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 NON-INDIVIDUAL)

Date: D D – M M – Y Y Y Y

Branch _____ Branch Code

Customer ID :

Account No. :

CKYC No. :

ENTITY NAME

Name of ☐ Proprietor ☐ Partner ☐ Director ☐ Karta ☐ Authorised Signatory ☐ Other Please specify_____ (Please tick as applicable)

	Prefix	First Name	Middle Name	Third Name	Last Name
1.					
2.					
3.					
4.					

PAN DETAILS

PAN No. ☐ Form 60 (Not applicable to Company, LLP)

ENTITY DETAILS

Date of incorporation of business*: D D – M M – Y Y Y Y

Date of commencement of business: D D – M M – Y Y Y Y

Country of incorporation*: (ISO 3166 Country Code)

Country of activity*: (ISO 3166 Country Code)

Legal Form*: _____

GSTIN No. : Primary

1 ☐ Yes ☐ No

2 ☐ Yes ☐ No

3 ☐ Yes ☐ No

Residency/Domicile status*: ☐ Resident ☐ Non Resident

IEC Code: LEI code:

TAN: SEZ linked account: ☐ Yes ☐ No

CIN NO. :

Industry Type*: ☐ Manufacturing ☐ Service ☐ Professional ☐ Real Estate ☐ Trade ☐ Others specify_____

Industry Sub-type* _____ BSR Code*: _____

Line of Business* (Business Details)_____

Net Worth*: ☐ 0 Upto 5 lacs ☐ Above 5 lacs upto 10 lacs ☐ Above 10 lacs upto 25 lacs ☐ Above 25 lacs upto 50 lacs ☐ Above 50 lacs upto 1 Crore ☐ Above 1 Crore Upto 3Crore ☐ Above 3 Crore Upto 5Crore ☐ Above 5 crore

Annual Income* : Rs._____ Amount in Words _____

Annual Sales/Receipts: _____ Projected Sales/Receipts :_____

CONSTITUTION

☐ Sole Proprietor ☐ HUF ☐ Partnership Firm ☐ LLP ☐ Private/Public Trust ☐ Registered Society ☐ Club ☐ Govt/Semi Govt body

☐ Public Ltd Co ☐ Private Ltd Co ☐ Association of Persons ☐ Body Of Individual ☐ Trust ☐ Others specify _____

Whether Non Profit Organisation: ☐ Yes ☐ No

If Yes, submit DARPAN Registration Certificate (to mention DARPAN unique ID no.)

REGISTERED ADDRESS/ PERMANENT ADDRESS*

Address line 1

Address line 2

Address line 3

Village Taluka District City

State Pin Code Post Office

PRINCIPAL PLACE OF BUSINESS* ☐ SAME AS REGISTERED ADDRESS

Address line 1

Address line 2

Address line 3

Village Taluka District City

State Pin Code Post Office

CORRESPONDENCE / PRESENT ADDRESS SAME AS ☐ REGISTERED ADDRESS OR ☐ PRINCIPAL PLACE OF BUSINESS

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

Country

CONTACT DETAILS

Mobile Number for SMS Registration*: Secondary Mobile / Telephone No.

Email ID* :

Website :

LIST OF DOCUMENTS SUBMITTED*

List of documents	Applicable to	Document ReferenceNo.	Tick as applicable		Date of Issue (wherever available)	Date of expiry (wherever available)
			Proof Of Identity	Proof Of Address	DDMMYYYY	DDMMYYYY
PAN	All					
FORM60	Otherthan Co. & LLP					
MSME Certificate	All					
Udyam Aadhar	Co.					
Certificate of Incorporation	Co.					
Certificate of Commencement	Co.					
Bye laws	Soc. /Trust					
Registration Certificate	Co. / Soc / Trust / LLP/ OPC					
Registered Partnership Deed	Partnership					
Memorandum/Articles of Association	Co. / LLP					
Trust Deed	Trust					
HUF Declaration	HUF					
Shop & Establishment License	All					
GST Certificate	All					
Utility Bill	All					
ITR	All					
Resolution/request to open account & mode of operation	All					
Power of Attorney granted to its Manager/ Officer or Employees to transact on its beha	All					
List of Directors/Authorised Signatories & their addresses/Form 32	Pvt. Ltd. Co. / Public Ltd. Co					
List ofPartners	Partnership					
List of Trustees/ Settlors/ Beneficiaries of Trust / Protector	Trust					
Other : 1.						
2.						
3.						

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 ☐☐☐☐☐☐☐☐☐☐☐☐☐

BENEFICIAL OWNER DECLARATION

(Applicable to Company (except the Company listed on a Stock exchange or in case of subsidiary of such a Company) Partnership Firm, Unincorporated Association or Body of Individuals & Trusts)
We hereby confirm that on the below date:
The following natural person(s) (listed in Table below) exercise control or ultimately have a controlling ownership interest i.e. having ownership / entitlement of more than

- 10% for Company / Partnership firm / Trust
- 15% for Unincorporated association or Body of individuals of capital/profits/property or controlling through voting rights, agreement, arrangement etc.

Sr. No	Full Name of Beneficial owner/ controlling natural person	Nature of Control	
		By Shareholding	By Management Control

We certify that the facts stated above are true and correct. We undertake and agree that we will notify TJSB Sahakari Bank Ltd. without delay of any changes in the controlling persons, person exercising control or having controlling ownership interest in the Company, partnership firm, unincorporated association or body of individuals and trusts, as declared in the table above.

DECLARATION

I/ We hereby declare that the information and declaration/s furnished above is/are true and correct to the best of my/our knowledge.

Date: D D – M M – Y Y Y Y

Place: _____

_____

Stamp & Signature of all Authorised Signatories

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