



# THE JANATA CO-OPERATIVE BANK LTD.

H.O: 32, Netaji Subhash Marg, Darya Ganj, New Delhi -110 002.

Branch \_\_\_\_\_

A/c No.
Customer ID
L.F. No.
Date

Dear Sir,

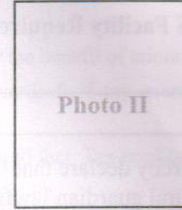
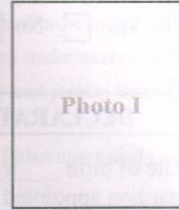
I/We request you to open an Account in my/our names in the books of the Bank

Account Type : SB  CA  Joint  Cash Credit  Overdraft  Small Deposit  Others

Account title (Individual or firm name) \_\_\_\_\_

PAN No. \_\_\_\_\_

Name in Full (In capital)	Designation
1.	
2.	
3.	
4.	



**Joint Account :** We declare that the account in our joint name will be operated upon by us jointly / severally with benefit of survivorship and we authorise you to honour cheques signed by us jointly/either of us and to debit the amount thereof to the said joint account. We further authorise you to place all amounts received by you on behalf of either of us to the credit of our said joint account and to deliver documents and securities you may hold on our joint account to jointly/either or survivor of us.

**Sole Proprietor Account :** I, the undersigned \_\_\_\_\_ carrying on business under the name or style of M/s. \_\_\_\_\_ of which firm I am the sole proprietor, hereby request you to open current Account for me in the name of my firm M/s. \_\_\_\_\_ and, until written notice from me to the contrary, Please regard me as the sole proprietor and honour my signature for operating the account.

**Partnership Account :** We, the undersigned \_\_\_\_\_ (Copy of partnership deed enclosed) carrying on business in partnership as \_\_\_\_\_ request you until written notice from us to the contrary to regard us as partners and to honour our respective signatures on behalf of the firm. We shall advise you of any change in the partnership of the said firm and declare that all the present partners will be liable to you jointly and severally for any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.

**Company Account :** We enclose a certified copy of the resolution passed in the Board of Director's meeting of the company held on \_\_\_\_\_ authorizing opening of account with your Bank. We also enclose a copy of the Memorandum and Articles of Association and a copy of the Certificate of Incorporation for your records. Name of company \_\_\_\_\_

**For Societies, Clubs, Schools, Sabhas or other similar bodies.** We hereby certify that according to Articles of Association, printed and sanctioned bye-laws, Resolution No. \_\_\_\_\_ dated \_\_\_\_\_ of \_\_\_\_\_ a certified copy of which is herewith enclosed, the authority of opening and operating account is vested in \_\_\_\_\_ Their specimen signatures are enclosed.

Chairman \_\_\_\_\_ Secretary \_\_\_\_\_ Treasurar \_\_\_\_\_

### OPERATING INSTRUCTIONS

Singly  Jointly  Severally  Either or Survivor  Authorised Signatory  Minor A/c Operated by Guardian  Any Other

Yours faithfully

1 _____	2 _____
3 _____	4 _____

(Signature of the Depositor)

Signature's

	1st Applicant	IInd Applicant	IIIrd Applicant
Communication Address			
Permanent Address			
Telephone/Mobile No.			
E-mail:			

SMS Facility Required : Yes  No  Mobile No. \_\_\_\_\_.

**DECLARATION IN CASE OF A MINOR ACCOUNT**

I hereby declare that the date of birth \_\_\_/\_\_\_/\_\_\_ of the minor who is my \_\_\_\_\_ and I am his/her natural guardian/lawful guardian appointed by the court order dated \_\_\_\_\_ (copy enclosed). I shall represent the said minor in all future transaction of any description in the above account until the said minor attains majority. I shall indemnify the Bank against the claim of the above minor for any withdrawal/transactions made by me in his/her account.

