Form No. 338

JANATA SAHAKARI BANK LTD., PUNE (Multistate Scheduled Bank)

Head Office :-	1444, Shukrawar Peth, Thorle Bajirao Road, Pune - 411 002.
Account No.	÷
Name Of The Account Holder/s	÷
Address	>
Name Of Signatories	
MODE OF OPERAT	TION
SPECIMEN SIGNATURE/S	

Signature Verified

Authorised Officer

Signature Scan



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

ACCOUNT OPENING FORM

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

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JANATA SAHAKARI BANK LTD., PUNE (Multistate Scheduled Bank) CUSTOMER PROFILE

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FIRST ACCOUNT HOLDER NAME Mr./Ms	
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If A/c holder is minor, Name of the Guardian ADDRESS: Flat/House No.	All pulper to winds higher of the Outerface
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CityPincode	ocality
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If A/c holder is minor, Name of the Guardian	E A STATE
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JANATA SAHAKARI BANK LTD., PUNE (Multistate Scheduled Bank) CUSTOMER PROFILE

FOURTH ACCOUNT HOLDER NAME Mr/Ms If A/c holder is minor, Name of the Guardian ADDRESS: Flat/House No. Bldg/Society's Name Road/Lane Locality City Pincode State Phone No. (Res) (Cell) Married / Single M S Profession: Service/Employer Office Address (Phone) Email ID PAN Annual Income Date of Birth PAN Character Shareholder of Bank: YES/NO. Member No. Existing House: Own Rental Vehicle: ZW 4W Beth D mat A/c with us With other Bank Religion: Hindu / Buddhist / Sikh / Muslim / Other (Pl. Specify) Gender Male Female Third Gender Foreign Visits: How many times you have been abroad during last three years. Never 1-5 Times More than 5 times Give Details:- Name of spouse Occupation	CUSTOMER No.	BRANCH
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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. (Tick 🗹 appropriate)

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	1
SSI/CST/MST Regn. Certificate	SSI/CST/MST Regn. Certificate	Since
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and I am solely responsible for liable	u that I am the sole proprietor of M/S bities thereof, I shall not change the nature & able to you on any obligations which may be	CIMEN OF THE TEXT. IF REQUIRES, DECLARATION OBTAINED ON A SEPERATE SHEET AS PER THE ID NOT ON THIS SHEET constitution of the concern without the prior standing in the firm's name in your books on these fully liquidated. The documents & its
contents submitted at the time of op	ening of this account are true and correct.	been fully liquidated. The documents & its
(To be signed by the proprietor of the	firm without rubber stamp)	
Date Place		Your's faithfully, (Name of Proprietor)
DECLARATION (FOR PARTNE	KSHIP FIRM)	ECIMEN OF THE TEXT. IF REQUIRES, DECLARATION
Dear Sir,	SHOULD BE	ND NOT ON THIS SHEET
Dear Sir, As the firm M/S. wish to inform you that we the under: Bnak for the liabilities of the firm with firm. We hereby undertake that we will not our individual responsibility to the Ba	signed are the partners in the said firm. We are the bank. The Bank may recover its claims t change or vary the constitution of the frim/Par	having dealing with the Bank, we jointly and severally responsible/ Liable to the from the easte of any or all the partners of the there without your prior approval in writting and
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NOMINATION FORM DA - 1 (Only for Sole Proprietor)

Nomination u/s 45 ZA read Rules, 1985 in respect of B	with section 56 of the Bar	iking Regu	itation Act. 1949, Ru	les 2 (1) of	the Cooperative Banks (Nomination)
I/We,	on one of the second		a diay and property	y 11111103200	
that I be a second	son to whom in the event of Janata Sahakari Bank Lt	of my/our/r d., Pune.	ninors death, the am	nount of dep	posit particulars whereof are given
Particulars of the deposits (Type/A/c, No.)	'Name & Address of N	ominee	Relation with Depositor	Age	If nominee is minor date of birth
				1000	Comment to a series
* As the nominee is a mino	or on this date, I/We appoi	nt Shri/Sr	nt./Kum	Line .	to receive the amount of
the deposit on behalf of the	e nominee in event of my/	our minor'	s death during the n	ninarity of t	he nominee.
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Address			Address		
Copy of Shop Act Board Resolution. Passbook issued Verification	Deposit Receipt is r verified from Income Tecked completed	ST A	ny Other licence.	(issued	Allowed to open account
					Signature of Authorised Official & Code No.
Check List	THE RESERVE OF THE PARTY OF THE	For C	BOC Use	121	ALTHOUGH STYL HOMEONESS
Phone Number / Mobile Nur	mber entered in system	1	YES / NO		
E-mail ID entered in system		***	YES / NO		
Risk Category entered in sy	stem	7	YES / NO		
KYC Marking entered in sys			YES / NO		
PAN Number entered in sys	tem		YES / NO		
Annual Income			A/B/C/D		
Annual Turnover entered in	system	577	YES / NO		
Date:					Signature of Authorised Official & Code No.



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Guardian Signature)

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Annual Income	< 50000		50000 to 100000	100000 to 50000	0 500	0000 to 1000000 Above 1000000
Sources of Income						
Sources of Wealth:						
Asset Details :	House 🗆	Plot 🗆	Commercial Pro	perty D Other:		
Vehicle : Two Whee	ler 🗆 Car 🗆	Any other		Car Maker :	Year	of Purchase: M M Y Y Y
Estimated Total Value of Assets	A-<	500000 E	B - 500000	to 10000000 🗆 C - 10	00000 to 2	2500000 D - Above 2500000 I
As per Foreign A	ccount Tax C	Compliano	e Act (FATCA)			
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If you are born in country other than	CONTRACTOR OF THE PARTY OF THE	☐ Yes	□ No	ii yaa piaasa iii raa		
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photocopy is complete. I/ 3. I/WE certify evidence providence prov	CYC document We also confir that the Information ovided by mely material information whether in the chelher domest gree that my/o and the Bank v or and/or any a eemed appropr accept and a eemed appropr accept and a gree to finish a weither in Ind andemnify the covided by me ead, understor all address.	t in suppor m that I/We mation pro- fus are, to to mation that a Bank to come a Bank to come a authorities stic or foreign mould be with a cknowled printer by the come a cknowled printer by the cknowled printer	t of PO1 & POA. are swam of the vided by ma/us i he best of my kn at may affect the collect, store, co and any of its af in and/or outsid an, o disclosed any thin its rights to p signated by the 0 a Bank if the Bank in for confirming t mation/incorrect date of change w aducate my self/ Act read with the hation and/orded d in this subject in iny loss that ma orm is as per the r aby accept & agr mation from Co	The information provided FATCA/ CRS Terms as in the Form, its support ownedge and belief true assessment/categorized manufacte and proceedings wherever situate and proceeding of any confider material fact known to but restrictions in the operatory is not remedied ashall have the right as the information provided provided by me/ua, I/ with supporting docume fourself and to comply Rules there under currents as the Bank in matter herein. In a street of the Bank of the control of the Terms & Control of	ded by us/ nd Conditi- ting Anne e, correct ation of th ass inform ted including ted	re and undertake the responsibility to ence. It times with relevant laws relating to the from time to time on account of an those providing incorrect or incomplete
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