

# THE JANATA CO-OPERATIVE BANK 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 Liason / Branch Office

### \*CONSTITUTION OF THE ENTITY

Individual  Proprietership  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 \_\_\_\_\_ X

### 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/introduser'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 m my 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 m my yy (Mandatory if PAN Acknowledgment No. Is provi \*Marital Status:  Married  Unmarried  Others

\*Aadhar No.  OR  Aadhar Enrolment No.

Aadhar Enrolment Date  dd m my 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**