

is available at branch.

Regd. Office: TJSB House, Plot No.B-5, Road No.2, Wagle Estate, MIDC, Thane (W)-400604. Ph.: 2587 8500

NRE / NRO / FCNR / RFC Account Opening Form (Please tick 🗸)

DATE/_			BRANCI	1:	
Customer No			A/c	No.	
Pl. fill the form in Bla	ck ink & Capital Le	tters			
Surnar	ne Fir	st Name	Middle Nam	e	
First Applicant					(Photo)
Second Applilcant _					
Third Applicant					1
	Spec	cimen signature/s			
					(Photo)
					(1.11010)
					2
					(Dhoto)
C Fith an an Own in an	•	tional Instructio			(Photo)
☐ Either or Survivor☐ Any one of us or any		☐ Jointly or Survivor the last survivor	r		
☐ Former or Survivor			ecify)		3
Applicant	Passport No.	Issue Date	Place of Issue	Nationality	Occupation
First Applicant	i doopoit ivo.	133ue Date	1 lace of issue	rvationality	Ообаралоп
Second Applicant					
Third Applicant					
VISA Details :					
			2) Date of Issue :		
3) Place of Issue :			4) Expiry Date :		
5) 1 1000 01 1000 C			ed (Please tick ✓)		
☐ Debit Card ☐	☐ E-Statement	☐ E-Passbook	☐ SMS Banking		
"We are aware that all the E Ch us. We hereby authorize the 1s same individually." International Debit Card is issue	t Account Holder named he	rein to apply, receive / dow	rnload the products / applicatio	ns by accepting the terms	& conditions & to operate the

Birth Date (In case of minor account)	
Overseas Address	
Mailing / Correspondence Address	
CORRESPONDENCE / LOCAL ADDRESS DETAILS *	
☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / lo CONTACT DETAILS	cal addresses, please fill Annexure A1
Tel. (Off.) Tel. (Res)	Mobile
FAX Email ID	
Initial Remittance :	
	familien (CRD /FUD / IDV / AUD /IND
Demand Draft / Cheque No Dated	for USD /GBP /EUR / JPY / AUD /INR
enclosed. Mail Transfer / Telegraphic Transfer No dated	for send through
Please credit half yearly interest on my/our Fixed Deposits to my/our NRE	
with Remit by DD/ MT/ TT to	
On Maturity please renew for years. Credit to my NF	
Remit by DD/MT/TT to	
Please keep the term deposits receipt in safe custody with you.	
For FCNR / RFC, I / We understand:	
 FCNR Deposit in form of Fixed Deposit / Reinvestment Deposits are access. Foreign Currency Deposit in the form of Recurring & Saving Deposits are as FCNR / RFC Deposit in following currencies are accepted namely USD, 4. FCNR Deposits are accepted for period exceeding 12 months & up to 60. No interest on FCNR Deposit would be payable if withdrawn before period as per applicable Rules would be deducted from proceeds. Penalty for premature withdrawal at swap cost difference would be appli. No interest shall be payable on overdue Period, if not renewed within 15. Returning NRIs can convert their existing FCNR Deposits & / or keep mo. 	e not accepted. GBP, EUR, JPY & AUD D months only. Od of 12 months and penalty cable on premature withdrawal. days from Due Date / Maturity date.
FOR INTRODUCER	
T ON INTRODUCEN	
TJSB Sahakari Bank Ltd. Signature (Multi-state scheduled bank)	BRANCH
FULL NAME (S) (IN BLOCK LETTERS)	The principal amount of deposit/s and /or interest thereon to be held at the disposal of myself / either or survivor / former or the survivor / both of us jointly or survivor / any of us or any of the survivors or the last survivors of us / all of us or the survivors of us jointly or to the last survivors of us. (Please specify)
Authentication of signatures to be made by a Bank / Indian Embassy/ Consulate/ High Commission / Notary Public / Person known to Bank In case you have an account with TJSB verification not required. Please furnish your Account No and name of Branch	
Name / Signature of Person verifying with seal and address	

