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 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

☐ Savings: ☐ Savings Regular ☐ Savings Elite ☐ Savings Silver ☐ Savings Gold ☐ SB NexGen ☐ SB Sanyukta1 ☐ Basic Saving Bank Deposit A/c
☐ Other Specify _____

☐ Term Deposit : ☐ CF ☐ STD ☐ FDR-M ☐ FDR-Q ☐ FDR-H ☐ FDR-Y ☐ RD ☐ KBDS ☐ KBDSCF ☐ Other Specify _____

Reason for opening Account with TJSB Bank _____ Amount Rs. _____

(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.	☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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

PAYMENT DETAILS FOR OPENING OF ACCOUNT

☐ Cash - Rs. _____ Amount in words _____

☐ Transfer

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

Dated D D – M M – Y Y Y Y Drawn on _____ Bank _____ Branch

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 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.

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.

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*: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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 ☐☐☐☐☐☐☐☐☐☐☐☐

INTRODUCTION BY AN EXISTING ACCOUNT HOLDER (OPTIONAL)

Mr/Mrs

Customer ID 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

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

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

Date: D D M M Y Y Y Y

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

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., for my/our KYC formalities.
5. 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.
6. The terms and conditions of opening and maintaining the savings account have been explained to me by the Branch officials and I/we agree to be bound by the same.
7. 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.
8. In case of Joint Account Holders, the Joint Account Holders shall not hold the Bank liable for receiving the E-statement to the designated email address of one of the Account Holder. The Account Holder(s) shall at all times be responsible for updating the details with the Bank from time to time to receive this service uninterrupted from the Bank.
9. I/We agree that I/We shall be entirely responsible for any funds transferred from my / our Digital Banking registered account/s to any third-party beneficiary/s account/s that I / we register using Internet Banking.
10. 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.
11. I/We understand that the Bank at its absolute discretion may discontinue any of the services completely or partially with prior intimation to me/us.
12. 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.
13. I/We agree that the Bank may debit my account for the service charges as applicable from time to time.
14. 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.
15. 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.
16. 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.
17. 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 of 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.
18. 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.
19. 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.
20. 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.
21. 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.
22. I/We shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.
23. 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.
24. 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.
25. 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.
26. 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.
27. 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.

SAVING BANK ACCOUNT - RULES AND REGULATIONS:

1. The Savings Bank accounts should be used to route transactions of only non-business / non- commercial nature. In the event of occurrence of such transactions or any such 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 interest will be paid at quarterly rests on the daily balance in the account.
3. 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 / services 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.

4. 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.
5. If there is no transaction in the account for 2 years the account automatically gets classified as an 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 document.
6. 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.
7. 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.
8. Any change of address should be immediately communicated in writing to the Bank along with Address Proof.
9. The Bank reserves the right to close the account in case KYC documents provided for opening the account is not found satisfactory.
10. 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.
11. 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.
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. In case of minor A/c the guardian will represent the said minor in all transaction of any description in the minor account until the said minor attains majority. The guardian indemnifies the Bank against the claim of the minor for any withdrawals/transactions made in his/her account and the amount withdrawal will be for benefit of the minor.
14. 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.
15. **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 & Interest thereon.
3. If depositor wants 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 along with 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 may allow premature withdrawal of Term Deposit, subject to payment of penal interest.
8. In the event of the death of one of the depositors, premature termination and payment of Term Deposits held in 'Either or Survivor' or Former or Survivor' or 'any one' basis shall be allowed to survivor /s. For such payment, survivor/s shall give valid discharge to the Bank. Such premature withdrawal shall not attract any penal charges.
9. 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.
10. The Bank would not be responsible for any dispute with respect to proceeds being transferred to Savings account irrespective of difference in the nominees. i.e., if nominee for the Term Deposit accounts and nominee for the Savings 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.
11. 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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TJSB SAHAKARI BANK LTD. MULTI-STATE SCHEDULED BANK

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

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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TJSB SAHAKARI BANK LTD. MULTI-STATE SCHEDULED BANK