

ORDINARY MEMBERSHIP APPLICATION FORM

For Individuals / Proprietor

(Application as Borrower/ Guarantor / Well-wisher which is applicable)

Membership No.: _____
(For Share Department Only)

KYC Complied at
Branch

Branch
Round Stamp
& Photo

To,
The Chairman,
TJSB Sahakari Bank Ltd.

Place: _____

Date: _____

I/We, the undersigned apply to be admitted as Ordinary Member of your Bank and request you to allot me/us _____ shares of ₹ 50/- each for which I/We am/are depositing herewith ₹ _____ (Rupees _____) in cash/cheque as value of shares and ₹ _____/- as entrance fee.

Please fill the form in CORRECTLY & COMPLETELY.

A. FIRST HOLDER / SINGLE HOLDERS DETAILS

1.	Customer No.: _____	CKYCR No.: _____
2.	Name of the Applicant Surname _____ First Name _____ Middle Name _____ If Proprietary concern (Proprietor of _____)	
3.	Father's / Husband's Name _____	
4.	a) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female b) Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married c) Date of Birth D D M M Y Y Y Y	
5.	a) Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify, _____) b) Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National	
6.	a) PAN (Mandatory) _____ b) Unique Identification Number (UID) /Aadhaar, if any _____	

B. ADDRESS & BANK DETAILS

1	Permanent Address City _____ PIN Code _____ State _____
2	Correspondence Address City _____ PIN Code _____ State _____
3	Contact Details Tel. (Off.) _____ Tel. (Res.) _____ Fax No. _____ Mobile No. +91 _____ Email ID _____
4	Bank Details : <input type="checkbox"/> Direct Credit Or <input type="checkbox"/> Dividend warrant I authorize bank to credit the dividend to my below mentioned account till my loan is fully repaid. Bank Name : _____ Branch : _____ Account no : _____ <input type="checkbox"/> Joint Holder <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Karta <input type="checkbox"/> Trustee

Second Holder Details													
1. Customer No.: _____						CKYCR No.: _____							
2. Name of the Applicant													
3. Father's / Husband's Name													
4. a) Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female		b) Marital status		<input type="checkbox"/> Single <input type="checkbox"/> Married		c) Date of Birth			D D M M Y Y Y Y		
5. a) Nationality		<input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify, _____)				b) Status			<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National				
6. a) PAN (Mandatory)						b) Unique Identification Number (UID) /Aadhaar, if any							

Third Holder Details													
1. Customer No.: _____						CKYCR No.: _____							
2. Name of the Applicant													
3. Father's / Husband's Name													
4. a) Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female		b) Marital status		<input type="checkbox"/> Single <input type="checkbox"/> Married		c) Date of Birth			D D M M Y Y Y Y		
5. a) Nationality		<input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify, _____)				b) Status			<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National				
6. a) PAN (Mandatory)						b) Unique Identification Number (UID) /Aadhaar, if any							

C. OTHER DETAILS												
1. Gross Annual Income Details (please specify):												
Income Range Per annum (As per Form 16)						Networth(As per last year Financial Year Balance sheets)						
<input type="checkbox"/> Below ₹1 lac		<input type="checkbox"/> ₹ 10 - 25 lac		OR		Amount (₹) _____						
<input type="checkbox"/> ₹ 1 - 5 lac		<input type="checkbox"/> More than ₹ 25 lac				As on (date) D D M M Y Y Y Y						
<input type="checkbox"/> ₹ 5 - 10 lac		(Networth should not be older than 1 year)										
2. Occupation (please tick any one and give brief details):												
<input type="checkbox"/> Private Sector			<input type="checkbox"/> Business			<input type="checkbox"/> Housewife						
<input type="checkbox"/> Public Sector			<input type="checkbox"/> Professional			<input type="checkbox"/> Student						
<input type="checkbox"/> Government Service			<input type="checkbox"/> Agriculturist			<input type="checkbox"/> Others (Please specify; _____)						
3. Please tick, if applicable : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)												

Nomination

I / We _____ and _____, member of TJSB Sahakari Bank Ltd. (membership details given below) wish to *make a nomination and further nominate the following person in whom all rights in respect of shares held by me shall vest in event of my / our death.

(*Strike out whichever is not applicable)

Name of the Nominee			
Address			
Date of Birth			
Relation with Applicant			
Contact Details	Tel No.:		Email:
Name of guardian (In case Nominee is Minor) (Guardian other than Applicant/s)			
Address			
Signature of Guardian			
Name of Witness	1.		2.
Signature of Witness	1.		2.

D. DECLARATION

I hereby declare that:

1. I/We agree to abide by the Bye-Laws of the Bank which are in force or which may come into force from time to time, more specifically Bye-Laws read with Rule 11 of Multi State Co-operative Societies Rules 2002.
2. I am/We are not members of any other Co-operative Bank/Credit Society OR I am/We are already a member \ of _____ Co-op. Society/Bank Ltd.
3. I/We shall not borrow from any other Bank other than TJSB Sahakari Bank Ltd. Without the prior written permission of the Bank.
4. I/We belong/do not belong to Scheduled cast/Scheduled tribe.
5. I/We hereby agree that closure of the loan shall automatically render cessation of my/our Ordinary Membership to the extent of shares linked to the loan. Thus, I/we hereby consent to surrender of shares issued to me/us to such extent upon closure of the loan and I/we hereby authorize TJSB Sahakari Bank Ltd. to credit the amount towards Share Capital held by me/us as an Ordinary Member to the account number mentioned in this Application Form.
6. I/We also agree to not make any claim towards the non-refundable admission fees paid by me/us.

Signature of First Holder

Signature of Second Holder

Signature of Third Holder

(Rubber Stamp of Proprietary concern incase of applicant is proprietor)

RECOMMENDED BY MEMBER (IF ANY)

Name : _____
Signature : _____ Membership No. / Folio No. : _____

BRANCH RECOMMENDATION

Name of BM / ABM : _____

Employee Code : _____

Signature (with Rubber Stamp) _____ Date _____

FOR SHARE DEPARTMENT USE ONLY

Approved in meeting dated : _____

Membership No.: _____

Signature & Date : _____