

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.)

MODE OF OPERATION

☐ Self / Proprietor ☐ Any one of the Partners / Directors ☐ Karta of HUF ☐ Under POA / Mandate ☐ All jointly ☐ Other : specify_____

PAYMENT DETAILS FOR OPENING OF ACCOUNT

☐ Cash Rs. _____ Amount in Words _____

☐ Transfer

Debit Current / Savings A/c. No. Cheque No. Rs. _____

Amount in words _____ Dated

Drawn on _____ Bank _____ Branch _____

MATURITY INSTRUCTIONS FOR TERM DEPOSIT

Auto Renewal

Number of renewals: _____ (Max. 99 times)

☐ Principal & Interest

☐ Renewal with Addition/Reduction of Rs. _____ from/to my/our A/c No. _____ at _____ Branch

☐ Renew with Product Switch to: ☐ CF ☐ STD ☐ FDR-M ☐ FDR-Q ☐ FDR-H ☐ FDR-Y ☐ Other, Specify _____ for _____ Months _____ Days

☐ Principal Only & Interest Credit to

Account No. : _____ IFSC Code: _____

Bank Name: _____ Branch Name: _____

Close:

☐ Principal & Interest credit to

Account No. :																	IFSC Code:																
Bank Name:																	Branch Name:																

On completion of number of auto renewals opted above, Term Deposit will be closed & the proceeds will be credited to the Customer Account mentioned in "Maturity Instruction" above.

STANDING INSTRUCTIONS

Please pay interest at Monthly/Quarterly/Half Yearly/Yearly intervals by -

☐	Credit to SB/CD/CC/OD A/c no.		at		Branch
☐	Pay order				
☐	By NEFT				
	Beneficiary A/c No. :		Bank Name:		Branch Name:
	IFSC Code:				
☐	Please debit Monthly RD installment of Rs. _____ from my/our SB/CD/CC/OD Account No. _____				
	at		Branch.		

FACILITIES REQUIRED

☐ Cheque Book ☐ Internet Banking ☐ Mobile Banking ☐ SMS ☐ E-statement: ☐ Daily ☐ Monthly ☐ Locker ☐ Demat ☐ QR Code

☐ Debit Card : ☐ Regular ☐ Prepaid

(Separate application forms to be obtained for every facility required)

[illegible]

CONTACT DETAILS

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

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												

LIST OF DOCUMENTS SUBMITTED*

List of documents	Applicable to	Document Reference No.	Tick as applicable		Date of Issue (wherever available) DDMMYYYY	Date of expiry (wherever available) DDMMYYYY
			Proof Of Identity	Proof Of Address		
PAN	All					
FORM 60	Other than 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 behalf	All					
List of Directors/Authorised Signatories & their addresses/Form 32	Pvt. Ltd. Co. / Public Ltd. Co.					
List of Partners	Partnership					
List of Trustees/ Settlers/ Beneficiaries of Trust / Protector	Trust					
Other :						
1.						
2.						
3.						

CONTACT PERSON DETAILS*

1. Name of Contact Person: _____

Designation: Department: Mobile no.:

Email ID:

2. Name of Contact Person: _____

Designation: Department: Mobile no.:

Email ID:

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.

CREDIT FACILITIES

- ☐ We do not enjoy any credit facilities with other Banks.
- ☐ We enjoy the following credit facilities with other Banks ☐ NOC attached

Sr No	Bank Name & Branch	Type of Facility	Amount (Rs. Lacs)	Authorised Signatories Signature

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*: Place: _____

Stamp & Signature of all Authorised Signatories

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

[illegible]

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															Risk Category : ☐ High ☐ Medium ☐ Low ☐ CDD Obtained ☐ EDD Obtained (as applicable)																																		
IN PERSON VERIFICATION CARRIED OUT BY ☐ Staff ☐ BC															INSTITUTION DETAILS Name TJSB SAHAKARI BANK LTD. Code IN0860																																		
Identity Verification ☐ Done Date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">D</td><td style="width: 20px;">D</td> <td style="width: 20px;">M</td><td style="width: 20px;">M</td> <td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td> </tr> </table>																									D	D	M	M	Y	Y	Y	Y																	
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[Emp./BC Signature] Manager's Signature																																																	

