

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)																														
Ple	Please fill this form in ENGLISH and in BLOCK LETTERS																														
A.	A. IDENTITY DETAILS														Photograph																
1 Name of the Applicant																					Please affix your recent Passport size Photograph										
2 Father's / Husband's Name																				Signature Acr Photograp				ure Acros tograph							
3	a) Gender Male Female						b) Marital Status Single C) Date of Birth																								
4	a) Nationality							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;))								
В.	B. ADDRESS DETAILS																														
Residence / Correspondence Address						Correspondence Address Residence Address										3															
							City/Town/Village												PIN Code												
							State												Country												
2 Specify the proof of address submitted for Residence / correspondence address																															
								Tel. (Off.) Tel. (Res.)																							
3 Contact Details						Fax No. :												Mobile No.													
							Email ID																								
4 Permanent Address (If different from above. Mandatory for Non-Resident Applicant to						t																									
specify overseas address)					y overseas address) City/Town/Village PIN Code																										
						State								Country																	

C. 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.														
Signat	ure of	the Applicant		Date										
=====	=====		=====	=====		====	====	====	====	===:	===:	====		
FOR OFFICE USE ONLY														
Sr. No.	Pa	rticulars												
1		Originals verified and Self-Attested Document copies received												
	In-Pe	erson-Verification (IPV) details :												
	a)	Name of the person doing IPV												
2	b)	Designation												
	c)	Name of Organization												
	d)	Signature		·						_	_			
	e)	Date												
Name	& Sig	nature of the												
1	_	Signatory												

Date

Seal/Stamp of the

intermediary