

Delhi Bhartiya Co-operative (U) T & C society Ltd

ACCOUNT OPENING FORM (Current / Saving / Cash Credit / Overdraft)

Please fill the form in BLOCK LETTERS Only. Fields marked *(Star) are MANDATORY

* Application Date : d d m m y y y y

Saving Joint Current Cash Credit Overdraft Other

APPLICANT DETAILS

* Existing ID If Yes, ID _____ Existing CKYC _____

* Entity Name _____

COMMUNICATION / LOCAL ADDRESS :

* Line 1 _____

* Line 2 _____

Landmark _____ *City _____

*Pincode _____ *State _____ *Country _____

REGISTERED / RESIDENCE ADDRE Same as Communication / Local Address Yes No (if no, please fill the details below)

* Line 1 _____

* Line 2 _____

Landmark _____ *City _____

*Pincode _____ *State _____ *Country _____

* BUSINESS DETAILS (all details are mandatory)

Date of Incorporation d d m m y y y y Date of commencement of Business d d m m y y y y County of Incorporation _____

Registration No. / CIN _____ Place / City of Incorporation _____

PAN _____ OR Form 60 UIN _____
Applicable for Liaison / Branch Office

* CONSTITUTION OF THE ENTITY

Individual Proprietorship Partnership Limited Liability / Partnership Charitable trust Public Limited Company Private Limited Company
 Trust Section 25 Companies One Person Company Joint Other (specify)

* APPLICANT OPERATING INSTRUCTION

Sole Proprietorship Accounts SMS Alert Facility *Cheque book facility ATM CARD

Mode of Operatoin: Singly Any One Jointly by all Any One Partner As per board resolution Others _____

Signature _____

Introduction

I know the applicant(s) personally for a period of _____ year/s and confirm his/her/their address stated in the application, I recommended that the Bank may consider to open the Account.

Introducer's

Name _____ Account No. _____ Signature _____

Address _____

Signed before me/introducer's signature verified

Staff _____ Officer _____

FOR BRANCH USE		
Letter of thanks sent to introducer/customer on	Verified by Name	Permitted to open Account
	Officer	Manager

*** EXISTING BANKING RELATIONSHIPS (Credit Facility Details)**

I / We hereby declare that I / We enjoy Credit facility

If yes, JCBL Any other Bank, Please fill details below

Name of the Bank	Address	Borrowed Amount

*** PROFILE SHEET**

- * Type of request : New Update of existing Entity Profile No change in the entity Profile
- * Profession : Salary Other (specify)
- * Nature of Business : Manufacturing Service Provider Stock Broker Real Estate Trading (Retails/Wholesale) Transport
 Education Trust NGO Bullion Regulatory Other (specify) _____
- * Annual Turnover : < 5 Lakh 5-25 Lakh 25-50 Lakh 50-100 Lakh 100-250 Lakh 250-500 Lakh >550 Lakh
- * Expected Turnover : < 5 Lakh 5-25 Lakh 25-50 Lakh 50-100 Lakh 100-250 Lakh 250-500 Lakh >550 Lakh
- * Networth < 5 Lakh 5-25 Lakh 25-50 Lakh 50-100 Lakh 100-250 Lakh 250-500 Lakh >550 Lakh
- * Net Profit (last FY) < 5 Lakh 5-25 Lakh 25-50 Lakh 50-100 Lakh 100-250 Lakh 250-500 Lakh >550 Lakh
- * Souce of Funds : Business Income Donation / Grant Borrowing Equity Investment Other (specify) _____
- * Number of years in business 10. *Principal Place of Operation : _____
- Whether involved in Import Export 11. Import Export Code (IEC) No. : _____
- * End use of funds _____

13. Group Company (if applicable) :

Name of the Group Company (ies)	Location	Nature of Business	Bank Details

***NOMINATION FORM (DA1) - Applicable only for Sole Proprietorship**

Yes, I wish to nominate (as per details below) # declare that I do not wish to make nomination in my account

Nomination under section 45 ZA of the banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits

I/We _____ (name/s and address/s) nominate the following person to whom in the event of my/our/minor's death, the deposit in this account, may be returned.

Name : _____ Address: Same as Primary Applicant

If different, _____

City _____ State _____ Pincode _____ Country _____

Relation ship with depositors, if any _____ ** If nominee is a minor, his/her date of birth

** As nominee is a minor on this date, I appoint (Guardian Name) _____

** Relationship with minor _____ Address : Same as Primary Applicant

**If different, _____

**City _____ **State _____ **Pincode _____ **Country _____

to receive the amount of the deposit in the account on behalf of the nominee in the event of my death during the minority of the nominee.

Signature of the Witness _____

Signature of the Proprietor _____

Name _____

Name _____

Address _____

Address _____

Date _____ Place _____

Date _____ Place _____

** Strike out if nominee is not a minor
Signature of the Proprietor is mandatory

In case of thumb impression, nomination to be filled as an annexure.

PERSONAL DETAIL (Authorised Signatory / Partner / Proprietor / Director / POA/ LOA / Trustee / Beneficiaries / Senior Management)

* Role Type (Tick any one) Individual Authorised Signatory LOA CIB Role Initiator Viewer Approver Initiator & Approver

* Relation Person Type : (Tick any one) Individual Proprietor Director Promoter Trustee Partner None of these

Existing ID If Yes, ID Existing CKYC

* Name (same as Aadhar wherever Aadhar is available) Title First Name Middle Last Name

Maiden name (if any) Title First Name Middle Last Name

* Mother's Name Title First Name Middle Last Name

* Father's Name Title First Name Middle Last Name

*Date of Birth dd mm yy * Gender Male Female Third Gender * Nationality

* Place / City of Birth *Country of Birth

*PAN OR Form 60 & PAN Acknowledge No.