Signature of Guardian

**Proof of ID / Address submitted(Individuals) Please tick**

Passport Copy  Driving License  Latest Tel. Bill  Others   
 PAN Card  Voter ID Card  Latest Elec. Bill  Adhar Card

**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

## 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 notified my me to JCBL and authorize JCBL to update any change /alteration in my particulars and information that JCBL may be informed by me/us and /or is brought to the notice of JCBL and hereby authorize 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 all FEMA/ Anti money laundering rules, regulations and notifications.
10. I agree that Bank reserves the right to close the account in case the Savings Account is used for business purpose as evinced by the transaction behavior.
11. I/we hereby authorize 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 authorize 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 authorize 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.

Signature

## Nomination Form DA-1

**(TO BE FILLED ONLY IF THIS FACILITY IS REQUIRED BY THE DEPOSITOR)**

Nomination under Section 45ZA of the Banking Regulation Act. 1949 and Rule 2(1) of the Banking Companies

I/We \_\_\_\_\_ (Name/s and Address/es  
nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars  
where of are given below, may be returned.

Nature of A/c	Account No.	Name of Nominee	Address	Relationship	Age	Date of Birth (if nominee is minor)

\*\* As the nominee is a minor as on this date I/we appoint Shri/Smt./Ku. \_\_\_\_\_  
\_\_\_\_\_(Name, Address, Age) to receive the amount of the deposit on behalf of the)  
nominee in the event of my/our minor/s death during the minority of the nominee.

Place \_\_\_\_\_

\*Signature/Thumb Impression/s of depositor/s

Date \_\_\_\_\_

\*\*\*Witness

Name \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\*\* Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

\*\* Strike out if nominee is not minor

\*\*\* Thumb impression(s) shall be attested by two witnesses.

Nomination accepted and registered vide Regn. No.

Dated \_\_\_\_\_

### ACKNOWLEDGMENT FOR NOMINATION

Received on Nomination form (Section 45ZA of BR Act. 1949 and Rule 2(1) of Banking Companies Nomination/Rules 1985 in respect of Bank Deposit from Shri \_\_\_\_\_

A/c No. \_\_\_\_\_

Shri/Smt. \_\_\_\_\_ has been nominated by the account holder as nominee

**Branch Manager**  
**The Janata Co-operative Bank Ltd.**  
**Branch \_\_\_\_\_**



# THE JANATA CO-OPERATIVE BANK LTD.

H.O: 32, Netaji Subhash Marg, Darya Ganj, New Delhi -110 002.

Branch \_\_\_\_\_

## KYC INFORMATION FORM

Photograph

Profile Sheet of Customer

A/C No. \_\_\_\_\_

Please fill all the details, in case of joint account separate form to be filled by all Account Holders

