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

Branch ________________ Branch Code ☐☐☐ Date: D D - M M - Y Y Y Y

ACCOUNT OPENING FORM FOR NON RESIDENT INDIVIDUAL

(● Please tick on appropriate check box ● options marked with "*" are mandatory ● To be filled in Blue/Black Ink and Capital Letters only.)

(FOR BRANCH USE ONLY)

☐ Walk In ☐ Employee ☐ BC/BF ☐ Call Centre ☐ Other

Customer Sourced by
- Employee/BC /BF Name
- Employee/BC /BF Code
- Employee/BC/BF CIF

Case Initiation No.

TYPE OF ACCOUNT

☐ NRE Savings ☐ NRO Savings ☐ NRE SBS ☐ RFC ☐ Other Specify ____________________

☐ Term Deposit : **NRO Term Deposit**

☐ NROSTD ☐ NROCF ☐ NROFDR-M ☐ NROFDR-Q ☐ NROFDR-H ☐ NROFDR-Y ☐ NRO RD ☐ KBDS

NRE Term Deposit

☐ NRECF ☐ NREFDR-M ☐ NREFDR-Q ☐ NREFDR-H ☐ NREFDR-Y ☐ NRE RD

FCNR (B)TERM DEPOSIT

☐ USD ☐ EUR ☐ GBP ☐ AUD ☐ SGD ☐ CAD

Amount (in FCY) ______________ (In words____) @_______% p.a. Tenure:_____Months______Days

FOR NEW CUSTOMER

1. Customer ID
2. Customer ID
3. Customer ID
4. Customer ID

Account No.

FOR EXISTING CUSTOMER

Are you an existing Account Holder of TJSB Bank ? If yes, please provide your -

Customer ID Account No.

APPLICANT NAME/S

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

VISA DETAILS

APPLICANT	TYPE OF VISA	ISSUE DATE	EXPIRY DATE	PLACE OF ISSUE	NATIONALITY
1ST APPLICANT					
2ND APPLICANT					
3RD APPLICANT					
4TH APPLICANT					

ACCOUNT IN THE NAME OF MINOR

Relationship with Minor ☐ Father ☐ Mother ☐ By Court order (if yes please attach a copy) ☐ Other (please specify) ____________________

I hereby declare that the date of birth D D - M M - Y Y Y Y of the minor who is my ____________________ and I am his/her natural guardian / lawful guardian appointed by the court order dated D D - M M - Y Y Y Y (copy enclosed). I shall represent the said minor in all future transactions 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 Parent/Guardian

INITIAL REMITTANCE

Demand Draft / Cheque No.☐☐☐☐☐☐ dated D D - M M - Y Y Y Y for USD/ GBP/ EUR/ CAD/ AUD/ SGD/ JPY/ CHF/ HKD/ INR______________

enclosed Mail Transfer Telegraphic Transfer no.__________________________dated D D - M M - Y Y Y Y sent through____________________

MODE OF OPERATION

☐ Self ☐ Either or Survivor ☐ Former or Survivor ☐ Anyone or Survivor ☐ All Jointly/Survivors ☐ Minor Alone ☐ Guardian ☐ Other specify______________

STANDING INSTRUCTIONS

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

☐ Credit to NRE / NRO 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 NRE /NRO account ______________

at ______________ Branch.

MATURITY INSTRUCTIONS

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: ☐ NRECF ☐ NROCF Other, Please 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: ______________

☐ Overseas Bank Details : Bank Name ______________ Address ______________

SWIFT Code ______________ IBAN ______________

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.

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: ______________

Signature of Account Holder

1. ______________ Name	2. ______________ Name	3. ______________ Name	4. ______________ Name

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 ______________

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)

Link to existing Card Number

Registered Mobile number for SMS alerts:

Registered Email ID for Email alerts*:

INTRODUCTION BY AN EXISTING ACCOUNT HOLDER (OPTIONAL)

Mr/Mrs

Customer ID NRESB / NROSB / SB /CD/CC/OD A/c.

at Branch ____________________ Tel no./Mobile No.

I know Mr./Mrs____for a period of months/years and confirm his/her address.

