वैश्य नागरी सहकारी बँक लि; परभणी

मुख्य कार्यालय : शनिवार बाजार, परभणी फोन नं. : (02452) 222359, 231359

शाखा /Branch _____

खाते उघडण्याचा फार्म
ACCOUNT OPENING FORM

दिनांक/Date ☐☐ / ☐☐ / ☐☐☐☐

कृपया खालील वर्णनानुसार एक खाते उघडण्यात यावे.
Please open an account as per details below :

कोणत्या प्रकारचे खाते उघडावयाचे आहे त्यास (✓) असे चिन्हांकित करावे
Please tick (✓) type of account requried

बचत खाते Saving Account ☐	**Category : General** ☐ **Staff** ☐ **Senior Citizen** ☐ **Society** ☐ **Trust** ☐ **Special** ☐ **Women** ☐			
चालू खाते Current Account ☐	मुदत ठेव Fixed Dep. ☐	पुनर्गुंतवणुक ठेव Re-investment Dep.	आवर्ती ठेव R.D. A/c. ☐	सभासद Shares ☐
चेक बुक सुविधे सह With Cheque Book ☐	रक्कम Account ☐☐☐☐☐☐☐☐		कालावधी Period ☐☐☐ महिने/Months	जादा भाग Addl.Shares ☐
ATM ☐	कालावधी Period ☐☐☐☐ दिवस/महिने Days/Months		हप्ता Instalment ☐☐☐☐☐☐	
Mobile App ☐				

पूर्ण नाव (स्पष्ट अक्षरात) Full Name (In Block Letters)

	A/C Holder	Joint I	Joint 2
आडनांव Surname			
प्रथम नांव First Name			
मधले नांव Middle Name			
पॅन नं. Pan No.	☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐
मोबाईल नं. : Mobile No.	☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐
आधार नं. Adhar No.	☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐
ग्राहक क्र. Customer No.			

ई-मेल/E-mail : _____

पत्ता/Address _____

_____ शहर / City _____ पिन कोड / Pincode ☐☐☐☐☐☐

खाते संचलन
Mode of Operation

Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

केवळ स्वतः Severally ☐

संयुक्त Jointly ☐

दोन्हीपैकी एक किंवा उत्तरदायी Either or Survivor ☐

कोणीही एक किंवा उत्तरदायी Any One of Survivor ☐

आम्हापैकी एका नंतर हयात असलेल्यास Former or Survivor ☐

सही Signature

Officer Sign.

Officer Name : _____

1. I / We agree to abide by Requlation and bye-laws as of the Bank relating to the conduct of the above Account / services / Products.
2. I / We authorize the Bank / their representative to verify the details given herein. Unless you receive a demand for payment of instructions to the contrary on or before the date of maturity, please renew the deposit for similer period at the then prevailing rate of interest and as per your rules.
3. Mode of operation specified by us (depositors) should also be applicable for premature payments/withdrawals/ pledge of deposit as security and closure of the account.

मी खाली सही करणारा आपल्या खातेचा बचत खाते/चालू खाते खातेदार असुन खात्यासाठी बँकेने ठरवीलेली कमीत कमी रक्कम खात्यात नेहमी ठेवील. शिल्लके अभावी मी दिलेल्या शाखेचा चेक आपणास अनादरीत करण्याचा अधिकार मी या पत्रान्वये देत अहोत. व तसेच चेक अनादरीत झाल्यास होणाऱ्या पुढील कार्यवाहीची जबाबदारी सर्वस्वी माझी राहील.

आपला विश्वासू / Yours Faithfully.

ग्राहकाची स्वाक्षरी / Cust. Sign.

