

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)
Tick boxes as applicable योग्य तेथे टिकमाक ठरवी.

Branch : _____

Date : _____

Customer ID
ग्राहक क्रमांक

Product Code No.

Account No.
खाते क्रमांक
Rate of Interest
व्याजाचा दर
 % P.A.

I / We wish to open my / our मी / आम्ही माझे / आमचे	Savings Account वचन खाते	<input type="checkbox"/>	Fixed Deposit मुदत ठेव खाते	<input type="checkbox"/>	Recurring Deposit हफतेबंद मुदत ठेव खाते	<input type="checkbox"/>
	Other Account अन्य खाते	<input type="checkbox"/>	With your आपल्या	<input type="text"/>	Branch शाखेत सुरु करू इच्छितो	<input type="text"/>
with initial deposit of त्यासाठी सुरुवातीची ठेव		₹	<input type="text"/>			
			in words अक्षरी			

INSTRUCTIONS ABOUT APPLICANT (S) अर्जदाराविषयी माहिती
First Applicant/ Surname - First Name - Middle Name

-
- Male पुरुष
-
- Female स्त्री
-
-
- Transgender / तृतीयपंथी

प्रथम अर्जदार / आडनांव - नांव - पित्याचे / पतीचे नांव या क्रमाने

Name नाव												
Date of Birth जन्म दिनांक				AADHAR No. आधार क्र.								
PAN No. पॅन क्र.				Email ईमेल								
Residential Address निवासाचा पत्ता									PIN पिनकोड			
Tel. No. दूरध्वनी				Mobile मोबा. क्र.								
Permanent Address कायमचा पत्ता									PIN पिनकोड			

Second Applicant/ Surname - First Name - Middle Name

-
- Male पुरुष
-
- Female स्त्री
-
-
- Transgender / तृतीयपंथी

द्वितीय अर्जदार / आडनांव - नांव - पित्याचे / पतीचे नांव या क्रमाने

Name नाव												
Date of Birth जन्म दिनांक				AADHAR No. आधार क्र.								
PAN No. पॅन क्र.				Email ईमेल								
Residential Address निवासाचा पत्ता									PIN पिनकोड			
Tel. No. दूरध्वनी				Mobile मोबा. क्र.								
Permanent Address कायमचा पत्ता									PIN पिनकोड			

Third Applicant/ Surname - First Name - Middle Name

-
- Male पुरुष
-
- Female स्त्री
-
-
- Transgender / तृतीयपंथी

तृतीय अर्जदार / आडनांव - नांव - पित्याचे / पतीचे नांव या क्रमाने

Name नाव												
Date of Birth जन्म दिनांक				AADHAR No. आधार क्र.								
PAN No. पॅन क्र.				Email ईमेल								
Residential Address निवासाचा पत्ता									PIN पिनकोड			
Tel. No. दूरध्वनी				Mobile मोबा. क्र.								
Permanent Address कायमचा पत्ता									PIN पिनकोड			

INSTRUCTION ABOUT TERM DEPOSIT मुद्रत ठेकीसंबंधी तपशील

Details of Deposit ठेकीचा तपशील			Interest Payout व्याज वेयता	Monthly मासिक <input type="checkbox"/>	Quarterly दर तिमाही <input type="checkbox"/>	Half Yearly दर सहामाही <input type="checkbox"/>	Yearly वार्षिक <input type="checkbox"/>	On Maturity मुद्रत संपल्यावर <input type="checkbox"/>
Deposit amount Rs. ठेव रक्कम रु.			Mode of Interest Payout व्याज अदा पद्धत		Standing Instructions स्थायी सूचना <input type="checkbox"/>	ECS ई.सी.एस. <input type="checkbox"/>	Pay Order पे ऑर्डर <input type="checkbox"/>	
in words / अक्षरी			Details of Bank account in which interest payout / amount payable on maturity desired to be deposited व्याज वेयता / मुद्रतीनंतर देय रक्कम जमा करण्यासाठी बँक अकाउंटचा तपशील					
Tenure कालावधी			Bank Name बँकेचे नाव			Branch शाखा		
Years वर्ष	Months महिने	Days दिवस	Account No. खाते क्र.			IFSC		
			Auto Renewal स्व-नूतनीकरण <input type="checkbox"/>	No नाही <input type="checkbox"/>	Yes हो <input type="checkbox"/>	if Yes, for the Period हो असल्यास कालावधी		Years वर्ष <input type="checkbox"/>
							Months महिने <input type="checkbox"/>	Days दिवस <input type="checkbox"/>