FOR CPC USE ONLY			
	Employee Code	Employee Name	Employee Signature
Scrutinised by			
Entered by			
Authorised by			

TERMS & CONDITIONS/ DECLARATIONS/CONSENT

DECLARATION:

1. I/We confirm that, I am/ we are resident/s of India.
2. I/We have read and understood the terms and conditions as displayed on the Bank's Website (www.tjsbbank.co.in), governing the opening of an account with TJSB Sahakari Bank Ltd and those relating to use of various services including but not limited to ATM/RuPay Debit Card/Net Banking.
3. I/We declare and state that I/We will adhere to stipulated norms related to Debit Cards specified by the Bank.
4. I/We hereby declare that I/We are voluntarily submitting and/or are voluntarily desirous to undergo Aadhar Authentication process provided by the Unique Identification Authority of India (UIDAI) for availing subsidies, benefits / services covered by Section 7 of the Aadhar Act, for the purpose of transfer of any monetary subsidy or benefit to my / our account as Well as for facilitating the withdrawal of money by me/us through Aadhar based micro-ATM machine, AePS, Bhim Aadhar Pay etc. I/We request to link the account to my / our Aadhar number/s submitted to you for receiving subsidy government benefits. I/We declare that I/We am/are voluntarily providing physical copy of the Aadhar card for establishment of KYC/e-KYC for opening of my / our account with TJSB Sahakari Bank Ltd. _____ branch and/or for KYC/ e-KYC updation in respect of my/our existing account bearing account number _____ with TJSB Sahakari Bank Ltd. _____ branch. I/We hereby give my consent to UIDAI/ TJSB Sahakari Bank Ltd. for sharing my E-KYC data. I/We have no objection for TJSB Sahakari Bank Ltd. 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. 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., staff members for my/our KYC formalities.
5. I/We undertake to inform the Bank about any changes in the status of account holders/ accounts or disputes arising between the account holders or in respect of the above accounts and hereby indemnify the Bank and its officials against any loss or damage suffered or incurred by the Bank by reason of failure by me / us to inform the Bank about any changes/disputes.
6. The information provided by me/us in this form is in accordance with Section 285BA of The Income Tax Act, 1961 read with the Rules 114F to 114H of The Income Tax Rules, 1962. It shall be my/our responsibility to educate myself/ourselves and to comply at all times with all relevant times with all relevant laws relating to reporting under Section 285BA of the Income Tax Act, 1961 read with the Rules thereunder.
7. I/We agree that I/We shall be entirely responsible for any funds transferred from my / our Internet Banking registered account/s to any third-party beneficiary/s account/s that I / we register using Internet Banking.
8. I/We indemnify and agree to keep the Bank indemnified for all and / or any losses, cost, expenses etc. suffered or incurred by the Bank by reason of incorrect / incomplete information being furnished and for by reason of misuse of the Mobile Banking etc.
9. I/We shall take all precautions to protect my / our account details to avoid any unauthorized use. TJSB Sahakari Bank Ltd. shall not be liable for any losses arising from my / our sharing / disclosing of Login id, Password, Cards, Card numbers or PIN (personal identification number) to anyone, nor shall make claims on the bank for any unauthorized use.
10. I/We hereby agree to the Bank merging my/our customer identification number across all my relationship with the Bank so that the Bank shall allot me a Unique Customer Identification Code as mandated by the Reserve Bank of India.
11. I/We accept and agree to be bound by the said terms & conditions including those excluding/limiting the Bank's liability.
12. I/We agree that the bank may debit my account for the service charges as applicable from time to time.