PAN Acknowledge Date dd mm yy (Mandatory if PAN Acknowledgment No. Is provi *Marital Status: Married Unmarried Others

*Aadhar No. OR Aadhar Enrolment No.

Aadhar Enrolment Date dd mm yy (Mandatory if Aadhar Enrolment No. Is provided)

*Designation

*Resident Status Resident Indian (01)

*Occupation Type S-Service ^ Private Sector Public Sector Government Sector ^ Occupation sub-type to be selected for S-Service & O-Others

O - Others ^ Professional Self employed Retired Housewife Student Business X-Not Categorised

* Mobile No. *Email id

ADDRESS (The address mention below will be updated as Communication & Permanent address. Customer can change the address past account opening if they wish to)

* Line 1

*Line 2

Landmark

* City *State

*Country *Pincode

KYC OF THE INDIVIDUAL

Identity Proof DocumentType	Issuing authority	Place of Issue	Date of Expiry
Address Proof Document Type	Issuing authority	Place of Issue	Date of Expiry

DECLARATION

1. I / we am/are citizen of India
2. That I/we have read, understood and agree to all the "terms & conditions" as applicable to my/our Account /this Account.
3. That all the particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, complete and up to date in all respects and I/we have not withheld any information. I understand that certain particulars given by me are required by the operational guidelines governing banking companies. I undertake to keep THE JANATA COOPERATIVE BANK LTD, informed at all times of any change / alteration in these particulars and information as noticed by me / us and / or is brought to the notice of JCBL and hereby authorise JCBL to contact me/us on such changed address.
4. I/we also undertake to provide any information / updated KYC documents that JCBL may require from time to time. I/we agree to indemnify JCBL against any fraud, loss or damage suffered by JCBL due to my providing of any incorrect information or failure to communicate any change in my/our particulars / information or provide true and updated documents
5. That I have no insolvency proceedings initiated against me nor I have ever been adjudicated insolvent.
6. That in case of Minor A/c I declare that the Account shall be opened and transactions undertaken will be for the benefit of minor only.
7. I agree that in case of joint Account both applicant and joint applicant/s are singly and jointly liable for overdraft, if any, even if the Demand Promissory Note is signed by the applicant alone.
8. I agree to provide Permanent Account Number (PAN) or Form 60/61 to the Bank I also agree and understand that Tax implications and documentation requirement is subject to change from time to time.
9. I declare, confirm and agree that the transactions undertaken from this account will comply with FEMA / Anti Money Laundering rules, regulations and notifications.
10. I agree that Bank reserves the right to close the account in case the Saving Account is used for business purpose as evinced by the transaction behavior.
11. I/we hereby authorise issuance of debit card / provision of internet banking, phone/mobile banking & SMS facility. I/we acknowledge that the issue & usage of any of the above services is governed by the terms & conditions, in force from time to time as set forth by The Janata cooperative Bank Ltd. & agree to abide by the same. I/we further unconditionally and irrevocably agree and authorise the JCBL to debit my/our account annually or otherwise with an amount equivalent to the fees and charges for the issue and use of the above services as decided by the Bank from time to time.
12. I/we have been guided about the schedule of charges, I have read and understood the contents of the brief schedule of charges and agree to abide by the same, subject to changes from time to time.
13. A cheque drawn by a customer suffering from "blindness" as defined under the persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and bearing the thumb impression of the customer shall not be honored unless the thumb impression has been affixed by the customer in presence of a bank official and has been verified by him to have been done so.
14. I/we hereby authorise JCBL to exchange, share or part with all the information data provided herein including personal and business information with financial institutions / credit bureaus / agencies / statutory bodies / other such persons, in order to facilitate the Bank to comply with its obligations under various applicable laws, regulations & standards. I/we shall not hold JCBL or its agents / representatives liable for using / sharing information provided herein for the said purpose.

SPECIMEN FORMS 60

Form No. 60

(See third proviso to of rule 114 B)

Form of Declaration to be filled by a person who does not have either a permanent account number or General Index Register Number and who makes payment in cash in respect of transaction specified in clauses (a) to (h) of rules 114 B

1. Full Name and address of the declarant.....

2. Particulars of transaction

3. Amount of the transaction

4. Are you assessed to tax?

5. If Yes,

Yes/No

(i) Details of Ward/Circle/Range where the last return of income was filled?

(ii) Reasons for not having permanent account number/General Index Register Number?

6. Details of the document being produced in support of address in column (1)

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.....

Date.....

Place.....

.....
Signature of the declarant

Instruction : Documents which can be produced in support of the address are :

(a) Ration Card

(b) Passport

(c) Driving Licence

(d) Identity Card issued by any institution

(e) Copy of the electricity bill or telephone bill showing residential address

(f) Any document or communication issued by any authority of Central Government State Government or local bodies showing residential address

(g) Any other documentary evidence in support of this address given in the declaration.

THE JANATA CO-OPERATIVE BANK LTD. _____ BRANCH

MS No: _____

SIGNATURE CARD

LF No. _____

Name _____ S/o. W/o. D/o _____

Address _____

SAVING/CURRENT

A/c No. _____

I.D. No. _____

Telephone No. _____

Mobile No. _____

Please write in BLOCK Letters

PHOTO	NAME	SIGNATURE

ACCOUNT OPERATION

Single

Either or Survivor

Jointly

Others

Date.....

Sign & photo verified in system

Signature & particulars verified

Approved by

Date Officer

(Officer)

Manager

INTRODUCTION BY

M.S. No. _____

L.F. No. _____

(If Member of Bank)

NAME _____

ADDRESS _____

TEL. No. _____ MOBILE No. _____

ACCOUNT No. _____

SIGNATURE _____

SEECIAL INSTRUCTIONS