<b>Applicant's Name</b>			<b>Marital Status</b>	Single <input type="checkbox"/>	Married <input type="checkbox"/>				
<b>Father's/Husband's Name</b>			<b>Gender</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>				
<b>Mother's Maiden Name</b>			<b>Category</b>	Gen <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>	OBC <input type="checkbox"/>	Other <input type="checkbox"/>	
<b>Date of Birth</b>	/	/	<b>Nationality</b>	Indian /					
<b>PAN No</b> (Please Attach photocopy)			<b>Ph./M. No.</b>	Form 60 <input type="checkbox"/>		Form 61 <input type="checkbox"/>			
<b>UID</b> (Please Attach photocopy)			<b>Email ID</b>						
<b>Communication Address</b>									
<b>Permanent Address</b>									
<b>Address Proof submitted</b> (Please Attach photocopy)	Passport <input type="checkbox"/>	Driving License <input type="checkbox"/>	Voter ID Card <input type="checkbox"/>	Telephone Bill <input type="checkbox"/>	UID <input type="checkbox"/>	Electricity Bill <input type="checkbox"/>	Others <input type="checkbox"/>		
<b>ID Proof submitted</b> (Please Attach photocopy)	Passport <input type="checkbox"/>	Driving Licence <input type="checkbox"/>	Voter ID Card <input type="checkbox"/>	UID <input type="checkbox"/>	Pan Card <input type="checkbox"/>	Others <input type="checkbox"/>			
<b>Residence</b>	Own <input type="checkbox"/>	Leased/Rented <input type="checkbox"/>	Ancestral / Parental <input type="checkbox"/>	Any other <input type="checkbox"/>					
<b>Other Assets</b>	Car <input type="checkbox"/>	Scooter <input type="checkbox"/>	Computer <input type="checkbox"/>	Other _____					
<b>Education</b>	Undergraduate <input type="checkbox"/>	Graduate <input type="checkbox"/>	Post Graduate <input type="checkbox"/>	Professional <input type="checkbox"/>					
<b>Occupation :</b>	Salaried <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Business <input type="checkbox"/>	Housewife <input type="checkbox"/>	Student <input type="checkbox"/>	Others <input type="checkbox"/>			
<b>If salaried :</b> <b>Name of the Employer</b> <b>Office Address &amp; Phone No.</b>									
<b>If Business : Nature of Business</b>									
<b>Self Employed :</b> <b>Industry : Type of Business</b>									
<b>Income p.a.</b>	<input type="checkbox"/> Rs.60,000 to Rs. 1,00,000	<input type="checkbox"/> Rs.1,00,000 to Rs. 5,00,000	<input type="checkbox"/> Rs.5,00,000 to Rs. 10,00,000	<input type="checkbox"/> Rs.10,00,000 to Above	<b>Source of Fund</b> (Please Specify)	Business <input type="checkbox"/>	Investment <input type="checkbox"/>	Salary <input type="checkbox"/>	Other <input type="checkbox"/>
If joint account relationship with the joint account holder									
Reference with contact details Name of introducer (in case of new account)									
Date : _____	<b>For Office use only</b>				<input checked="" type="checkbox"/> <b>Signature</b>				
<b>Classification of account</b>	Low risk	Medium risk	High risk						
<b>Observation of the official opening of account</b>									

**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual**



**Instructions:**

- A) Fields marked with "\*" are mandatory fields.
- B) Please Fill the form in English and in BLOCK Letters.
- C) Please read guidelines / detailed instructions overleaf
- D) List of Two character ISO-3166 country codes are available overleaf

Application Type :  New  Update  
 Account Type\* :  Normal  Small  
 KYC Number : \_\_\_\_\_

**PERSONAL DETAILS**

Name\* (Same as ID proof) : Prefix First Name Middle Name Last Name  
 Maiden Name (If any\*) : Prefix First Name Middle Name Last Name  
 Father / Spouse Name\* : Prefix First Name Middle Name Last Name  
 Mother Name\* : Prefix First Name Middle Name Last Name  
 Date of Birth\* : DD - MM - Y Y Y Y Gender\* :  Male  Female  Transgender  
 Marital Status\* :  Married  Unmarried Nationality\* :  Indian  Others [Country Name]  
 Residential Status\* :  Resident Individual  Non Resident Indian  Foreign National  Person of Indian Origin  
 Occupation\* :  Private Sector Service  Public Sector  Government Sector  Business  Professional  
 Self Employed  Retired  Housewife  Student  Other [Please Specify]  
 Tick if applicable :  Residence for Tax purposes in jurisdiction(s) outside India

**PHOTO**



Signature / Thumb Impression

**ADDITIONAL DETAILS REQUIRED\*** (If Applicant is resident outside India for Tax purposes)

(Please read guidelines / details for 'Jurisdiction of Residence' and 'Tax Identification Number')  
 ISO -3166 Country Code of Jurisdiction of Residence\* : \_\_\_\_\_  
 Tax Identification Number or equivalent (If issued by jurisdiction)\* : \_\_\_\_\_  
 Place / City of Birth\* : \_\_\_\_\_ ISO -3166 Country Code of Birth\* : \_\_\_\_\_

**PROOF OF IDENTITY (PoI)\*** (One Certified Copy of any one of the following Proof of Identity [PoI] needs to be submitted)

