TJSB SAHAKARI BANK LTD. MULTI-STATE SCHEDULED BANK

Regd. office : TJSB House, Plot No. B-5, Road No.2,
Wagle Estate, MIDC, Thane (W) 400604. Ph. : 69368500

KYC FORM
(FOR INDIVIDUAL)

PASSPORT SIZE PHOTO

THUMB / SIGNATURE

Date : D D – M M – Y Y Y Y

Branch _____ Branch Code

Customer ID

Account NO.

CKYC NO.

APPLICANT DETAILS

	Prefix	First Name	Middle Name	Third Name	Last Name
Applicant Name					
Father's Name*:					
Spouse Name*:					

(Mandatory if Marital status is "Married")

Mother's Maiden Name*:

Date of Birth*: D D – M M – Y Y Y Y Gender*: Male Female Transgender

Marital Status*: Married Unmarried Others Please specify _____

Nationality*: Indian Others(ISO3166 Country Code):

Residency / Domicile Status* : Resident Non Resident

Country of Birth*: _____ ISO 3166 Country code of Birth* :

Senior Citizen: Yes No

TJSB Staff Category: Permanent Retired Not applicable

Qualification: Illiterate Undergraduate Graduate Postgraduate Others Please specify _____

Occupation*: Service (Private Sector Public Sector Government Sector) Retired Housewife Student Others Please specify _____
Professional Self Employed Business *Please specify line of Profession/Self Employed/Business _____

Religion*: Hindu Muslim Christian Buddhist Jain Jew Parsi Sikh Other

Caste*: General Other Backward Class Scheduled Caste Scheduled Tribe Nomadic Tribe Backward Not disclosed
Others Please specify _____

Special Needs: Visually Impaired Differently Abled

Income Details : 0 Upto 2.5 lacs Above 2.5 lacs upto 5 lacs Above 5 Lacs upto 10 Lacs Above 10 Lacs upto 15 Lacs
Above 15 lacs upto 20 lacs Above 20 lacs

Annual Income*: Rs. _____ Amount in words _____

Source of Funds*: _____

PAN DETAILS

PAN No. Form 60

LIST OF DOCUMENTS SUBMITTED*

List of documents	Document reference No.	Tick as applicable		Date of Issue (wherever available) DD-MM-YYYY	Date of expiry (wherever available) DD-MM-YYYY
		Proof Of Identity	Proof Of Address		
PAN / Form 60					
Aadhar					
VID No.					
Passport					
Driving License					
Voters ID Card					
NREGA Job card					
Letter issued by National Population Register					
Other Deemed OVD 1.					
2.					
3.					

VISA DETAILS (Applicable only for NRI Customer)

TYPE OF VISA	ISSUE DATE	EXPIRY DATE	PLACE OF ISSUE	NATIONALITY

PERMANENT ADDRESS*

Address line 1

Address line 2

Address line 3

Village Taluka District City

State Pin Code Post Office

CORRESPONDENCE / PRESENT ADDRESS* ☐ Same as Permanent Address

Address line 1

Address line 2

Address line 3

Village Taluka District City

State Pin Code Post Office

OVERSEAS ADDRESS* (Applicable only for NRI Customer)

Address line 1

Address line 2

Address line 3

City Postal Code

State

CONTACT DETAILS

Primary Mobile Number* Alternate Mobile / Telephone No.

Email ID :

(mandatory for availing Net / Mobile Banking facility)

EMPLOYER / BUSINESS DETAILS

Name of Organization:

Designation :

Date of Joining / Establishment D D – M M – Y Y Y Y Office Telephone No.:

Employer / Business Address:

Address line 1

Address line 2

Address line 3

Village Taluka District City

State Pin Code Post Office

PEP DETAILS

Are you PEP (Politically exposed Person) * ☐ Yes ☐ No (Indian / Foreign PEP)

Are you family member/close associate of PEP?* ☐ Yes ☐ No

If yes, please give below details –

Sr.No.	Name of PEP	Relationship with PEP

NOMINATION

Nomination: ☐ Required ☐ Not Required (The Bank has explained to me the advantages of nomination facility. However I do not wish to nominate any person)
I/We _____ nominate below mention nominee whom in the event of my / our death the amount of deposit, particulars where of are given below may be returned by _____ Branch.
Whether nominee name to be printed - ☐ YES ☐ NO