About TDS : Deduct/15G/15H/ Membership No. _____
 Instructions for deduction of R. D. installment : Debit SB/CA/CC A/c No. _____ Rs. _____ for _____ months

I/We wish to open a Deposit A/c with you Bank. I/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.

INSTRUCTIONS FOR ACCOUNT OPERATIONS खाते वापरासंबंधी सूचना

<input type="checkbox"/> Self स्वतः	<input type="checkbox"/> Either or Survivor दोघापैकी एक किंवा उत्तरजीवी	<input type="checkbox"/> Former or Survivor अगोदरवा किंवा उत्तरजीवी	<input type="checkbox"/> Anyone or Survivor कोणीही एक किंवा उत्तरजीवी	<input type="checkbox"/> Jointly by All सर्वांनी संयुक्तपणे
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DECLARATION / घोषणापत्र

I/We jointly permitted Bank of allow premature withdrawal of the fixed deposit account, by surviving joint depositor/s on the death of other if the operational instruction for the deposit is "Either or Survivor" or "Former or Survivor."

I/We hereby authorise the Banks to automatically renew the deposit with/without accrued interest for the same period on the maturity date at prevailing rate of interest, unless otherwise informed by me/us in writing before the maturity of the deposit.

On completion of the term of automatic renewal and in the absence of specific instructions from the customer thereafter, interest will be paid at the applicable savings bank rate. In case of automatic renewal, if the customer thereafter decides to prematurely close the term deposit or renew it for period shorter than the remaining period of the contract, the bank will charge penal interest. I/We have read the rules of the scheme and agree to be bound by the said rules as amended from time to time.

* First Cheque Book request Yes / No (Minimum Balance required for cheque book as applicable)

Please issue me / us new cheque book for my / our account operation. Issued Cheque Book Sr. No. _____ to _____ Linking of Aadhar Card Number to Account: I / We am / are requested to link my / our Aadhar Card Number to my Saving Bank Account. My / Our Aadhar Card Number is _____

मी / आम्ही संयुक्तपणे बँकेस परवानगी देत आहे की, आमच्या संयुक्त ठेव खात्यामध्ये "दोघापैकी एक किंवा उत्तरजीवी" अथवा "अगोदरवा किंवा उत्तरजीवी" या दोन्ही पर्यायांपैकी एक पर्याय निवडलेला असल्यास संयुक्त खातेधारकांमधील कोणता एकही मृत्यू झाल्यास सधरू शक्य जरीत व्यक्तीस खात्यामधून मुद्रतपूर्व काढता येऊ शकेल.

मी / आम्ही असे जाहीर करतो की बँकेतील माझे / आमचे मुद्रत ठेव व्याजासहीत / व्याजाविना आहे, त्याच मुद्रतीसाठी मुद्रत संपल्यापासून प्रचलित व्याजदरानुसार माझे / आमचे पुढील संपूर्ण मुद्रतीकरण करण्यात यावे. स्वयं नूतनीकरण नकारास संपल्यावर आणि जर खातेदाराची विशिष्ट सूचना नसेल तर अगोदरची सधर ठेकीस मुद्रत संपल्यापासून बंधन ठेव दराने व्याजदर लागू होईल. स्वयं नूतनीकरण झाल्यानंतर जर खातेधारकांमधून मुद्रतपूर्व बंद करावयाची असल्यास अथवा विहित कालावधीपेक्षा कमी काळासाठी नूतनीकरण करावयाचे असल्यास अगोदरची दंडव्याज आकारले जाईल. सधर नियमावलीबाबत मी / आम्ही ज्ञात आहे / आहोत.

