

Form No. 338

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

Head Office :- 1444, Shukrawar Peth, Thorle Bajirao Road, Pune - 411 002.

Branch :-

Account No. :-

Name Of The Account Holder/s :-

Address :-

Name Of Signatories :-

MODE OF OPERATION	
SPECIMEN SIGNATURE/S	

Signature Verified

Authorised Officer

Signature Scan



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

ACCOUNT OPENING FORM

Branch : _____

Date : DD MM YYYY

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

Product Code No. _____

Account No. _____

CUSTOMER NO. _____

Title of Account _____

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

Directors/Office Bearers/Trustees (2) _____

(3) _____

(4) _____

Office Address : (Regd.) _____

City _____ State _____ Pincode _____

Phone No. _____ Fax No. _____

E-mail ID _____ website _____

(Local Office/Factory) _____

City _____ State _____ Pincode _____

Phone No. _____ Fax No. _____

Date of Registration _____ Registration No. _____

Nature/Line of Business _____ From date _____

For Business : (tick one)

Manufacturing	Real Estate	Antique	Service Provider	Trader	Arms Dealer	Agriculture	Stock Broker	Jewellers / Precious Metal & Stone	Others (Pl. specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Professional	Doctor <input type="checkbox"/>	C.A. <input type="checkbox"/>	Engineer <input type="checkbox"/>	Architect <input type="checkbox"/>	Software / IT <input type="checkbox"/>
Lawyer <input type="checkbox"/>	Journalist <input type="checkbox"/>	Consultant <input type="checkbox"/>	Businessman <input type="checkbox"/>	Others (Pl. Specify) _____	

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

Present Bankers (if any) _____ Since _____

Name of the Contact Person : Shri _____ Designation _____

Phone No. _____ Cell No. _____

Please tick and fill in details wherever applicable

Additional details related to account

Expected origin of funds for credit to account	Local <input type="checkbox"/> / Foreign Inward Remittances <input type="checkbox"/>
Expected Utilisation of funds by debit to account	Local <input type="checkbox"/> / Remittance abroad <input type="checkbox"/>
Anticipated level of annual activity / A/c turnover	₹ _____

Annual Income From Business	A	B	C	D	E
	< 50000 <input type="checkbox"/>	50000 to 100000 <input type="checkbox"/>	100000 to 500000 <input type="checkbox"/>	500000 to 1000000 <input type="checkbox"/>	Above 1000000 <input type="checkbox"/>

Asset Details : House / Land / Plot / Commercial Property / Computer / Other: _____
 Vehicle : Two Wheeler / Car / Any other _____ Car Make _____ Year of Purchase _____

ESTIMATED TOTAL VALUE OF ASSETS	Below Rs. 5 lakh <input type="checkbox"/>	Above Rs. 5 Lakh but up to Rs. 10 Lakh <input type="checkbox"/>	Rs. 10 Lakh to Rs. 25 Lakh <input type="checkbox"/>	Above Rs. 25 Lakh <input type="checkbox"/>
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Type of Deposit _____ Period Days _____ Months _____ Rate of Interest _____ % p.a.

Amount (in words) _____ ₹

Interest on Deposit to be credited to SB /CA /CC /LN A/C No. or Cash /payslip to be issued

In the name of _____

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

Account No. IFSC Code:

TDS : Deduct/Member No. _____ PAN

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

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

Date of Maturity

Renewal Sub A/c No. Date Amount

Customer No.

Account operation instructions _____

Signature across the photo	Signature across the photo	Signature across the photo	Signature across the photo
Photo	Photo	Photo	Photo

Specimen signature
(with Rubber Stamp)

Specimen signature
(with Rubber Stamp)

Specimen signature
(with Rubber Stamp)

Specimen signature
(with Rubber Stamp)

INTRODUCTION

Introducer's Name _____

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

Introducer's specimen signature

Signature of verifying officer with Code No. _____



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

CUSTOMER PROFILE

CUSTOMER No. BRANCH **FIRST 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 SProfession : Service/Employer Office Address (Phone) Email ID PAN Annual Income Date of Birth Qualification Shareholder of Bank : YES/NO. Member No. Existing House: Own Rental Vehicle: 2W 4W BothD 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 :-
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Name of spouse Occupation Names of Children Name of Father Age Name of Mother Age CUSTOMER No. **SECOND 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 SProfession : Service/Employer Office Address (Phone) Email ID PAN Annual Income Date of Birth Qualification Shareholder of Bank : YES/NO. Member No. Existing House: Own Rental Vehicle: 2W 4W BothD 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 :-
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Name of spouse Occupation Names of Children Name of Father Age Name of Mother Age



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

CUSTOMER PROFILE

CUSTOMER No.