13. I/We understand and undertake that the usage of the Debit Card shall be strictly in accordance with the Exchange Control Regulation and in the event of any failure to do so, I/we will be liable for the action under the Foreign Exchange Management Act, 1999 and the amendments thereof stipulated by the Reserve Bank of India.
14. The terms and conditions of opening and maintaining the current account have been explained to me by the Branch officials and I/we agree to be bound by the same.
15. I/We hereby confirm that my/our latest colour photograph has been affixed and I/We have submitted a self-attested photocopy KYC document in support of POI & POA. The information provided by me/us on this form is true, correct & complete. I/We also confirm that I/We are aware of the FATCA/CRS terms & conditions & hereby accept the same.
16. I/We certify that the information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best my/our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment / categorization of the account as a Reportable Account or otherwise.
17. I/We permit/authorise the Bank to collect, store, communicate and process information relating to the Account and all transactions therein, by the Bank and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
18. I/We also agree that my/our failure to disclose any material fact known to me/us, now or in future, may invalidate my/our application and the Bank would be within its rights to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) / RBI for the purpose or take any other action as may be deemed appropriate by the Bank if the deficiency is not remedied by me/us within the stipulated period.
19. I/We hereby accept and acknowledge that the Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the Bank.
20. I/We also agree to furnish such information and/or documents as the Bank may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
21. I/We shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.
22. I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I/We hereby give consent to the Bank for downloading my/our CKYC record from Central KYC Records Registry.
23. I/We have been explained about the nature of information that may be shared upon authentication. I/We have been given to understand that my information submitted to the bank, herewith, shall not be used for any other purpose than mentioned above, or as per requirements of law.
24. If there is a mismatch in my Date of Birth / Name / Middle Name / Third Name / Surname in the document(s) submitted by me. I, hereby, confirm that the Date of Birth / Name / Middle Name / Third Name / Surname mentioned in this form is/are correct. I/We, hereby, indemnify TJSB Sahakari Bank Ltd against any claims and damages incurred by TJSB Sahakari Bank Ltd for relying and acting on this declaration.
25. I have affixed my present signature in the Account Opening Form. Since, I do not have any document with my present signature, I have signed in the presence of Bank staff and have submitted my latest identity proof document - _____. I confirm my identity; a copy of my identity proof is enclosed, herewith. Request you to consider my signature on the Account Opening Form, as my present signature.
26. I/We hereby agree that in the event of any change in my correspondence address, I/We will immediately inform the Bank. In case the address submitted by me as proof, undergoes a change, I/We note to submit the fresh proof of address to the Branch for updating in the account records. I/We further confirm that if the copy of the proof of address if not submitted to the satisfaction of the bank, within 6 months, the Bank shall have the right to freeze / close the account. I/We, hereby, indemnify TJSB Sahakari Bank Ltd against any claims and damages incurred by TJSB Sahakari Bank Ltd for relying and acting on this declaration.