खाते उघडण्यानंतर प्रथम चेकबुक मिळणेबाबत हो / नाही (चेकबुकसाठी किमान शिक्त आवश्यक) कृपया मला / आम्हाला खातेवापरासाठी चेकबुक मिळावे. चेक बुक क्र. _____ ते _____

मी / आम्ही विनंती करतो की, माझे / आमचे आधार कार्ड क्रमांक माझे / आमचे बंधन खात्यास जोडणी करावी. आधार कार्ड क्र. _____

Paste here Recent Photo 25 mm x 35 mm

अभिकर्त्या काळातील छायाचित्र घेथे शिकटया २५ मि.मि. X ३५ मि.मि.

Paste here Recent Photo 25 mm x 35 mm

अभिकर्त्या काळातील छायाचित्र घेथे शिकटया २५ मि.मि. X ३५ मि.मि.

Paste here Recent Photo 25 mm x 35 mm

अभिकर्त्या काळातील छायाचित्र घेथे शिकटया २५ मि.मि. X ३५ मि.मि.

Specimen signature First Holder

Specimen signature Second Holder

Specimen signature Third Holder

INTRODUCTION BY KYC COMPLETED ACCOUNT HOLDER के.वाय.सी. निकष पूर्ण केलेल्या विद्यमान खातेधारकाकडून परिचय

Full Name संपूर्ण नांव											
Cust. No. ग्राहक क्रमांक											Branch शाखा
A/C No. खाते क्रमांक											

As per the above mentioned details, I confirm that I am holding an Account with Janata Sahakari Bank Ltd., Pune for over 6 months. I personally know the applicant(s) detailed herein for about _____ months and I confirm that Applicant's occupation and address stated in this application are correct to the best of my knowledge.
 यर नमूद केलेल्या माहितीस अनुसरून मी आपी देतो की माझे जनता सहकारी बँक लि., पुणे याबरोबर किमान ६ महिन्यांपेक्षा जास्त काळ खाते आहे. सधर अर्जदारास मी व्यक्तिगतरीत्या मागील सुमारे _____ महिन्यांपासून ओळखतो. तसेच मी विश्वास देतो की या अर्जात नमूद केलेला अर्जदाराचा व्यवसाय व निवासाचा पत्ता हा तपशील माझ्या माहितीप्रमाणे बिनभूष आहे.

Introducer's Signature & Date
 परिचयकर्त्याची स्वाक्षरी व दिनांक

For Office Use
 कार्यालयीन वापरार्थ

Introducer's Signature verified

Signature & Date

A. O. Code # _____

NOMINATION FORM DA -1 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. I/We, _____
nominate the following person to whom in the event of my/our/minor's death, the amount of deposit, particulars whereof are given below, may be returned by
Janata Sahakari Bank Ltd., Pune Branch _____

नामांकन फॉर्म डीए-१ :- नामांकन धाड्डेडू व ५६ नलडनानुसलर डॅकलंग रेगुलेशन अक्ट (१९४९) नलडन २(१) सहकारल डॅक नामनलडेशन नलडन (१९८९) डॅक डेडी संडडरत डी/आनूडी खालील व्यकतीस माडड्या/आमड्या/अडानाड्यामृत्युडशत रडडन स्वलकाल्यासाली नामांकन जनता सहकारल डॅक लल., डुडे शाखेमध्ये करीत आहे.

Nature of Deposit डेडीड तडशील	Distinguishing No. कुरांक	Additional details if any अडलक माहलती असल्यास	Name नाड	Address डता	Relationship with the Depositor if any डेडीडदाराशी असलेले नाते	Age डय	If nominee is a minor, his/her date of birth नामांकन व्यकती अडान असल्यास जनडडलनांक

As the nominee is a minor on this date, I/We appoint Shri / Smt. / Kum _____
डालू तलरखेस नामांकन व्यकती अडान असल्यास, डी/आनूडी नलडडलत करतो डी./ड्रीडती/कु.
age डय _____ address डता _____ to receive the amount of the deposit on behalf of the
nominee in the event of my/our minor's death during the minority of the nominee अडानाड्या मृत्युनंतर नामनलडेशन व्यकतीड्या डतीने डेडीडी रडडन डलकलड्याकरलता
डी/आनूडी डरील व्यकतीडी नेडणूक करीत आहेत.