	NOMINATION FORM	
	gulation Act. 1949 and Rule 2(1) of the Banking Compar	nies (Nomination) Rule, 1985 in respect of Bank Deposits
nominate the following person to whom	, _i n the event of my / our / minor's death, the all by TJSB Sahakari Bank Ltd.	mount of deposit in the account, particulars
Nature of Deposit	Distinguishing Number	Additional details, if any
Name & Address (only one nominee)	Relationship with Depositor, if any	If nominee is a minor his date of birth
to receive the amount of the deposit in the a		(Name, Signature & Age) our/minor's death during the minority of the nominee.
*Strike out if nominee is not minor	or, the nomination should be signed by a person law	Signature(s) Of Depositor(s) vfully entitled to act on behalf of the minor.
FOR BRANCH USE Application received on	NRE / NRO Account opened on	Deposit Receipt No./s
	kept in safe custody on	Safe Custody Letter No
Branch Date		Signature and Code Number of Officer
statements declarations made by me/us a		the account(s) are being opened on the basis of the eclarations made herein are found to be not correct s.
to abide by the provisions of the / Non-Re about my/our return to India for permaner intimating you the same. My/our FCNR De	sident (External) Account / Non-Resident (Ordina nt residence immediately on arrival. I/We further u	after the date/s of maturity of the deposit/s. I/We agree ry) Account Schemes. I/We undertake to intimate you inderstand that on my/our return to Indian and my/out er account will be designated as resident account rate originally fixed.
	s, for any purpose including for the purpose of in the general or special permission of Reserve Ba	· · · · · · · · · · · · · · · · · · ·
I/We agree that if the premature withdrawa with the prevailing stipulations laid down		interest on the deposit may be allowed in accordance
	payable on renewal will be at the applicable ruling nting the matured receipt on the maturity date.	g rates on the date of maturity, and that the deposit
transmission of any cheque, bills, hundled in exchange or payments thereof, and the	s or other instruments or share certificates or oth advises and correspondence relating thereto, whi rely at my / our risk and responsibility and any lo	ent, who shall be my / our agent to collect and the ner documents or goods or the instruments received nether by post or otherwise and whether by land, sea ss, damage or delay howsoever occasioned shall
Signature of 1st Applicant Depositor	Signature of 2nd Applicant Depositor	Signature of 3rd Applicant Depositor

Know Your Customer (K	YC) Application Form for Individual		
Important Instructions:			
A) Field Marked with '*' are man B) Please fill the form in English	· ·		
,	nandatory for update application.		
For office use only	Application Type* ☐ New ☐ Upda	te Account Type*	□Small
(To be filled by financial institu		(Mandatory for KYC upo	 date request)
,	,	(
1. PERSONAL DETAI	ILS		
	Prefix First Name	Middle Name	Last Name
☐ Name* (Same as ID proof	f)		
Father Name* (Father's name is mandatory if 'PAN' is not furnished)	,		
0 1			
Spouse Name			
Mother's Maiden Name*			
Date of Birth*			
		_	
Gender*	☐ M- Male ☐ F- Fe	_ 0	
Marital Status*	☐ Married ☐ Unma	arried	
Nationality*	☐ IN- Indian ☐ Other	s (ISO 3166 Country Code)	
Residential Status*	☐ Resident Indian ☐ Non F	Resident Indian	
	☐ Foreign National ☐ Perso	n of Indian Origin	
PAN No.		Aadhaar No	
B (N		Annual Income	
Passport No.		Affilial income	
Occupation Type*	☐ S-Service (☐ Private Sector ☐ Public	Sector Government Sector Retired)
Cocapanon Type	<u> </u>	Employed Business)	,
	Work place/Employer Name & Address :	Employed Dubiness /	
	Line 1		
	Line 2		
	Line 3		
	State / LLT Code	City / Town / Village	
	Pin / Post Code	ISO 3166 Country Code	
	☐ Housewife ☐ Student		
	☐ X- Not Categorised PI. Specify		
2. TICK IF APPLICA	BLE ■ RESIDENCE FOR TAX PURPOSES IN	JURISDICTION(S)	
ADDITIONAL DETAILS RE	EQUIRED* (Mandatory only if section 2 is ticked)		
ISO 3166 Country Code of	f Jurisdiction of Residence*		
Tax Identification Number	r or equivalent (If issued by jurisdiction)		
Country of Tax Residency	DANITINI (Territore Menerita e Alexandre	N/ TIN Issuing Country Expiry Date	Documents provided #
Country of Tax residency	/Functional Equivalent /Function	al Equivalent issuing Country	Bootiments provided #
Place / City of Rirth*	ISC	2 3166 Country Code of Birth*	
r lace / Oity of Birtin		5 5 100 Country Code of Birth	
# Self attested copy of d	locumentary evidence for T I N/Functional Eq	uivalent and tax residency should be manda	torily provided.
3. PROOF OF IDENT	'ITY (Pol)*		
(Certified copy of any one of the t	following proof of Identity [Pol] needs to be ticked)		
☐ A- Passport		Driving Licence □ E- UID (Aadhaar) □ F- N	REGA Job Card
Z- Others (pl. specify) -	B votor is our a B o Trait our a B o		112071000 0ara
Z= Others (pr. specify)=			
4. PROOF OF ADDR	RESS (PoA)*	Type : Ownership Rental	
T 4.1 CLIPPENT / DEDMAN	NENT / OVERSEAS ADDRESS DETAILS		
	NENT / OVERSEAS ADDRESS DETAILS he following Proof of Address [PoA] needs to be submi.	tted)	
Address Type*	☐ Residential / Business ☐ Residential	_	fice Unspecified
Proof of Address*	Passport Driving Lice	_	Unapecilled
. ,	☐ Voter Identity Card ☐ NREGA	_ ` '	

