

# 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 CELL  
(NSDL & CDSL)

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

CDSL

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT  
(For Individuals 5)

(To be filled by Depository Participant)

Application No.									Date								
DP Internal Reference No.																	
DP ID	1	3	0	1	4	2	0	0	Client - ID								

(To be filled by the applicant in BLOCK LETTERS in English)

I/We request you to open a demant account in my/our name as per following details :

Sole / First Holder Name		PAN UID															
Second Holder Name		PAN UID															
Third Holder Name		PAN UID															

Name*	
* In case of Firms, Association of Person (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.	

Type of Account (Please tick whichever is applicable)

Status	Sub - Status	
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA)	<input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Minor <input type="checkbox"/> Other (Specify) .....
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI - Deopsitory Receipts	<input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> Other (Specify) .....
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> Other (Specify) .....	

Details of Guardian (in case of the account holder is minor)

Guardian's Name		PAN															
Relationship with the applicant																	

I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to instruct the DP to accept all the pledge instructions in my / our account without any other further instruction from my/our end. (If not marked, the default option would be 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If no marked the default option would be in physical	

I / We Do you wish to receive dividend / interest directly in to your my bank account as given below through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

### Bank details (Dividend Bank Details)

Bank Code (9 digit MICR code)										
IFS Code (11 character)										
Account number										
Account Type		<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) .....								
Bank Name										
Branch Name										
Bank Branch Address										
City		State		Country		PIN Code				

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
- (ii) Photocopy of the Bank Statement having name and address of the BO
- (iii) Photocopy of the passbook having name and address of the BO (or)
- (iv) Letter from the Bank.

► In case of option (i), (ii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

## Other Details

<b>Income Details</b>	<b>Gross Annual</b> <u>Income Range per annum :</u> <input type="checkbox"/> UP to Rs. 1,00,000 <input type="checkbox"/> Rs. 1,00,000 to Rs. 5,00,000 <input type="checkbox"/> Rs. 5,00,000 to Rs. 10,00,000 <input type="checkbox"/> Rs. 10,00,000 to Rs. 25,00,000 <input type="checkbox"/> More than Rs. 25,00,000														
	<u>Net worth as on (Date)</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rs.														
	(Net Worth Should not be older than 1 year)														
	<b>Occupation</b> <input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Other (specify).....														
<b>Please tick, if applicable :</b>		<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)													
<b>any other information :</b>															

<b>SMS Alert Facility</b> Refer to Terms & Conditions given as <b>Annexure - 2.4</b>	MOBILE NO. +91 [(Mandatory, if you are giving Power of Attorney (POA)) (If POA is not granted & you do not wish to avail of this facility, cancel this option).											
Transactions Using Secured Texting Facility <b>(TRUST)</b> . Refer to Terms & Conditions given as <b>Annexure - 2.6</b>	I/we wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No I / We wish to register the following clearing member IDs under my/our below mentioned BO ID registered to TRUST. <table border="1" data-bbox="403 1884 1484 2010"> <thead> <tr> <th>Stock Exchange Name/ID</th> <th>Clearing Member Name</th> <th>Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)						
Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)										
<i>Easi</i>	To register for <i>easi</i> , please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . <i>Easi</i> allows a BO to view his <b>ISIN</b> balance, transactions and value of the portfolio online.											

### Nomination Details

<b>Nomination Registration No.</b>	<b>Dated</b>

I / We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that :

**I / We do not wish to nominate any one for this demat account.**

I / We **nominate** the following persons who is/are entitled to receive security balance lying in my / our account, particulars where of are given below, in the event of my / our death.

Nomination Details	Nominee 1	Nominee 2	Nominee 3
*First Name			
Middle name			
*Last Name			
*Address			
*City			
*State			
*PIN Code			
*Country			
Tel/Mobile No. :			
Fax No.			
PAN No.			
UID			
Email ID			
*Relationship with the BO  Date of Birth (Mandatory if Nominee is a minor)			
Name of the Guardian of Nominee (if nominee is a Minor)			
*First Name			
Middle Name			
*Last Name			
*Address of the guardian of nominee			
*City			
*State			
*Country			
*PIN Code			
Age			
Tel/Mobile No. :			
Fax No.			
Email ID			
*Relationship of the Guardian with the nominee			
*Percentage of allocation of securities			
*Residual Securities [please tick any one Nominee If tick not marked default will be first nominee]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note :** The nominee residual securities : incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, in any.