CURRENT BANK ACCOUNT - RULES AND REGULATIONS:

1. The Current Bank accounts should be used to route transactions of only business & commercial nature. In the event of occurrence of transactions that may be construed as dubious or undesirable, the Bank reserves the right to unilaterally freeze operations in such accounts and / or close the accounts.
2. The customer should maintain minimum Average Quarterly Balance as may be required from time to time in the account as communicated at the time of opening of the account. Changes in the bank / service charges or minimum balance requirements are displayed on the notice board of the branches and on the website. The non-maintenance of the adequate balance shall automatically entitle the Bank to levy the charges for non-maintenance of the average balance. In such an event, the Bank shall have first right to set-off any available credit that may be available in the account including from amounts flowing into the said account from the collection proceeds or any deposits.
3. Notwithstanding the above, if the Bank is of the opinion that if the customer does not maintain the Average Quarterly Balance and / or if the account remains a Zero balance account and / or the overall conduct of the account is not satisfactory, the Bank shall have a right to close the account by issuing 15 days' notice. In the event, if the said account is funded within 15 days period the Bank may not exercise the said right to closure. If not, the Bank shall close the account by giving 15 days notice to the customer.

4. If there is no transaction in the account for 2 years the account automatically gets classified as a inoperative account whereupon further debit transactions are not permitted in the ordinary course. A request for activation of the account has to be made by the customer with fresh KYC documents.
5. Any special instructions, both financial and non-financial in nature, like Standing Instructions, Stop Payment instructions, Issuance of cheque books, Demand Drafts, Pay Orders, Issuance of duplicate card / PIN must be communicated in writing. Otherwise, it shall not be binding on the Bank to comply with such instructions. Charges as applicable will be levied to the customer.
6. Availing of the Anywhere Branch Banking (ABB) facility and the At Par Cheque facility is contingent upon the limits and service charges stipulated for these facilities.
7. Any change of address should be immediately communicated in writing to the Bank along with Address Proof.
8. The Bank reserves the right to close the account in case KYC documents provided for opening the account is not found satisfactory.
9. Information written on the Cheque must be legible. No alteration or overwriting is allowed under CTS Clearing. The date field can be altered by attesting the revised date with your complete signature.
10. Any person resident in India collecting and effecting/remitting payments directly/indirectly outside India in any form towards overseas foreign exchange trading through electronic / internet trading portals would make himself / herself / themselves liable to be proceeded against with for contravention of the Foreign Exchange Management Act (FEMA), 1999 besides being liable for violation of regulations relating to Know Your Customer (KYC) Norms/Anti Money Laundering (AML) standards.
11. The Bank reserves the right to make any changes, alterations, cancellations, in the above rules at any time without notice. Any person opening the account shall be bound by the rules governing the account.
12. I / We understand, that as per RBI guidelines, Bank has the authority to exercise due diligence by closely examining the transactions carried out in my/our account on an on-going basis. This is done in order to ensure that the transactions are in sync with my/our profile as provided while opening the account. If there be any change in my/our profile details, it is my/our responsibility to update the same with Bank Immediately.
13. Sharing of Information/Disclosure:
 - a. The customer by opening & maintaining any account with the bank gives the bank the right to share/disclose customer account/personal information as available with bank with any entity which has the right to access such information which may include but may not be limited to:
 - i. Reserve Bank of India (RBI)
 - ii. Government of India through its authorized representative/body
 - iii. Courts/investigating agencies
 - iv. Securities Exchange Board of India (SEBI)
 - v. Authorized representatives of the Stock exchanges
 - vi. Auditors, professional advisors
 - vii. Third party service providers with whom the bank has executed legal contract on 'Services/Products' and who will need to access the information
 - viii. Any other legal entity/authorized individual who is entitled to such information
 - ix. Credit Information Bureaus including but not limited to CIBIL
 - x. Financial Intelligence Unit (FIU-IND)
 - xi. Income Tax

As may required from time to time to any such regulatory bodies, Law Enforcement bodies, Revenue Authorities and any other Authorities.
 - b. The bank reserves the right to source for any other information about the customer or his accounts/financial condition as may be deemed fit by the bank through whatever sources are available to the bank.
 - c. TJSB Sahakari Bank Ltd. uses customers contact information for service and promotional activities. TJSB Sahakari Bank Ltd. takes express consent from customer on this aspect during account opening.
14. **Fixed Deposit:**
 - i. If a Term Deposit matures and proceeds are unpaid, the amount left unclaimed with the TJSB Sahakari Bank Ltd. shall attract rate of interest as applicable to Savings account or the contracted rate of interest on the matured Term Deposit, whichever is lower.
 - ii. The Deposit is insured in DICGC upto a maximum amount of Rs.5,00,000/-
 - iii. The Bank may, on receipt of written application from the applicant/s the former/the latter/the first name / the second name etc. of us or Either or Survivor of us, in its Any one or Survivors or Survivor of us, absolute discretion and subject to such terms and conditions as the Bank may stipulate, (a) grant a loan/advance against the security of the term deposit receipt to be issued in our joint names or (b) make premature payment of the proceeds of the deposit to the former/the latter/ the first named of us/either the second or survivor of us etc. named of us/any one of us or survivors or survivor of us.

