



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 Fill the Form in BLACK INK only & CAPITAL LETTERS.
- Please TICK the appropriate boxes
- For MINOR Customer, the Guardian's Both National ID is mandatory.
- Fields marked * are 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* ➤ DD - MM - YYYY 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 Cust 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

Photo & Specimen Signature (For MINOR customer, Guardian Signature)	Customer's Passport Size Photo 3" X 4"	In Case of MINOR, Guardian Passport Size Photo	Specimen Signature or Thumb Impression
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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.....
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	Card No. _____										
3	Mobile Banking	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Registered on <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>D</td><td>D</td><td>-</td><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	D	-	M	M	-	Y	Y	Y	Y
D	D	-	M	M	-	Y	Y	Y	Y							
4	Statement on E-mail ID	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Registered on <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>D</td><td>D</td><td>-</td><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>	D	D	-	M	M	-	Y	Y	Y	Y
D	D	-	M	M	-	Y	Y	Y	Y							
5	Aadhar Card Seeding	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	A/c No. _____										
6	Internet Banking	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No											

Note:

1. The Mobile Number 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. _____ Mob. No. _____

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 P01 & 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 otherwise.
- 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 disclose 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 responsibility 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 114G 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	D D - M M - Y Y Y Y	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	D D - M M - Y Y Y Y
Emp. Code	