PAN : \_\_\_\_\_  UID (Aadhaar) : \_\_\_\_\_  
 Voter ID Card : \_\_\_\_\_  NREGA Job Card : \_\_\_\_\_  
 Passport Number : \_\_\_\_\_ Passport Expiry Date : DD - MM - Y Y Y Y  
 Driving License : \_\_\_\_\_ Driving License Expiry Date : DD - MM - Y Y Y Y  
 Others (any document notified by the central government) : \_\_\_\_\_

**PROOF OF ADDRESS (PoA)**

**CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS** (One Certified Copy of any one of the following Proof of Address [PoA] needs to be submitted)

Line 1\* : \_\_\_\_\_  
 Line 2 : \_\_\_\_\_  
 Line 3 : \_\_\_\_\_ City / Town / Village : \_\_\_\_\_  
 State/U.T.\* : \_\_\_\_\_ Pin / Post code : \_\_\_\_\_ ISO -3166 Country Code : \_\_\_\_\_  
 Proof of :  Passport  Driving License  Aadhaar Card  
 Voter Identity Card  NREGA CARD  Others [Please Specify]

**CORRESPONDENCE / LOCAL ADDRESS DETAILS** (In case the PoA is not the local address or address where the customer is currently residing. To be declared only and no PoA is required)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, Please fill 'Annexure A1')  
 Line 1\* : \_\_\_\_\_  
 Line 2 : \_\_\_\_\_  
 Line 3 : \_\_\_\_\_ City / Town / Village : \_\_\_\_\_  
 State/U.T.\* : \_\_\_\_\_ Pin / Post code : \_\_\_\_\_ ISO -3166 Country Code : \_\_\_\_\_

**ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT\*** (If Applicant is resident outside India for Tax purposes)

Same as Current / Permanent / Overseas Address details  Same as Correspondence / Local Address details  
 Line 1\* : \_\_\_\_\_  
 Line 2 : \_\_\_\_\_  
 Line 3 : \_\_\_\_\_ City / Town / Village : \_\_\_\_\_  
 State/U.T.\* : \_\_\_\_\_ Pin / Post code : \_\_\_\_\_ ISO -3166 Country Code : \_\_\_\_\_

**CONTACT DETAILS** (Communications will be done on provided Mobile no. and Email-ID)

Tel. (Off) : STD CODE \_\_\_\_\_ Tel. (Res) : STD CODE \_\_\_\_\_ Mobile : \_\_\_\_\_  
 FAX : STD CODE \_\_\_\_\_ Email ID : \_\_\_\_\_

**DETAILS OF RELATED PERSON** (In case of additional related persons, Please fill 'Annexure B1' form)

Addition of Related Person  Deletion of Related Person KYC Number (if available) : \_\_\_\_\_  
 Related Person Type:  Guardian Of Minor  Nominee  Assignee  Authorized Representative  Beneficial Owner  Beneficiary  
 Name\*: Prefix First Name Middle Name Last Name  
**PROOF OF IDENTITY (PoI)\*** (Mandatory if KYC number is not available. One Certified Copy of any one of the following Proof of Identity [PoI] needs to be submitted)  
 PAN : \_\_\_\_\_  UID (Aadhaar) : \_\_\_\_\_  
 Voter ID Card : \_\_\_\_\_  NREGA Job Card : \_\_\_\_\_  
 Passport Number : \_\_\_\_\_ Passport Expiry Date : DD - MM - Y Y Y Y  
 Driving License : \_\_\_\_\_ Driving License Expiry Date : DD - MM - Y Y Y Y  
 Others (any document notified by the central government) : \_\_\_\_\_

**OTHER DETAILS**

Income Range :  Below 1 Lac  5 Lac to 10 Lac  10 Lac to 15 Lac  15 Lac to 25 Lac  25 Lac and above  
 Net Worth (In INR) : \_\_\_\_\_ As on : DD - MM - Y Y Y Y  
 Educational Qualification :  Below SSC  SSC  HSC  Graduate  Masters  Professional (CA, CS, CMA, Others)  
 Please Tick If Applicable :  Politically Exposed Person  Related to Politically Exposed Person  
 Any Other Information : \_\_\_\_\_

**APPLICANT DECLARATION**

I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.

