10.	Custody Charges	Nil
11.	Pledge Charges	Rs. 50/- per Instruction for Creation / Closure
12.	Account Freezing / Defreezing	Rs. 50/- Per Instruction
13.	Ad-hoc Statement	Rs. 5/- Per page
14.	Valuation Statement	Rs. 10/- Per Page
15.	Modification Charges	Rs. 20/- Per Entry

- Service Tax is applicable for all above charges.
- Statutory charges if applicable will be charged as per guidelines of Regulatory Authority.
- Please maintain minimum balance in you bank account as applicable to debit such Charges.  
(Saving Bank A/c. Rs. 2000/- Current A/c. Rs. 3000/-)

### Standing Instruction

I / We hereby authorize **Janata Bank,Pune** to debit depository charges of my / our Demat A/c. No. ....  
to my / our Saving Bank / Current / Cash Credit Account No. .... with your  
..... Branch. Any charges\* in the above mentioned schedule of charges will be binding to me / us.

Full Sign. of 1st Holder

Full Sign. of 2nd Holder

Full Sign. of 3rd Holder

#### Abbreviation of charges printed in Pass-Book particulars

**MNT - Yearly Maintenance Charges**

**\ TXN - Transaction Chgs.**

**\ DMC - Dematerialisation Chgs.**

**PLCN - Pledge Creation**

**\ PLCL - Pledge Closure**

**\ DREJ - Demat Rejection**

**STCH - Adhoc Stmt Chgs.**

**\ STAX - Service Tax**

**\ EMNt - Yearly**

\* Bank hold the right to change the schedule of charges with prior general notice.



# Janata Sahakari Bank Ltd., Pune (Multistate Scheduled Bank)

Bharat Bhavan, 1360, Shukrawar Peth, Behind Saraswati Prashala, Bajirao Road, Pune - 411 002.

Phone : 020 - 24431014 / 15 / 16 E-mail : depository@janatabankpune.com

## FATCA/CRS Declaration For Individuals

Date :

CDSL - DP ID	1	3	0	1	4	2	0	0	Client ID								
NSDL - DP ID	I	N	3	0	0	2	8	0	Client ID								

Sr. No.	Details	1st Holder	2nd Holder	3rd Holder
1.	Name			
2.	PAN No.			
3.	Are You US Person	Yes / No		
4.	Country of Birth	India		
		US		
		Other		
5.	Place of Birth	City/Town (If Other than India)		
6.	Source of Wealth	Salary		
		Business		
		Gift		
		Ancestral Property		
		Rental Income		
		Prize Money		
		Royalty		
		Others		
7.	If your country of Tax Residency Other than India	Yes / No		

If 'Yes' please specify the details of all countries where you hold tax residency and its Tax identification Number & Type.

Sr. No.	Details	1st Holder	2nd Holder	3rd Holder
1.	Country of Residence For Tax Purpose (Other than India) #			
2.	Tax Identification No. (US TIN) or Equivalent (Other)			
3.	Identification Type			

# To include all countries other than India, where investor is Citizen/Resident/Green Card Holder/Tax Resident in those respective countries especially of USA

### Declaration :

- I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief correct and complete. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/am aware that I may liable for it. In case of any changes in the above given status on a future date, I undertake to inform Janata Sahakari Bank Ltd., Pune the same within 30 Days.
- I agree that if I/am a U.S. person or tax resident of a reportable foreign jurisdiction (other than U.S.) requiring reporting under FATCA/CRS or any other Law, my account details, as required under inter governmental agreement (IGA)/Multilateral competent authority agreement (MCAA) Signed by Indian government, Would be reported by Janata Sahakari Bank Ltd., Pune to the relevant Tax Authority.

3. If My Country of Birth is US, I/am providing a certificate of relinquishment of Citizenship (Loss of Nationality) or a self certification for stating reason for not having such a certificate despite relinquishing US citizenship OR not obtaining US citizenship at birth.

I hereby authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to Mutual Funds, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies.

Login ID :

including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax/revenue authorities in india or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / updation & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

	Sole/First Holder	Second Holder	Third Holder
<b>SIGNATURE</b>			

Notes :

1. Who is US person ?

in case of individuals, U.S. person means a citizen or Resident of the United States. Persons who would qualify as US person could be born in the United States, Born outside the United States of a US parent, Naturalized Citizens, Green Card Holders, Tax residents.

2. Who is a reportable person (non US) under common reporting standards (CRS) ?

Under common reporting standards (CRS), Reportable person means tax resident of a reportable foreign jurisdiction other than US

3. Document to be collected if customer's Country of birth is US but Declares that he/she is not a US person

- Certificate of relinquishment of citizenship (loss of nationality certificate); or
- Self certification for stating reason for not having such a certificate despite relinquishing US citizenship; Or
- Self certification for stating reasons for not obtaining US citizenship at birth.

4. MF transactions will be permitted to clients/joint holders in new folios after reviewing this declaration and existing KYC data and only if permitted by AMCs.

5. Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If any controlling person of the entity is a citizen or resident or green card holder of outside India, please include all such foreign country information field along with the relevant Tax Identification Number.

Also note that you may receive more than one request to provide this information, if you have multiple relationships with us or our group entities. Therefore it is important that you respond to our request, even if you believe that you have already provided this information earlier

Please note that above information is provided only for quick reference to customer. You are requested to refer Rule 114F, 114G and 114H of Income-tax Rules, 1962 consult a legal/tax advisor for any clarification.