BRANCH

THIRD 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 Qualification

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

D mat A/c with us With other Bank

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

Names of Children

Name of Father Age Name of Mother Age

CUSTOMER No.

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 Qualification

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

D mat A/c with us With other Bank

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

Names of Children

Name of Father Age Name of Mother Age



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 <input type="checkbox"/>	True extract of Resolution with common Seal of Company duly affixed <input type="checkbox"/>	True copy of Registration Certificate <input type="checkbox"/>
Copy of Firm Registration <input type="checkbox"/>	Certificate of Incorporation and Cert. of Commencement <input type="checkbox"/>	True copy of Resolution with Common Seal <input type="checkbox"/>
Copy of PAN CARD (Firm as well as All Partners) <input type="checkbox"/>	Copy of PAN CARD Memorandum and Article of Association <input type="checkbox"/>
SSI/CST/MST Regn. Certificate <input type="checkbox"/>	SSI/CST/MST Regn. Certificate <input type="checkbox"/>
Shop Act Licence /Any other Business Licence, if any <input type="checkbox"/>	Shop Act/Factory/Any other Business Licence, if any <input type="checkbox"/>

DECLARATION FOR PROPRIETORY CONCERN

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

Dear Sir,

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

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

Date _____

Place _____

Your's faithfully,
(Name of Proprietor _____)

DECLARATION (FOR PARTNERSHIP FIRM)

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

Dear Sir,

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

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

Your's faithfully,

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

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

Date _____

Place _____

RESOLUTION (FOR COMPANIES)

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

Resolution No.

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

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

Date _____

Place _____

Seal of the Company

Chairman

NOMINATION FORM DA - 1 (Only for Sole Proprietor)

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

I/We, _____

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

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

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

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

Witness/es

1) Sign. _____
Name & _____
Address _____

1) Sign. _____
Name & _____
Address _____

For Branch Use

Enclosures (Please Tick Appropriate)

- Copy of Memorandum & Articles of Association Trust Deed Partnership Deed & Registration Certificate
 Copy of Shop Act SSI CST MST Any Other licence.
 Board Resolution.
 Passbook issued Deposit Receipt issued Cheque Book issued

Verification

1. PAN Card Number verified from Income Tax Site (www.incometaxindia.gov.in) Allowed to open account
2. List of terrorist checked
3. KYC compliance completed
4. Risk Classification - HIGH / MEDIUM / LOW

Signature of Authorised Official
& Code No.

Check List

For CBOC Use

- Phone Number / Mobile Number entered in system --- YES / NO
E-mail ID entered in system --- YES / NO
Risk Category entered in system --- YES / NO
KYC Marking entered in system --- YES / NO
PAN Number entered in system --- YES / NO
Annual Income --- A / B / C / D
Annual Turnover entered in system --- YES / NO

Date : _____

Signature of Authorised Official
& Code No.



Janata Sahakari Bank Ltd., Pune

Form No. 336

(Multistate Scheduled Bank)

CUSTOMER PROFILE FORM FOR INDIVIDUAL

Instructions for Customer (Kindly follow the below instructions)

- Please write your NAME as it appears in all your KYC documents
- Please TICK the appropriate boxes
- Fields marked * are MANDATORY
- Please Fill the Form in BLACK INK only & CAPITAL LETTERS.
- For MINOR Customer, the Guardian's Both National ID is mandatory.
- For any alterations/overwriting countersign in full is Mandatory.

New Update Existing CKYC No. (if already Registered)

Customer No. : Branch Name :

Personal details

Name : * Title First Name Middle Name Surname

Local / Communication

Address*

City Pin Code State

Permanent Address*

City Pin Code State

Contact Details (All Communications will be send on provided Mob. No. / Email ID)

Mobile Tel. Resi.