I would like to share my personal / KYC details with Central KYC Registry.

[Signature / Thumb Impression]  
 Signature / thumb Impression of Applicant  
 Place : \_\_\_\_\_  
 Date : \_\_\_\_\_

**ATTESTATION / FOR OFFICE USE ONLY**

Documents Received :  Self-Certified  True Copies  Notary  
 Risk Category :  High  Medium  Low  
**IN PERSON VERIFICATION DETAILS**  
 Identity Verification :  Done  
 Date : DD - MM - Y Y Y Y  
 Emp. Name : \_\_\_\_\_  
 Emp. Code : \_\_\_\_\_  
 Emp. Designation : \_\_\_\_\_  
 Emp. Branch : \_\_\_\_\_  
 Signature : \_\_\_\_\_  
**INSTITUTION DETAILS**  
 Name : \_\_\_\_\_  
 Code : \_\_\_\_\_  
 Stamp : \_\_\_\_\_  
 [Employee Signature]  
 [Institution Stamp]

## INSTRUCTIONS

### Important Points

- a) Application should be completed in **ENGLISH** and in **BLOCK** letters
- b) **KYC Number** is Mandatory for UPDATE Application.
- c) Tick '✓' wherever applicable.
- d) Tick '✓' in the respective section heading for updation
- e) Please fill the form in **legible handwriting** so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the client.
- f) You are required to submit a **Proof of Identity** and **Proof of Address** for Current/Permanent/Overseas address provided by you.
- g) **Name:** Please state your name as Prefix (Mr/Mrs/Ms/Dr/etc.), First, Middle and Last Name in the space provided. This should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- h) **Pin/Post Code** is not mandatory if country is other than India
- i) Please provide additional details wherever required if **Applicant resident outside India or Tax Purposes**
- j) For Individuals:
  - a. Please fill 'Annexure A1' for **multiple addresses** Details.
  - b. Please fill 'Annexure B1' for **Related Person** Details.


### ISO 3166 Two Digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Åland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
						South Georgia and the South Sandwich Islands	GS
Bahrain	BH	Gambia	GM	Mexico	MX	South Sudan	SS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	Spain	ES
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Sri Lanka	LK
Belarus	BY	Ghana	GH	Monaco	MC	Sudan	SD
Belgium	BE	Gibraltar	GI	Mongolia	MN	Suriname	SR
Belize	BZ	Greece	GR	Montenegro	ME	Svalbard and Jan Mayen	SJ
Benin	BJ	Greenland	GL	Montserrat	MS	Swaziland	SZ
Bermuda	BM	Grenada	GD	Morocco	MA	Sweden	SE
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Switzerland	CH
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Syrian Arab Republic	SY
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Taiwan, Province of China	TW
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Tajikistan	TJ
Botswana	BW	Guinea	GN	Nepal	NP	Tanzania, United Republic of	TZ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Thailand	TH
Brazil	BR	Guyana	GY	New Caledonia	NC	Timor-Leste	TL
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Togo	TG
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Tokelau	TK
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tonga	TO
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Trinidad and Tobago	TT
Burundi	BI	Hong Kong	HK	Niue	NU	Tunisia	TN
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Turkey	TR
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkmenistan	TM
Cameroon	CM	India	IN	Norway	NO	Turks and Caicos Islands	TC
Canada	CA	Indonesia	ID	Oman	OM	Tuvalu	TV
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Uganda	UG
Central African Republic	CF	Iraq	IQ	Palau	PW	Ukraine	UA
Chad	TD	Ireland	IE	Palestine, State of	PS	United Arab Emirates	AE
Chile	CL	Isle of Man	IM	Panama	PA	United Kingdom	GB
China	CN	Israel	IL	Papua New Guinea	PG	United States	US
Christmas Island	CX	Italy	IT	Paraguay	PY	United States Minor Outlying Islands	UM
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	Uruguay	UY
Colombia	CO	Japan	JP	Philippines	PH	Uzbekistan	UZ
Comoros	KM	Jersey	JE	Pitcairn	PN	Vanuatu	VU
Congo	CG	Jordan	JO	Poland	PL		
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
		Korea, Democratic People's Republic of	KP	Reunion (Réunion)	RE	Virgin Islands, U.S.	VI
Cote d'Ivoire (Côte d'Ivoire)	CI	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Croatia	HR	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Cuba	CJ	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Curacao (Curaçao)	CW	Laos People's Democratic Republic	LA	Saint Barthelemy (Saint Barthélemy)	BL	Zambia	ZM
Cyprus	CY	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Czech Republic	CZ	Lebanon	LB	Saint Kitts and Nevis	KN		
Denmark	DK	Lesotho	LS	Saint Lucia	LC		
Djibouti	DJ	Liberia	LR	Saint Martin (French part)	MF		
Dominica	DM						