Signature(s) / Thumb Impression(s) of Deposit डेडीडदाराडी सही / अंगड्याडल ठसा			
Signature(s) / सही	1)	2)	3)
*Witness (es) साडडीदलर			
Signature / सही			
Name / नाड			
Address / डता			

*Nomination shall be attested by two witness in case of thumb impression.

Terms & Conditions

- The customer should maintain balance as may be required from time to time in the account as well as a sufficient balance to honour cheques issued to third parties. Changes in the Bank/ Service charges or minimum balance requirement are displayed on the Notice Board of the Branches and on the website. The non-maintenance of the adequate balance shall automatically entitle the Bank to levy the charges.
- Saving account having no account operations initiated by customer for more than one year will be treated as Inoperative Account and no operations for more than two years will be treated as Dormant account as per RBI guidelines. For regularise the account Latest KYC submission alongwith photograph is must.
- Inward / Outward Cheque return unpaid for any reason will cause charges as per Bank policy.
- Auto renewal of Term Deposits :- The Term Deposits would be automatically renews under the Auto Renewal Process on the date of maturity, at a rate of Interest prevailing on the date of renewal and for the same period for which the existing deposit was kept. In case any depositor wishes to alter the period / or withdraw the proceeds, they may do so as per Bank's prevailing guidelines in this regard in the Bank's Deposit Policy.
- Penal Interest will be charged for prematurity of Deposit as per Bank's prevailing guidelines in this regard in the Bank's Deposit Policy.
- Our deposits are insured under the Deposit Insurance and Credit Guarantee Corporation of India (DICGCI) scheme.
- Fixed Deposit Receipt should be submitted with branch for recording Renewal details.

अटी व शर्ती

- ग्राहकांनी आपल्या खात्यामध्ये वेळोवेळी आवश्यक किमान रक्कम ठेवणे आवश्यक आहे. तसेच जेव्हा खातेदार कोणा तिसऱ्या व्यक्तीस चेक अदा करणार असल्यास अशावेळी खात्यामध्ये आवश्यक शिल्लक रक्कम ठेवणे बंधनकारक राहिल. बँक / सेवा शुल्कातील बदल तसेच खात्यामधील आवश्यक किमान शिल्लक रक्कम याबाबत शाखेतील सूचना फलक तसेच बँकेच्या वेबसाईटवर सदर बदल प्रदर्शित केले जातात. खात्यावर किमान आवश्यक शिल्लक रक्कम न राखल्यास शुल्क आकारले जाईल.
- बचत खात्यामध्ये एका वर्षात कोणत्याही प्रकारचा व्यवहार झाला नसल्यास सदर खाते अकार्यक्षम खाते संबोधण्यात येईल. तसेच दोन वर्षात खात्यामध्ये परत कोणताही व्यवहार झाला नसल्यास RBI च्या नियमानुसार सदर खाते निष्क्रिय संबोधण्यात येईल. खाते नियमित करण्यासाठी अध्यावत केवायसी सादर करणे आवश्यक आहे.
- खात्यावर जमा होणारे / खात्यावरून परत जाणारे चेक बाबत बँकेच्या धोरणानुसार शुल्क आकारले जाईल.
- मुदत ठेवीचे स्वयं नुतनीकरण :- मुदत संपणाऱ्या ठेवखात्यांचे मुदत संपल्यापासून प्रचलित व्याजदराने, आहे त्याच कालावधीसाठी स्वयं नुतनीकरण केले जाईल. नुतनीकरण झालेल्या खात्यांच्या मुदतीमध्ये बदल करावयाचा असल्यास / किंवा खाते बंद करावयाचे असल्यास बँकेच्या धोरणानुसार कार्यवाही केली जाईल.
- मुदत ठेव खाते मुदतपूर्व बंद करावयाचे असल्यास बँकेच्या धोरणानुसार बंद व्याज आकारला जाईल.
- बँकेतील ठेवींना DICGC अंतर्गत विमा संरक्षण आहे.
- मुदत ठेव नुतनीकरण तपशील नोंदीसाठी ठेव पावती शाखेत सादर करणे आवश्यक आहे.