E-mail Tel. Office

Proof of Identity (POI)*

Proof of Address (POA)*

Sr.	Type	Details	Expiry Date	Sr.	Tick	Details
1.	PAN*	<input type="text"/>	<input type="text"/>	1.	<input type="checkbox"/>	UID
2.	UID*	<input type="text"/>	<input type="text"/>	2.	<input type="checkbox"/>	Ration Card
3.	Voter ID	<input type="text"/>	<input type="text"/>	3.	<input type="checkbox"/>	Voter ID
4.	Passport	<input type="text"/>	<input type="text"/>	4.	<input type="checkbox"/>	Passport
5.	Licence	<input type="text"/>	<input type="text"/>	5.	<input type="checkbox"/>	Driving Licence
6.	Others	<input type="text"/>	<input type="text"/>	6.	<input type="checkbox"/>	Others

Birth Date* Gender* Male Female Transgender

Nationality* Indian NRI / PIO Others (Specify)

Marital Status* Single Married Divorced Others

Occupation* Service Private Government Public Others

Others Business Selfemployed Housewife Student Others

Family Details (Wherever applicable)

Father/Spouse Name* Title First Name Middle Name Surname

Mother Name* Title First Name Middle Name Surname

Maiden Name* Title First Name Middle Name Surname

Details of Related Person / Guardian (Same as ID Proof)

Title First Name Middle Name Surname Quid Relation

Related Person Type* Guardian of Minor Assignee Authorized Representative

1 PAN* 2 UID* 4 Digits 4 Digits 4 Digits

I hereby declare that the Date of Birth of the above minor who is my is DD / MM / YYYY and I am his/her natural guardian / legal guardian appointed by the court order No. dated (copy enclosed).

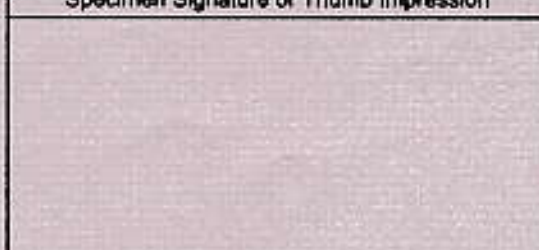
I shall represent the said minor in all future transactions of any description, in the above account until the said minor attains majority. I undertake to indemnify Janata Sahakari Bank Ltd., Pune against the claim of the minor for any withdrawal/transactions made in his/her account.

*(Minor's Birth Certificate is Mandatory)

Signature of Guardian

Specimen Signature or Thumb Impression

Photo & Specimen Signature (For MINOR customer, Guardian Signature)



Form No. 60/61 (Please see third provision to rule 114 B)

(Declaration to be filed in by a person NOT having either PAN and who intends to make Cash Deposit in respect of transaction specified in clauses (a) to (h) of Rule 114 B)

1. Full Name & Address of the declarant : (To be supported by Passport / Ration Card / Employee ID Driving Licence etc.)	
2. Details of Documents produced in support of address in column 1	
3. Transaction Particulars :	Opening of A/c
4. Amount of Transaction	
5. Are you Assessed to tax? : Yes / No* Being Agriculturist income being not chargeable to IT.	6. If Yes Details of Income Tax Ward/Circle/Range : Reason for not having PAN Number :

Declaration by a person having agricultural income only and no other income chargeable to IT. I hereby declare that my source of income is from agriculture and I am not required to pay IT on any other income (if any)	Verification : I do hereby declare that what is stated above is true to the best of my knowledge and belief, verified, today, the day of 20.....
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Signature of Agriculturist

Place :
Date :

Signature of Declarant

Techno Products (Tick whichever required)

For Office Use Only

1	Debit Cum ATM Card	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No											
2	SMS Banking	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Registered on	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Mobile Banking	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Registered on	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Statement on E-mail ID	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>									
5	Aadhar Card Seeding	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	A/c. No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Internet Banking	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No											

Note:

1. The Mobile Number 1 and E-mail ID mentioned with Address will be registered for the SMS, Mobile Banking and Statement on E-mail ID facility.
2. The service charges for the techno products will be applicable as per the rules and regulations of the bank.
3. I authorise the Bank to seed my Aadhar Number with the above mentioned account number.