### Foot Notes

- (A) **Jurisdiction (s) of Residence:** It may be mentioned that since US taxes the global income of its citizen, every US citizen if whatever nationality, is also a resident for tax purpose in USA.
- (B) **Tax identification Number (TIN):** In the footnote it may be mentioned that TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued by high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

**In Case of Additional Related Persons, Please Fill This Form.**

<b>CENTRAL KYC REGISTRY   Know Your Customer (KYC) Application Form   Individual   Annexure B1 for Related Person Details</b>						
<b>Instructions:</b> a) Fields marked with **are mandatory fields. b) Please Fill the form in English and in BLOCK Letters. c) Please read guidelines / detailed instructions overleaf d) List of Two character ISO-3166 country codes are available overleaf	Application Type : <input type="checkbox"/> New <input type="checkbox"/> Update Account Type* : <input type="checkbox"/> Normal <input type="checkbox"/> Small KYC Number : <input type="text"/>					
<b><input type="checkbox"/> DETAILS OF RELATED PERSON</b>						
<input type="checkbox"/> Addition of Related Person <input type="checkbox"/> Deletion of Related Person KYC Number (if available) : <input type="text"/>						
Related Person Type: <input type="checkbox"/> Guardian Of Minor <input type="checkbox"/> Nominee <input type="checkbox"/> Assignee <input type="checkbox"/> Authorized Representative <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Beneficiary						
Name*: <input type="text"/> Prefix <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/> Last Name <input type="text"/>						
<b>PROOF OF IDENTITY*</b> (Mandatory if KYC number is not available. One Certified Copy of any one of the following PoI needs to be submitted)						
<input type="checkbox"/> PAN : <input type="text"/>	<input type="checkbox"/> UID (Aadhaar) : <input type="text"/>					
<input type="checkbox"/> Voter ID Card : <input type="text"/>	<input type="checkbox"/> NREGA Job Card : <input type="text"/>					
<input type="checkbox"/> Passport Number : <input type="text"/>	Passport Expiry Date : <input type="text"/> DD - MM - Y Y Y Y					
<input type="checkbox"/> Driving License : <input type="text"/>	Driving License Expiry Date : <input type="text"/> DD - MM - Y Y Y Y					
<input type="checkbox"/> Others (any document notified by the central government) : <input type="text"/>						
<input type="checkbox"/> Addition of Related Person <input type="checkbox"/> Deletion of Related Person KYC Number (if available) : <input type="text"/>						
Related Person Type: <input type="checkbox"/> Guardian Of Minor <input type="checkbox"/> Nominee <input type="checkbox"/> Assignee <input type="checkbox"/> Authorized Representative <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Beneficiary						
Name*: <input type="text"/> Prefix <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/> Last Name <input type="text"/>						
<b>PROOF OF IDENTITY*</b> (Mandatory if KYC number is not available. One Certified Copy of any one of the following PoI needs to be submitted)						
<input type="checkbox"/> PAN : <input type="text"/>	<input type="checkbox"/> UID (Aadhaar) : <input type="text"/>					
<input type="checkbox"/> Voter ID Card : <input type="text"/>	<input type="checkbox"/> NREGA Job Card : <input type="text"/>					
<input type="checkbox"/> Passport Number : <input type="text"/>	Passport Expiry Date : <input type="text"/> DD - MM - Y Y Y Y					
<input type="checkbox"/> Driving License : <input type="text"/>	Driving License Expiry Date : <input type="text"/> DD - MM - Y Y Y Y					
<input type="checkbox"/> Others (any document notified by the central government) : <input type="text"/>						