Date: D D M M Y Y Y Y

Place: __________________

Signature of Introducer
(Provide Stamp in case introducer is a Company)

DECLARATION

The declaration & undertaking has been explained to me / us in my/our mother tongue. I/we have acknowledge the declaration and undertaking given by Bank.

1st Applicant	**2nd Applicant**	**3rd Applicant**	**4th Applicant**

Date: D D M M Y Y Y Y

Place: __________________

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

FOR CPC USE ONLY

	Employee Code	Employee Name	Employee Signature
Scrutinised by			
Entered by			
Authorised by			

TERMS & CONDITIONS/ DECLARATIONS/CONSENT

1) I am/We are Non-Resident Indian(s) / Foreign National(s) of Indian Origin.

2) I/We understand that the above account will be opened on the basis of the statements/declarations made by me/us and will be opened in the form and as per various Regulations framed under Foreign Exchange Management Act, 1999 ("the Act") and in particular, Foreign Exchange Management (Deposit) Regulations, 2000 ("the Regulations") as amended from time to time. I/We also agree that if any of the statements/declarations made herein is/are found to be not correct in material particulars, you are not bound to pay any interest on the deposit made by me/us and to discontinue the services.

3) I/We hereby agree that the remittance can be converted to USD / GBP/ JPY/ EUR / AUD / CHF / SGD/ CAD / HKD my/our exchange risk in case currency other than the above is deposited/remitted for the purpose of opening Foreign Currency Deposit Account.

4) 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.

5) The account will be put into use only for bonafide transactions not involving any violations of the provisions of any Government/ Foreign Exchange Management (Deposit) Regulations, 2000.

6) I/We agree that the rate and the manner of interest to be paid shall be as per the Regulations and no claim will be made by me/us for any interest on the deposit/s for any period after date/s of maturity of the deposit/s.

7) I/We agree to abide by the provisions of the FCNR (B)/ NRE / NRO/ RFC Accounts scheme as laid down by the RBI and as per the said Act and the Regulations as amended from time to time.

8) I/We hereby undertake to intimate you about my/our return to India for permanent residence immediately on arrival.

9) I/We agree that if premature withdrawal is permitted at my/our request the payment of interest on the deposit may be allowed in accordance with the prevailing stipulations laid down by Reserve Bank of India in this regard and Bank's internal interest rate policy.

10) I/We shall not make available to any person resident in India, foreign currency against reimbursement in Rupees or in any other manner in India.

11) I/We confirm that all debits/credits to my/our accounts shall be as specified in the said Act and the Regulations. Further, in case of NRO A/c, I/We undertake that all debits to my/our accounts for the purpose of investment in India and credits representing sale proceeds of investments in India & income generated from the same shall be in accordance with the Regulations and are covered either by general or special permissions of Reserve Bank of India.

12) I/We will be liable to comply with the rules of the Foreign Exchange Management Act of 1999 and the Regulations and the amendments thereof in force from time to time and as stipulated by the Reserve Bank of India.

13) I/We understand that the Bank may at its absolute discretion, discontinue any of the services completely or partially without any notice to me/us. I/We agree that the Bank may debit my/our account for service charges as applicable from time to time.

14) I/We agree and undertake that in case of FCNR (B) Accounts, if the remittance from outside India is not in designated currency and the same is converted to the designated currency as stipulated in the Regulations, it shall be at my/our entire risk and costs and I/We shall not challenge the rate of conversion.

15) I/We hereby agree and confirm to bear any losses or claims that may arise directly/indirectly on account of the Bank acting on any instructions received by it by fax or any electronic media given by me/us or on my/our behalf and agree to keep the Bank indemnified from any such losses and/or claims.

16) I/We hereby indemnify and forever keep indemnified the Bank and its successors and assigns of, from and against any and all claims, actions, penalties that may be made, suffered or incurred by the Bank by reason of my/our non-compliance with the said Act and/or the Regulations as amended from time to time.

17) I/We hereby declare that only legitimate dues in India which would include current income like rent, dividend, pension, interest etc. sale proceeds of assets including immovable property acquired out of rupee/foreign currency funds by way of legacy/inheritance will be deposited in my/our NRO account with the prevailing stipulations laid by Reserve Bank of India. For NRO accounts, I/We will not make available to any person resident in India any foreign exchange against reimbursement in Indian Rupees or otherwise.