Name of the Nominee	Age	Date of Birth	Relationship with Depositor	Percentage %

Address: _____

City _____ State _____ Pin Code ☐☐☐☐☐☐

As the nominee is a minor on this date, I / We appoint Guardian to receive the amount of the deposit in the account on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

☐ Guardian details :

Name of the Guardian	Age	Date of Birth of Guardian	Relationship with Nominee

Address: _____

City _____ State _____ Pin Code ☐☐☐☐☐☐

Date*: D D M M Y Y Y Y Place: _____

Thumb /Signature of Account Holder

1. _____ Name
2. _____ Name
3. _____ Name
4. _____ Name

Note: If the Depositor is illiterate, thumb impression should be attested by two witnesses

Signature of witness no. 1 _____
Name: _____
Address: _____
_____
Contact No. _____

Signature of witness no. 2 _____
Name: _____
Address: _____
_____
Contact No. _____

Whether nominee is an existing customer ☐ Yes ☐ No If yes, Cust. ID of the nominee ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Whether Guardian is an existing customer ☐ Yes ☐ No If yes, Cust. ID of the Guardian ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

FATCA/ CRS Compliance

Residence for tax purpose in jurisdiction(s) outside India
ISO 3166 Country code of Jurisdiction of Residence* ☐☐
Tax Identification Number or equivalent (If issued by jurisdiction*)

Country of Tax Residency	PAN/TIN (Tax Identification Number) / Functional Equivalent	PAN/TIN Issuing country / Functional Equivalent Issuing Country	Expiry date	Documents provided#

Are you US citizen ☐ Yes ☐ No Are you Green Card Holder ☐ Yes ☐ No Are you Resident of US ☐ Yes ☐ No

a. In case any of the above responses indicate that you are a US person or a person resident outside of India for tax purpose and you do not have Taxpayer Identification Numbers/functional equivalent, please complete and sign the Self-Certification.

b. In case you are declaring US person status as 'No' but your Country of Birth is US, please provide document evidencing Relinquishment of Citizenship. If not available provide reasons for not having relinquishment certificate _____ Please also fill the Self-Certification.

(i) Under penalty of perjury, I/we certify that:

1. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the account holder is identified as a US person)
2. The applicant is an applicant taxable as a tax resident under the laws of country outside India. (This clause is applicable only if the account holder is a tax resident outside of India)

(ii) I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. The Bank is not able
to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.

(iii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.

(iv) I/We agree that as may be required by domestic regulators/tax authorities the Bank may also be required to report, reportable details to CBDT or close or suspend my account.

v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Name : _____

Date: D D – M M – Y Y Y Y

Signature:

Place: _____

#Self attested copy of documentary evidence for TIN/ Functional Equivalent and tax residency should be mandatorily provided.

#Functional Equivalent of TIN includes the following: Social security/insurance number, Citizen/Personal identification/services code/National identification number, Resident / Population registration number, Alien card number, etc.

CONSENT

1. I/We agree to provide biometric scan or One Time Password (OTP) as received from UIDAI or Aadhar card photocopy details as requested by TJSB Sahakari Bank Ltd., for my/our KYC formalities.
2. I/We have no objection for TJSB Bank for downloading, validating, storing, sharing my/our KYC details through TJSB E-KYC online system using my/our Aadhar number or
   Aadhar card which is provided by UIDAI.

Date: D D – M M – Y Y Y Y

Signature:

Place: _____

Note: If the Applicant is illiterate, thumb impression should be attested by two witnesses

Signature of witness no. 1 _____

Name: _____

Address: _____

_____

Contact No. : _____

Signature of witness no. 2 _____

Name: _____

Address: _____

_____

Contact No. : _____

FOR BRANCH USE ONLY

Documents Received ☐ Self-Certified ☐ True Copies ☐ Notary

IN PERSON VERIFICATION CARRIED OUT BY ☐ Staff ☐ BC

Identity Verification ☐ Done Date D D – M M – Y Y Y Y

Emp./BC Name

Emp./BC Code

Emp. Designation

Emp./BC Branch

[Emp./BC Signature]

Risk Category : ☐ High ☐ Medium ☐ Low

☐ CDD Obtained ☐ EDD Obtained (as applicable)

INSTITUTION DETAILS

Name TJSB SAHAKARI BANK LTD.

Code IN0860

Manager's Signature

Bank Seal