<input type="checkbox"/> Addition of Related Person <input type="checkbox"/> Deletion of Related Person KYC Number (if available) : <input type="text"/>						
Related Person Type: <input type="checkbox"/> Guardian Of Minor <input type="checkbox"/> Nominee <input type="checkbox"/> Assignee <input type="checkbox"/> Authorized Representative <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Beneficiary						
Name*: <input type="text"/> Prefix <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/> Last Name <input type="text"/>						
<b>PROOF OF IDENTITY*</b> (Mandatory if KYC number is not available. One Certified Copy of any one of the following PoI needs to be submitted)						
<input type="checkbox"/> PAN : <input type="text"/>	<input type="checkbox"/> UID (Aadhaar) : <input type="text"/>					
<input type="checkbox"/> Voter ID Card : <input type="text"/>	<input type="checkbox"/> NREGA Job Card : <input type="text"/>					
<input type="checkbox"/> Passport Number : <input type="text"/>	Passport Expiry Date : <input type="text"/> DD - MM - Y Y Y Y					
<input type="checkbox"/> Driving License : <input type="text"/>	Driving License Expiry Date : <input type="text"/> DD - MM - Y Y Y Y					
<input type="checkbox"/> Others (any document notified by the central government) : <input type="text"/>						
<b>APPLICANT DECLARATION</b> I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it. I would like to share my personal / KYC details with Central KYC Registry.	<b>ATTESTATION / FOR OFFICE USE ONLY</b> Documents Received : <input type="checkbox"/> Self-Certified <input type="checkbox"/> True Copies <input type="checkbox"/> Notary Risk Category : <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low					
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">                     Signature / Thumb Impression                 </div> <input type="checkbox"/> Signature / Thumb Impression of Applicant Place : <input type="text"/> Date : <input type="text"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">IN PERSON VERIFICATION DETAILS</th> <th style="width: 50%;">INSTITUTION DETAILS</th> </tr> <tr> <td>                     Identity Verification : <input type="checkbox"/> Done                      Date : <input type="text"/> DD - MM - Y Y Y Y                      Emp. Name : <input type="text"/>                      Emp. Code : <input type="text"/>                      Emp. Designation : <input type="text"/>                      Emp. Branch : <input type="text"/>                      Signature : <input type="text"/> </td> <td>                     Name : <input type="text"/>                      Code : <input type="text"/>                      Stamp : <input type="text"/> </td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;">                         [Employee Signature]                     </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;">                         [Institution Stamp]                     </div>		IN PERSON VERIFICATION DETAILS	INSTITUTION DETAILS	Identity Verification : <input type="checkbox"/> Done Date : <input type="text"/> DD - MM - Y Y Y Y Emp. Name : <input type="text"/> Emp. Code : <input type="text"/> Emp. Designation : <input type="text"/> Emp. Branch : <input type="text"/> Signature : <input type="text"/>	Name : <input type="text"/> Code : <input type="text"/> Stamp : <input type="text"/>
IN PERSON VERIFICATION DETAILS	INSTITUTION DETAILS					
Identity Verification : <input type="checkbox"/> Done Date : <input type="text"/> DD - MM - Y Y Y Y Emp. Name : <input type="text"/> Emp. Code : <input type="text"/> Emp. Designation : <input type="text"/> Emp. Branch : <input type="text"/> Signature : <input type="text"/>	Name : <input type="text"/> Code : <input type="text"/> Stamp : <input type="text"/>					



**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**

**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.