For Branch Use

Documents obtained (Please tick on appropriate clause)

- | | |
|--|--|
| <input type="checkbox"/> Account Opening Form | <input type="checkbox"/> HUF Letter for Joint Hindu Family Accounts. |
| <input type="checkbox"/> Customer Profile Forms for all applicants / signatories | <input type="checkbox"/> Form No.60 / Form No.61 in case, PAN not available. |
| <input type="checkbox"/> Identity Proof for each individual applicant | <input type="checkbox"/> Intimation letter of customer for linking Aadhar Card Number with Account Number. |
| <input type="checkbox"/> Address Proof for each individual applicant | <input type="checkbox"/> Any other, _____ |
| <input type="checkbox"/> Undertaking for account opened under relaxed KYC Norms, where Identify/Address proof not submitted. | |
| <input type="checkbox"/> Undertaking by Guardian for Minor's accounts. | |

(In case of Non-individual customers, Customer Information for Non-individuals and all required documents listed on page 2 of Customer Information Form for Non-Individuals)

- Verification** (1) PAN Card Number verified from Income Tax Site (www.incometaxindia.gov.in)
 (2) List of terrorist checked
 (3) KYC compliance completed.
 (4) Risk Classification - High Medium Low

- Check List**
- | | |
|--|---|
| Phone Number / Mobile Number entered in system | -- <input type="checkbox"/> YES/NO <input type="checkbox"/> |
| E-mail ID entered in system | -- <input type="checkbox"/> YES/NO <input type="checkbox"/> |
| Risk Category entered in system | -- <input type="checkbox"/> YES/NO <input type="checkbox"/> |
| KYC Marking entered in system | -- <input type="checkbox"/> YES/NO <input type="checkbox"/> |
| PAN Number entered in system | -- <input type="checkbox"/> YES/NO <input type="checkbox"/> |
| Aadhar Card Number linked to the Account | -- <input type="checkbox"/> YES/NO <input type="checkbox"/> |
| Annual Income (as per KYC Form) | -- A / B / C / D / E |
| Letter of Thanks / Letter for Confirmation | |

sent to Customer/s on _____ -- YES/NO

- Approvals**
- | | |
|---|---|
| Approved for issue of cheque books | -- <input type="checkbox"/> YES/NO <input type="checkbox"/> |
| Approved for issue of ATM Card / ATM cum DEBIT CARD | -- <input type="checkbox"/> YES/NO <input type="checkbox"/> |
| Approved for access to the following delivery channels (Pl. Tick) | |
| SMS Banking <input type="checkbox"/> Mobile Banking <input type="checkbox"/> Internet Banking <input type="checkbox"/> Others _____ | |

Signature of Authorised Official & Code No.

Date :



Janata Sahakari Bank Ltd., Pune

From 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* Title City Pin Code State

Permanent Address* Title City Pin Code State

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

Mobile Tel. Resl.

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"/>	Voier 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* → D D - M M - Y Y Y Y Y Gender* → Male Female Transgender

Nationality* → Indian NRI / PIO Others (Specify)

Marital Status* → Single Married Divorced Others

Occupation* → Service Private Government Public Others 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 Last 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
	<input type="text"/>	<input type="text"/>	

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		Card No.										
2	SMS Banking	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Registered on	D	D	-	M	M	-	Y	Y	Y	Y	
3	Mobile Banking	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Registered on	D	D	-	M	M	-	Y	Y	Y	Y	
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.											
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 <input type="checkbox"/> / Professional <input type="checkbox"/> / Businessman <input type="checkbox"/> / Retired <input type="checkbox"/> / Housewife <input type="checkbox"/> / 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

1. 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.
2. I/We hereby confirm that My/Our latest photograph has been affixed above and I/Wa have submitted a self-attested photocopy KYC document in support of PDI & 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. I/We also agree to finish 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.
10. I/We shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.
11. The detail provided by me/us in the form is as per the notified miss 114G to 114H of the Income Tax Act 1962.
12. I/Wa have read, understood and hereby accept & agree to the Terms & Conditions given for all the products & services I/We have requested.
13. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.
14. 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 <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	
Date	D D - M M - Y Y Y Y
Emp.Code	
Emp.Designation	
Emp.Name	
Emp.Branch	
Branch Seal	Signature