18) I/We understand that 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 along with latest KYC documents.

19) I/We do hereby declare that the information furnished in this form is true to the best of my/our knowledge and belief.

SEAFARER'S DECLARATION

(This declaration may be provided on a separate sheet in case there are more than one account holders who are seafarers).

"I hereby declare and confirm that I am a Non-Resident Indian (NRI), as per the definition under FEMA, 1999 and the Rules and Regulations made thereunder, and I am on contract with ______________________ (company) registered in _____________________ on ____ ____________________ (address of the principal). Request you to open an NRI account in my/our name on the basis of the submitted documents.

I also confirm that I will inform the Bank in the event my status of NRI is changed and take such necessary action as is required under FEMA.

Date: D D M M Y Y Y Y

Place :_________________________

____
Signature of Applicant

PERSON OF INDIAN ORIGIN (PIO)/ OVERSEAS CITIZEN OF INDIA (OCI) DECLARATION: -

(This declaration may be provided on a separate sheet in case there are more than one account holders who are Person of Indian Origin (PIO)).

"I/We hereby declare that I/We am/are a person of Indian origin and satisfy one of the following conditions.
(Please select from below mentioned choices as applicable to you)

- ☐ I held an Indian Passport
- ☐ My mother/father/grandparents (Name) ____ is/was a citizen of undivided India
- ☐ I am spouse of an Indian Citizen
- ☐ I am spouse of a PIO

Date: D D M M Y Y Y Y

Place :_________________________

____
Signature of Applicant

DECLARATION - CUM - UNDERTAKING

(Under Section 10(5), Chapter III of The Foreign Exchange Management Act, 1999)

The TJSB Sahakari Bank Ltd.

____________________________Branch

I/We hereby declare that the transaction details of which are specifically mentioned in the Schedule hereunder does not involve, and is not designed for the purpose of any contravention or evasion of the provisions of the aforesaid Act or of any rule, regulation, notification, direction or order made thereunder. I/We also hereby agree and undertake to give such information / documents as will reasonably satisfy you about this transaction in terms of the above declaration. I / We also understand that if I / We refuse to comply with any such requirement or make only unsatisfactory compliance therewith, the Bank shall refuse in writing to undertake the transaction and shall if it has reason to believe that any contravention / evasion is contemplated by me / us report the matter to Reserve Bank of India. I / We further declare that the undersigned has / have the authority to give this declaration and undertaking on behalf of the firm / company.

____
Signature of the Applicant
for Foreign Exchange

SCHEDULE

All foreign exchange transactions as may be entrusted by us to the Bank from time to time.

____

For Office use Note: (Details of information / documentary evidence to be verified / recorded separately for each transaction)

DOUBLE TAXATION AVOIDANCE AGREEMENT

The TJSB Sahakari Bank Ltd. Date: ________________

______________________ Branch

I____

____

(full name and address) having understood the provisions of the Indian Income Tax Act, 1961 in particular to those related to tax residence and the scope of income taxation declare and confirm that:

1) I am / will be a Non-Resident within the meaning of the Indian Income tax Act, 1961 for the Financial Year________________ (i.e., the period from 1st April _____ to 31st March__________). I am a tax resident of the ____________________ (name of country of residence) within the meaning of the Agreement for Avoidance of Double Taxation between India and ___________________ (" the tax treaty" for short) and therefore, entitled to the benefits of the tax treaty.

2) I am the beneficial owner of the interest paid by the Bank during the aforesaid year and Article 11 of the tax treaty will govern the Indian income tax liability on such interest. As such, the Indian income tax will be limited to ___________% of the gross interest paid.

3) I certify that I do not carry on any business through a permanent establishment situated in India or perform in India independent personal service from a fixed base situated in India; or otherwise, the aforesaid NRO deposit is effectively not connected with permanent establishment or fixed base, if any, in India.

4) I undertake to promptly inform the Bank in writing should there be any change in the facts given above. I also undertake to indemnify the Bank for any tax loss (including but not limited to tax, interest and penalty) suffered by the Bank as a result of either relying on this declaration or my delay/default in confirming the change, if any, in the facts mentioned above. The obligation to indemnify shall survive indefinitely.