# JANATA SAHAKARI BANK LTD., PUNE. (MULTISTATE SCHEDULED BANK)

## DEPOSITORY CELL

(NSDL & CDSL)

[NSDL DPID-IN 300280]

[CDSL DPID 13014200]

Bharat Bhavan, 1360, Shukrawar Peth,

Behind Saraswati Prashala, Bajirao Road, Pune - 411 002.

**Phone** : 020 - 24431014 / 15 / 16 **Fax** : 020 - 24521182

**E-mail** : depository@janatabankpune.com

## Annexure - J

### PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)

Please fill this form in ENGLISH and in BLOCK LETTERS

#### A. IDENTITY DETAILS

Photograph

Please affix your recent  
Passport size Photograph

Signature Across  
Photograph

1 Name of the Applicant

2 Father's / Husband's Name

3 a) Gender

☐ Male

☐ Female

b) Marital Status

☐ Single

☐ Married

c) Date of Birth

4 a) Nationality

☐ Indian

☐ Other

(Please specify, ..... )

a) Status

☐ Resident Individual

☐ Non Resident

☐ Foreign National

5 a) PAN

b) Aadhaar Number, if any

6 Specify the proof of identity submitted

☐ PAN Card

☐ Any other (Please specify; .....)

#### B. ADDRESS DETAILS

1 Residence / Correspondence Address

☐ Correspondence Address

☐ Residence Address

City/Town/Village

PIN Code

State

Country

2 Specify the proof of address submitted for Residence /  
correspondence address

3 Contact Details

Tel. (Off.)

Tel. (Res.)

Fax No. :

Mobile No.

Email ID

4 Permanent Address (If different  
from above. Mandatory for  
Non-Resident Applicant to  
specify overseas address)

City/Town/Village

PIN Code

State

Country

**C. DECLARATION**

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

**Signature of the Applicant .....****Date****FOR OFFICE USE ONLY****Sr.  
No.****Particulars**

1

☐ Originals verified and Self-Attested Document copies received

2

In-Person-Verification (IPV) details :

a) Name of the person doing IPV

b) Designation

c) Name of Organization

d) Signature

e) Date

**Name & Signature of the  
Authorised Signatory****Date****Seal/Stamp of the  
intermediary**





# Janata Sahakari Bank Ltd., Pune (Multistate Scheduled Bank)

DEPOSITORY CELL : NSDL DPID-IN 300280 CDSL DPID 13014200

Bharat Bhavan, 1360, Shukrawar Peth, Behind Saraswati Prashala, Bajirao Road, Pune - 411 002.

Phone : 020 - 24431014 / 15 / 16, 24521181 to 85 E-mail : depository@janatabankpune.com www.janatabankpune.com

## CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

### Important Instructions:

- A) Fields marked with '\*' are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



### For office use only

Application Type\*

☐ New

☐ Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

Account Type\*

☐ Normal

☐ Simplified (for low risk customers)

☐ Small

### ☐ 1. PERSONAL DETAILS (Please refer instruction A at the end)

Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )	
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin	
Occupation Type*	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector )
	<input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student )
	<input type="checkbox"/> B-Business		
	<input type="checkbox"/> X- Not Categorised		

### PHOTO



Signature / Thumb Impression

### ☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED\* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence\*

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*

ISO 3166 Country Code of Birth\*

### ☐ 3. PROOF OF IDENTITY (PoI)\* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

### 4. PROOF OF ADDRESS (PoA)\*

#### ☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)		
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text"/>	please specify
	<input type="checkbox"/> Simplified Measures Account - Document Type code	<input type="text"/>			

### Address

Line 1*	<input type="text"/>				
Line 2	<input type="text"/>				
Line 3	<input type="text"/>				
District*	<input type="text"/>	Pin / Post Code*	<input type="text"/>	State / U.T Code*	<input type="text"/>
				ISO 3166 Country Code*	<input type="text"/>



☐ 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS \* (Please see instruction E at the end)

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*																											
Line 2																											
Line 3																											
District*							Pin / Post Code*					State / U.T Code*			ISO 3166 Country Code*												

☐ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES\* (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details

☐ Same as Correspondence / Local Address details

Line 1*																											
Line 2																											
Line 3																											
State*							ZIP / Post Code*					ISO 3166 Country Code*															

☐ 5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off)							Tel. (Res)							Mobile											
FAX							Email ID																		

☐ 6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1' ) (please refer instruction G at the end)

☐ Addition of Related Person

☐ Deletion of Related Person

KYC Number of Related Person (if available\*)

Related Person Type\*

☐ Guardian of Minor

☐ Assignee

☐ Authorized Representative

Name\*  
(If KYC number and name are provided, below details of section 6 are optional)

Prefix					First Name					Middle Name					Last Name				
--------	--	--	--	--	------------	--	--	--	--	-------------	--	--	--	--	-----------	--	--	--	--

PROOF OF IDENTITY [PoI] OF RELATED PERSON\* (Please see instruction (H) at the end)

<input type="checkbox"/> A- Passport Number							Passport Expiry Date								
<input type="checkbox"/> B- Voter ID Card															
<input type="checkbox"/> C- PAN Card															
<input type="checkbox"/> D- Driving Licence							Driving Licence Expiry Date								
<input type="checkbox"/> E- UID (Aadhaar)															
<input type="checkbox"/> F- NREGA Job Card															
<input type="checkbox"/> Z- Others (any document notified by the central government)							Identification Number								
<input type="checkbox"/> S- Simplified Measures Account - Document Type code									Identification Number						

☐ 7. REMARKS (If any)


8. APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : DD - MM - YYYY

Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received

☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date						
Emp. Name						
Emp. Code						
Emp. Designation						
Emp. Branch						

[Employee Signature]

INSTITUTION DETAILS

Name																		
Code																		

[Institution Stamp]