\* Marked is Mandatory field

**(4)**

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Note : One witnesses shall attest signature(s) / thumb impression(s)

Details of the Witness	First Witness
Name of witness	
Address of witness	
Signature of witness	

I / We have received and read the Rights and obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me/us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	First / Sole Holder	Second Joint Holder	Third Joint Holder
Passport size Photograph	(Please sign accorss the photograph)	(Please sign accorss the photograph)	(Please sign accorss the photograph)

(Signature should be preferably in **BLACK INK**).

	First / Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signature			

(Signatures should be preferably in blue ink)

Janata Sahakari Bank Ltd., Pune DP ID - 13014200	Presence of DP Staff
In Person Verification Date	
Branch Name	
Signature of Employee	
Employee Name	
Employee Code	
Place of Verification	

Instructions to the Applicants (BOs) for account opening :

- 1. Signatures can be in English or Hindi or any of the other languages contained in the 8th Schedule of the Constitution of India. Thumb impression and signatures other than the above mentioned languages must be attested by a Magistrate or an Notary Public or a Special Executive Magistrate / Special Executive officer under his/her official seal.
- 2. Signatures should be preferably in black ink.
- 3. Details of the Names, Address, Telephone Number(s), etc., of the Magistrate / Notary Public / Special Executive magistrate / Special Executive officer are to be provided in case of attestation done by them
- 4. In case of additional signatures (for account other than individuals), separate annexures should be attached to the account opening form.
- 5. In case of applications containing a Power of Attornery, the relevant Power of Attorney or the self-certified copy thereof, must be lodged along with the application.
- 6. All correspondence / queries shall be addressed to the first / sole applicant.
- 7. Strike off whichever option, in the account opening from, is not applicable.
- 8. I/We acknowledge the receipt of copy of the document, "Rights and Obligation of the beneficial Owner and Depository Participant."

-----  
Sole / 1st Holder

-----  
2nd Holder

-----  
3rd Holder

-----  
Application No. :

Acknowledgement Receipt :

We hereby acknowledge the receipt of the Account Opening Application Form :

Date :

Name of the Sole / First Holder	
Second Holder	
Third Holder	



# 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.

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**Signature**

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Sole / First Holder

---

Second Holder

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Third Holder





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

DPID : IN 13014200

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

Phone : 020 - 24431014 / 15 / 16

E-mail : depository@janatabankpune.com

**CDSL**

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

Sr. No.	Particulars	New Charges
1.	Statutory Charges at the time of Account Opening	Nil
2.	Advance / Deposit	Nil
3.	Account Maintenance	Individual : Rs. 300/- P.A. Plus Service Tax For Corporate & Clearing Member Rs. 1000/- P.A. Plus S. Tax
4.	Demat	Per Certificate Rs. 2/- + Rs. 30/- (Processing & Courier Charges)
5.	Remat	Rs. 30/- Per Instruction
6.	Transaction (Debit)	Upto Rs. 2 Lac Rs. 20/- per entry and above Rs. 2 Lac 0.035% of Market Value per entry  Rs. 10/- Flat
7.	Pledge Creation	Rs. 50/- Per Instruction
8.	Pledge Creation Confirmation	Rs. 50/- Per Instruction
9.	Pledge Invocation	Rs. 50/- Per Instruction
10.	Failed Instruction Charges	Rs. 25/- Per Instruction
11.	Other Charges	Urgent Entry Rs. 50/- Demat Rejection Rs.25/- 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)

## 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

<b>C. DECLARATION</b>											
<p>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.</p>											
<b>Signature of the Applicant .....</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;"><b>Date</b></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> </table>	<b>Date</b>									
<b>Date</b>											

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FOR OFFICE USE ONLY									
Sr. No.	Particulars								
1	<input type="checkbox"/> 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							
<b>Name &amp; Signature of the Authorised Signatory</b>								<b>Seal/Stamp of the intermediary</b>	
<b>Date</b>									



# 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		
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.



☐ 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*	<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Assignee	<input type="checkbox"/> Authorized Representative	
Name*	Prefix	First Name	Middle Name	Last Name

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

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 :   -   -     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]