Terms & Conditions of Auto Renewal Term Deposit

1. The Term Deposit receipt is not transferable.
2. Interest on deposit/ maturity value is subject to TDS and interest thereon.
3. If depositor want exemption from TDS, he/ she should furnish in duplicate, Form 15 G/H at fresh creation and every renewal of Deposit. The Bank Shall not be liable for any consequences or losses arising due to delay or non -submission of Form 15G/H. Depositor is also required to submit proof of PAN along with the Form 15 G/H applicable to customer whose taxable Income is NIL.
4. Instruction for disposal of maturity proceeds of the Bank is to be given at the time of booking the Term Deposit. Change in maturity instructions, if any, are to be informed one week prior to date of maturity to the Bank. Please quote the account number for future correspondence with the Bank.
5. Any instructions before maturity, including encashment of Term Deposit before maturity requires the signature of all the depositors alongwith original receipt.
6. If maturity disposal instruction is credit to account / auto renewal, the original Term Deposit receipt stand cancelled.
7. The Bank at its discretion can allow premature withdrawal of Term Deposit, subject to payment of penal interest.
8. If the Term Deposit remains unclaimed for more than 10 years post maturity, it will be transferred to RBI's DEAF (Deposit Education and Awareness Fund) scheme as per extant RBI guidelines.
9. The Bank would not be responsible for any dispute with respect to proceeds being transferred to Current account irrespective of difference in the nominees. i.e., if nominee for the Term Deposit accounts and nominee for the Current account where mandate is given are different, the Bank would not be responsible for the same. The mandate given by the customer while placing the Term Deposit will be construed as final.
10. The Bank reserves the right to change the rules from time to time without prior notice to the depositors and such rules shall be applicable from the date they are made effective.

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1ST APPLICANT DETAILS

PASSPORT SIZE
PHOTO

THUMB / SIGNATURE

Branch _____ Branch Code

Customer ID

CKYC NO.

APPLICANT DETAILS

Applicant Name

Father's Name*

Spouse Name*

Mother's Maiden Name*

Date of Birth*

Gender*

Marital Status*

Nationality*

Residency / Domicile Status*

Country of Birth*

ISO 3166 Country code of Birth*

Senior Citizen:

TJSB Staff Category:

Qualification:

Occupation*

Religion*

Caste*

Special Needs:

Income Details:

Annual Income*: Rs.

Source of Funds*:

Prefix

First Name

Middle Name

Third Name

Last Name

(Mandatory if Marital status is "Married")

DD-MM-YYYY

Male

Female

Transgender

Married

Unmarried

Others Please specify

Indian

Others(ISO3166 Country Code):

Resident

Non Resident

Yes

No

Permanent

Retired

Not applicable

Illiterate

Undergraduate

Graduate

Postgraduate

Others Please specify

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

Hindu

Muslim

Christian

Buddhist

Jain

Jew

Parsi

Sikh

Other

General

Other Backward Class

Scheduled Caste

Scheduled Tribe

Nomadic Tribe

Backward

Not disclosed

Others Please specify

Visually Impaired

Differently Abled

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

Amount in words

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.					

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										

CONTACT DETAILS

(First Holder's Address, Email ID and Alternate Contact details will be marked for all communication)

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										DD-MM-YYYY					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 DETAILSAre 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

FATCA/ CRS DECLARATION**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 ☐ NoAre you Green Card Holder ☐ Yes ☐ NoAre 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.

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.

Place: _____

#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.

FATCA/ CRS SELF CERTIFICATION

I confirm that I am neither a US person nor a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and residency in India.

Signature: _____

Place: _____

☐ Passport ☐ Voter ID Card ☐ Driving License ☐ Aadhar card ☐ NREGA Job card

DECLARATION

Place : _____

FOR BRANCH USE ONLY

[Emp./BC Signature]

Code IN0860

Manager's Signature

Bank
Seal

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