Additional mandatory details related to Customer

Please tick and fill in details wherever applicable

Expected origin of funds for credit to account	Local <input type="checkbox"/> / Foreign Inward Remittances <input type="checkbox"/>
Expected Utilisation of funds by debit to account	Local <input type="checkbox"/> / Remittances abroad <input type="checkbox"/>
Anticipated level of annual activity / A/c turnover	Rs. _____
Average Income	Rs. _____
Expected Average Balance	Rs. _____
Any accounts with other banks:	Nationalized <input type="checkbox"/> / Pvt. Sector <input type="checkbox"/> / Co-op. <input type="checkbox"/> / Foreign <input type="checkbox"/>
Education	Undergraduate <input type="checkbox"/> / Graduate <input type="checkbox"/> / Post Graduate <input type="checkbox"/> / Professional <input type="checkbox"/> / Other <input type="checkbox"/>
Religion	Hindu <input type="checkbox"/> / Buddhist <input type="checkbox"/> / Muslim <input type="checkbox"/> / Sikh <input type="checkbox"/> / Other : _____
Whether you are interested in (Optional)	Mutual Funds <input type="checkbox"/> Health Insurance <input type="checkbox"/> Life Insurance <input type="checkbox"/> General Insurance <input type="checkbox"/> PMJJBY <input type="checkbox"/> PMSBY <input type="checkbox"/> Demat <input type="checkbox"/>

Occupation Details : Salaried / Professional / Businessman / Retired / Housewife / Others : _____

For Businessmen, Line of Business :

Name of the Employer / Business Name :

Date Employed / Date of starting Business / Profession :

Office / Business Address :

Office Contact :	Ph. No.	<input style="width:95%;" type="text"/>	Mob. No.	<input style="width:95%;" type="text"/>
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Annual Income	<input type="checkbox"/> < 50000	<input type="checkbox"/> 50000 to 100000	<input type="checkbox"/> 100000 to 500000	<input type="checkbox"/> 500000 to 1000000	<input type="checkbox"/> Above 1000000
Sources of Income :					
Sources of Wealth :					
Asset Details :	House <input type="checkbox"/>	Plot <input type="checkbox"/>	Commercial Property <input type="checkbox"/>	Other : _____	
Vehicle :	Two Wheeler <input type="checkbox"/>	Car <input type="checkbox"/>	Any other : _____	Car Maker : _____	Year of Purchase: M M Y Y Y Y
Estimated Total Value of Assets	A - < 500000 <input type="checkbox"/>	B - 500000 to 1000000 <input type="checkbox"/>	C - 1000000 to 2500000 <input type="checkbox"/>	D - Above 2500000 <input type="checkbox"/>	

As per Foreign Account Tax Compliance Act (FATCA)

If you are Tax residence of any country other than India	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes please fill FATCA Declaration form separately
If you are born in any country other than India	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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/We hereby confirm that My/Our latest photograph has been affixed above and I/We have submitted a self-attested photocopy KYC document in support of PO1 & POA. The information provided by us/me on this Form, its true, correct and complete. I/We also confirm that I/We are swam of the FATCA/ CRS Terms and Conditions and hereby accept the same.
- I/We certify that the Information provided by me/us in the Form, its supporting Annexure as well as in the document any evidence provided by me/us are, to the best of my knowledge and belief true, correct and complete and that I/We have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or other wise.
- I/We permit/authorize the Bank to collect, store, communicate and process information relating to the account and all transactions therein, by the Bank and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- I/We also agree that my/our failure to disclosed any material fact known to me/us, now or in future, may invalidate my/our application and the Bank would be within its rights to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /RBI for the purpose or take any other action as may be deemed appropriate by the Bank if the deficiency is not remedied by me/us within the stipulated period.
- I/We hereby accept and acknowledge that the Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the Bank.
- Should there be any change in information/incorrect provided by me/ua, I/We declare and undertake the responsibility to intimate the Bank within 30 days the date of change with supporting documentary evidence.
- It shall be my/our responsibilities to educate my self/ourself and to comply at all the times with relevant laws relating to reporting under section 285BA of the Act read with the Rules there under.
- I/We also agree to furnish such information and/or documents as the Bank may require from time to time on account of any change in law either in India or abroad in this subject matter herein.
- I/We shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.
- The detail provided by me/us in the form is as per the notified miss I 14G to 114H of the Income Tax Act 1962.
- I/We have read, understood and hereby accept & agree to the Terms & Conditions given for all the products & services I/We have requested.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.
- Policy for Limiting Liability of customers in Unauthorised Electronic Banking transactions is available with the Branch.

Date	____ - ____ - ____	Signature / Thumb impression of Applicant.
Place	_____	

Attestation (For Office Use Only)

KYC Verification Carried out by (along with Signature and Branch Seal)

Risk Classification : Low Medium High

Date	____ - ____ - ____	 
Emp.Code	_____	
Emp.Designation	_____	
Emp.Name	_____	
Emp.Branch	_____	