Address Proof : ☐ _____ I D Proof : ☐ _____

ओळख / ओळखीचा तपशील
PARTICULARS OF INTRODUCTION IDENTIFICATION

अ. जर अर्जदार बँकेचा/शाखेचा/पुर्वपरिचीत ग्राहक असेल तर खाते क्रमांक
A. If the applicant (s) is / are already a customers, Please give account number ☐☐☐☐ ☐☐☐ ☐☐☐☐☐☐

ब. ओळख देणाऱ्याचे नांव व पत्ता _____
B. Name and Address of Introducer

मी प्रमाणित करतो / करते की, मी श्री./सौ./कु./मे. _____ यांना _____ महिन्या/वर्षापासून
I certify that I have known, Mr./Mrs/.Miss for the last months/year and

ओळखतो आणि प्रमाणित करतो की, यांनी अर्जात उल्लेखीलेला त्याचा व्यवसाय आणि पत्ता माझ्या माहितीप्रमाणे खरा आहे.
Confirm his / her / their occupation and address stated in his / her / their application to open the account.

_____ _____

ओळख देणाराची सही/Signature of the Introducer

सत्यता पडताळणाऱ्याची स्वाक्षरी / Verifying Officer

कार्यालयीन उपयोगासाठी / For Office Use

1. अर्जदारास खाते उघडण्याच्या कारणांची पडताळणी केली. तपशील या प्रमाणे
   Applicant (s) interviewed and purpose ascertaine (description)
2. ओळखदाते बँकेत येवुन त्यांच्या बदल चौकशी करण्यात आली.
   Introducer call at the branch & Interviewed by
3. ओळखदाते बँकेत आले नाहीत परंतु त्यांच्या बदल सत्यता कबुल केली.
   Introducer did not the branch but confirmation obtained by
4. ओळखी संबंधी
   Particulars of identification (Zerox copy of the documents obtained)

खाते उघडण्यात यावे
OPEN THE ACCOUNT ☐

खाते क्रमांक
ACCOUNT NO. ☐☐☐☐ ☐☐☐ ☐☐☐☐☐☐

खाते उघडण्यात येवू नये (कारण द्यावे)
REJECT (GIVE REASONS) ☐

शाखाधिकारी / सक्षम अधिकारी
(Branch Manager / Authorized Official)

सहाय्यक
Assistant

अधिकारी
Officer

नामांकन / Nomination फार्म क्रमांक डी ए 1 / Form No. DA 1

बँकेकडील ठेवीचे संबंधात बॅकींग रेग्युलेशन ॲक्ट 1949 कलम 56 प 45 झेड अे व सरकारी बँकाबाबत (नामनिर्देशन) नियम 1985 चे कलम 2 (1) ला अनुसरून करावयाचे नामनिर्देशित Nomination under section 56 p 45 of the Banking Regulation Act, 1949 and as Applicable Co-op Bank Nomination Rules 1985 section 2 (1) in respect of bank deposits मी / आम्ही I / We

माझे/आमचे खालील दर्शविल्याप्रमाणे तपशीलाप्रमाणे असलेल्या ठेवीच्या रक्कमा माझे/आमचे/अज्ञानाचे मृत्युनंतर स्विकारण्याचा अधिकार नमुद केलेल्या व्यक्तीला हक्कधारक म्हणून देत आहे./आहोत. Nominate the following person to whom in the event of my / our / minors death the amount of the deposit particulars where of are given below.

वारसाचे नाव / Name of Nominee	अर्जदाराशी नाते / Relation With applicant

साक्षीदाराचे सह्या, नाव व पत्ता **ठेवीदारांची सही/अंगठा**

Name (s) Signature (s) and address (es) of witness @ **Signature (s) Thumb impression (s) of depositors (s)**

* ज्यावेळी अज्ञानाचे नावाचे ठेव ठेवली असेल तेंव्हा अज्ञानाचे वतीने व्यवहार करण्याचा कायदेशीर अधिकार असणाऱ्या व्यक्तीनेच हे नामनिर्देशत करावयाचे आहे. ठेवीदाराच्या अंगठ्याचा ठसा देत असेल तर त्याला दोन व्यक्तीची साक्ष आवश्यक आहे. Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor / Thumb impression (s) shall be attested by two witness.

FORM NO. 60 (See third Provision to rule 114 B)

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

1) Full name and address of the declarant _____

2) Particulars of transaction - Account Open 3) Amount of the transaction

4) Are you assessed : No

5) If yes i) Details of Ward / Circle / Range where the last return of income was filed ? ii) Reasons for not having PAN ?