5) I am aware that TJSB Sahakari Bank Ltd. has agreed to deduct TDS at a lower rate i.e. at the rate prescribed under DTAA between India and ______________, solely at my / our request and based on the above averments made by me. I also undertake to provide fresh tax declaration to the bank for every financial year, along with Tax Residency Certificate obtained from the Government of the country or specified territory of my present residence if applicable, latest by____________________ *. I confirm that my delay or failure to provide such fresh tax declaration will allow the Bank to apply the income tax rate provided in the Indian Income Tax Act, 1961 ignoring the lower rates in the tax treaty. My claim, if any, for refund of excess Indian income tax, if any will lie directly against the Indian Income Tax Department, Ministry of Finance, Government of India and the Bank will not be liable for the same in any manner.

Yours faithfully,

Name: ____

Address: ______________________________________

Indian Income Tax Permanent Account Number (PAN):____________________________

Place: _________________________

* To illustrate, the above tax declaration if applicable for financial year 2013 - 14 will have to be submitted to the Bank by 30th April, 2013.

Date: D D M M Y Y Y Y

Place :_________________________

Signature	Signature	Signature	Signature
Name ______________	Name ______________	Name ______________	Name ______________

Important Note:

- This is NOT available / applicable to individuals who are either "Resident" or "Resident but Not Ordinarily Resident" in India, as defined under the Indian Income Tax Act, 1961.
- DTAA is to be furnished every Financial Year. Additionally, whenever there is a change in Tax Residency status, fresh DTAA is to be furnished.

LETTER OF AUTHORITY (LOA)

To operate the Non-Resident Account (This facility is available for SB - NRO / NRE Accounts)

The Branch Manager,
TJSB Sahakari Bank Ltd.,
____
____

Dear Sir / Madam,

MY / OUR NON-RESIDENT SAVING BANK ________________ (TYPE) ACCOUNT NO. ____________________________ WITH YOU.

I/ We hereby authorise you to honour all cheques/ withdrawals drawn on the above Account with the Bank, Provided such cheques/withdrawals are signed by Mr/ Mrs./Miss ____ whose signature/s duly confirmed by me/us is/are given below provided adequate balance is available in my/our account/s.

The aforesaid Mr./Mrs./Miss ____ is my Father/ Mother / Close relative ("Close relative means Husband, Wife, Brother or Sister or any lineal ascendant or descendant of the individual) ____________________ (Please specify) and he/she is authorised to operate the above Account on my/our behalf, ONLY FOR LOCAL DISBURSEMENTS as per the rules governed by the Foreign Exchange Management Act (FEMA) 1999 and Reserve Bank of India guidelines issued there under from time to time.

This letter of authority is not applicable for the purpose of investments in India / repatriation of funds on my/our behalf.

Specimen Signature/s & Photographs
of Letter of authority holder (s)

Passport size
Photo

____
Signature

☐ Photo Identity Proof of LOA holder
☐ Address Proof of LOA holder

Date: D D M M Y Y Y Y

Place : ________________________

Signature	Signature	Signature	Signature
Name ______________________	Name ______________________	Name ______________________	Name ______________________

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TJSB SAHAKARI BANK LTD. MULTI-STATE SCHEDULED BANK

1ST APPLICANT DETAILS

PASSPORT SIZE PHOTO

THUMB / SIGNATURE

Branch ____________________ Branch Code

Customer ID

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.					

PERMANENT ADDRESS*

Address line 1

Address line 2

Address line 3

Village Taluka District City

State Pin Code Post Office

OVERSEAS ADDRESS*

Address line 1

Address line 2

Address line 3

City Postal Code

State

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 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

FATCA/ CRS DECLARTION

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 : ____________________ Signature:

Date: D D - M M - Y Y Y Y

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.

FATCA/ CRS SELF CERTIFICATION

To be filled only if- (a) Name of the country in Part I is other than India and TIN or functional equivalent is not available, or (b) US person is mentioned as Yes in Part I, and TIN is not available

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.

Name: ____________________ Signature: ____________________

Date : D D - M M - Y Y Y Y

Place: ____________________

Document Proof submitted (Please tick document being submitted)

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

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.

Signature : ____________________

Name : ____________________

Date : D D - M M - Y Y Y Y

Place : ____________________

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

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