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS	RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)
☐ Same as Current / Permanent / Overseas Address details	☐ Same as Correspondence / Local Address details
Line 1*	
Line 2	
Line 3	City / Town / Village*
State*	ZIP / Post Code* ISO 3166 Country Code*

Instructions for filling in account opening form

- Please fill in the enclosed account opening form and sign wherever provided for.
- Please tick(√) the appropriate box(es).
- Please send photocopies of your passports (pages containing your name, signature, place / date of issue, date of birth etc.) duly authenticated by Notary Public / Indian Embassy.
- · Please send your account opening form to the branch in India where you desire to open your account, directly.
- Please ensure to get your signatures verified by a bank / Indian Embassy / Notary Public / persons known to our Bank in India / abroad.

Declaration and Undertakings by Applicant:

I/We declare that:

- 1. I/We has/have read and understood the rules of opening a Savings/Current/NRE/NRO/FCNR/RFC Account of the Bank and terms and conditions (which may be amended from time to time) relating to Internet banking, Mobile Banking, Debit Card, SMS Banking, E-Statement, E-Passbook and other services as mentioned over www.tjsbbank.co.in I/We accept them as binding upon me/us. I/ we accept and agree to be bound by terms and conditions limiting the Bank's liability.
- 2. I /We Understand that the Bank may, at the absolute discretion, discontinue any of the services completely or partially without any notice to me/us. I /We agree that the Bank may debit charges to my /our account for operations effected through transaction from Savings/Current/NRE/NRO/FCNR/RFC Account and/or use of Internet Banking / SMS Banking / VISA Debit Card / Rupay Card etc.
- 3. I/ we request to link this account to my/our AADHAAR Card Number/s submitted to you for receiving Subsidy Government benefits / Salary etc.
- 4. The information provided by me/us in this Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income tax Rules, 1962. It shall be my/our responsibility to educate myself/ourselves and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder.
- 5. The information provided by me/us in this Form and in its supporting Annexures as well as in the documentary evidence/s provided is true, correct and complete to the best of my/our knowledge and belief, 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 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/us to the Bank at any point of time.
- 6. I/we permit/authorise the Bank to collect, store, communicate process and share information relating to the account and/orany of the abovementioned facilities and all transactions therein, to regular Centers, central KYC Registry and any other Bank including my/our confidential information as and when required for compliance with any law or regulation whether domestic or foreign.
- 7. I/we undertake the responsibility to declare and disclose immediately from the date of change, any changes that may take place in the information provided in this Form, its supporting Annexures as well as in the documentary evidence/s provided by me/us or if any certification becomes incorrect/invalid, etc. and to provide fresh self-certification along with documentary evidence/s.
- 8. I/We also agree that my/ our failure to disclose any material fact known to me/us, now or in future, may invalidate our application and the Bank would be within its right to put restrictions on the operations of my/our account and/orany of the abovementioned facilities, 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.
- 9. 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 the subject matter herein. I/We shall indemnify the Bank for any loss that may be suffered by the Bank on account of providing incorrect or incomplete or invalid information.
- 10. I/we shall indemnify the Bank for any loss that may be suffered by the Bank on account of providing incorrect or incorrect information.
- 11. I/We declare that I/We have the capacity to sign for the Entity as per CBDT rules / SEBI/RBI guidelines.
- 12. 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/us to the Bank.
- 13. I/We hereby consent to receiving information from Central KYC Registry through SMS/E-Mail on the mobile number/ E-Mail Address provided in this form.
- o I/We declare that I/we is/are not enjoying any credit facility with any other Bank/s or Society/ies.
- o I/We is/are enjoying the credit facilities with (NOC of the said bank with details enclosed)