6) Detail of the documents begain produced in support of address in column (1)

VERIFICATION

I _____

do hereby declare that what is started above is true to the best of my knowledge and behalf.

verified today, the _____ day of _____ 20 _____

Date : _____ Place : _____

Signature of the declarant

FORM NO. 61 (See Provision to clause (a) of rule 114 C)

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

1) Full name and address of the declarant

2) Particulars of transaction - Account Open

3) Details of the document being produced in support of address in column (1) Yes / No

I herey declare that my source of income is from agriculture and I am not required to pay income-tax on any other income, if any

Date : _____ Place : _____

VERIFICATION

I _____

do hereby declare that what is started above is true to the best of my knowledge and behalf verified today the _____ day of ___ 20___

Date : _____ Place : _____

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

a) Ration Card b) Passport, c) Driving Licence d) Identity Card issued 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 is support of his address given in the declaration.

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application form Individual

Instruction :
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

Application Type ☐ New ☐ Update
Account Type * ☐ Normal ☐ Small
KYC Number

Photo

PERSONAL DETAILS

Name * :
Maiden Name (if any*) :
Father/Spouse Name * :
Mother Name * :
Date of Birth * :
Gender* : ☐ Male ☐ Female ☐ Transgender
Marital Status * : ☐ Married ☐ Unmarried Nationality* ☐ Indian ☐ Others
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 ☐ House wife
☐ Student ☐ Residence for Tax purposes in jurisdiction (s) outside India ☐ Other

Tick if application .
ADDITIONAL DETAILS REQUIRED* *(If Applicant is residental side India for Tax purposes)*
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)*
☐PAN ☐UID (Aadhaar) ☐UID (Aadhaar) ☐NREGA Job Card
☐Passport Number ☐NREGA Job Card ☐Other
☐Driving License Passport Expiry Date
Driving License Expiry Date

☐ PROOF OF ADDRESS (POA)*
CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS
Line 1*
Line 2*
Line 3*
State / U.T.* Pin / Post code : City / Town / Village : ISO - 3166 Country Code :
Proof of ☐ Passport ☐ Driving License ☐ Aadhar Card
Address* ☐ Voter Identity Card ☐ NREGA CARD ☐ Others

CORRESPONDENCE / LOCAL ADDRESS DETAILS
Same as Current / Permanent / Overseas Address details
Line 1*
Line 2*
Line 3*
State / U.T.* Pin / Post code : City / Town / Village : ISO - 3166 Country Code :

ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT*
☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details
Line 1*
Line 2*
Line 3*
State / U.T.* Pin / Post code : City / Town / Village : ISO - 3166 Country Code :

ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT*
☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details
Line 1*
Line 2*
Line 3*
State / U.T.* Pin / Post code : City / Town / Village : ISO - 3166 Country Code :

☐ CONTACT DETAILS :
Tel. (Off.) Tel. (Resi.) : Mobile :
FAX E-mail ID :

☐ DETAILS OF RELATED PERSON :
☐ 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 *

PROOF OF IDENTITY (POI) * UID (Aadhar)
PAN NREGA Job Card
Voter ID Card Other
Passport Number Passport Expiry Date :
Driving License Driving License Expiry Date :

☐ OTHER DETAILS Below 1 Lac 5 Lac to 10 Lac 10 Lac to 15 Lac 15 Lac to 25 Lac 25 Lac and above
Income Range :
Net Worth Below SSC SSC HSC Graduate Masters Professional (CA, CS, CMA, Othrrs)
Educational Qualification Politically Exposed Person Related to Politically Exposed Person
Please Tick in Applicable
AnyOther information

APPLICANT DECLARATION

I here by 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 urture 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 of Applicant

Place :
Date :

ATTESTATION / FOR OFFICE USE ONLY

Documents Received :
Risk Category :
In Person Verification Details : Institution Details
Identity Verification : Done
Date :
E.m.p. Name :
E.m.p. Designation :
E.m.p. Branch :
Signature :