- o I/We declare that the lending institute is co-operative banks/society and details of shares are as per enclosed.
- 14. Debit Card Pin (Personal Identification Number)
- a) Pin Number: Each Debit Card holder shall select his or her "personal identification number" (PIN) to gain access to the Debit card Service to operate account. The PIN shall under no circumstances be disclosed or open to any third party. The Card holder should keep memory of his PIN and maintain secrecy to avoid any misuse and keep custody of Debit Card Safe and inaccessible. The Card holder shall be solely responsible for the consequence arising out of the disclosure of his/her/their PIN and/or authorized use of Debit card shall be liable for any increased liability which he/she may incurred on account of unauthorized use of the PIN and Debit card.
- b) PIN Change: Debit card shall be issued to an account holder as approved by the Bank in respect of Debit Card Account to enable him to operate the Debit Card. The Card Holder shall get the card initially validated and select the PIN on the machine installed for that purpose. If the card holder forgets PIN the same can be regenerated at any TJSB ATM. It is advisable for the Card Holder 1) To change the PIN Periodically 2) to change his PIN if suspects it is no longer confidential 3) to select a non easily guessable PIN
- c) PIN Safety: Any wrong PIN fed to the Debit card Machine for more than three occasions will retain the Card in Machine itself. After completion of transaction if Debit card remains unretrieved, it is assumed having forgotten and Card will safely retain it. In the above circumstances Card holder shall approach the home branch for a new card.
- 15. Debit Card Safety: It is sole responsibility of card holder to preserve the card in good condition. Always ensure to keep Debit Card safely in plastic pouch to prevent any physical damage to magnetic strip and do not expose it to magnetic fields, heat and water & dust anytime. If the card is broken or unreadable it will be considered changes an invalid card and new card will be issued on such as application by Card holder and on handling over of such invalid card for cancellation to the home branch.
- 16. I/We have received a copy of the Declaration & Undertaking from the bank for my/our record.

The Declaration & Undertaking has been explained to me / us in my / our mother tongue. I/We have acknowledged the Declaration & Undertaking given by bank.

ATTESTATION / FOR OFFICE USE ONLY KYC Number	e (dd/mm/yyyy)*_			(with Rubber Stamp)			
KYC Number	ce*			Name* _			
Account Holder Type* US Reportable	ATTESTATION / FOR C	OFFICE USE ONL	Υ				
Documents Received Self-Certified True Copies Notary Risk Category High Medium Low IN PERSON VERIFICATION CARRIED OUT BY Institution Details Name TJSB SAHAKARI BANK LTD. Code IN 0860 Emp. Code Emp. Designation Emp. Branch [Employee Signature] Manager's Signature	KYC Number			Mandatory for KYC up	date request)		
IN PERSON VERIFICATION CARRIED OUT BY dentity / Introduction Verification Date		·				*	_
dentity / Introduction Verification Date				ary Risk Category			☐ Low
Emp. Name Emp. Code Emp. Designation Emp. Branch [Employee Signature] Manager's Signature	IN PERS	ON VERIFICATION CA	ARRIED OUT BY		INSTI [*]	TUTION DETAILS	
Emp. Code Emp. Designation Emp. Branch Bank Seal [Employee Signature] Manager's Signature	dentity / Introduction Ve	rification Date	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	Name TJSB SAHA	KARI BANK LTD.		
Emp. Designation Emp. Branch Bank Seal [Employee Signature] Manager's Signature	Emp. Name			Code IN 0860			
Emp. Branch [Employee Signature] Manager's Signature	Emp. Code						
[Employee Signature] Manager's Signature	Emp. Designation						
[Employee Signature] Manager's Signature	Emp. Branch						Bank
Manager's Signature							Seal
		[Employee Signatu	re]		1.0		
Obtain personal KYC for Joint Account Holder(s)					Manager's S	signature	
	Obtain personal KYC	for Joint Account	: Holder(s)				