



Sangli Urban Co. Op. Bank Ltd. Sangli

HEAD OFFICE : 404, Khan Bhag, Sangli 416 416,
Tel : 0233-2376236/37/38, Fax : + 91233-2326571
Visit us : www.sangliurbanbank.in
Email : subsachiv@sangliurbanbank.com

'SUB' का अर्थ, आपका विकास!

Account Opening Form - (Saving/Current/Term Deposit)

Firm/Company/HUF/Societies

Branch :

Date :

Important Instructions :

- A) Fields marked with "*" are mandatory.
- B) Please fill the form in English and in BLOCK letters.
- C) KYC number of entity is mandatory for update application
- D) Please fill the date in DD-MM-YYYY format.

For office use only :

Customer ID

Account No.* Scheme / Deposit Type*

CERSAI KYC Number (Mandatory for KYC updates request)

Account Type* Normal Simplified Small Risk Classification L M H

Nature of Business / Constitution Constitution Code* US Reportable*

Existing Customer* Yes No Branch* Customer ID

Account to be opened* Saving Current Recurring Pigmy Term Deposit

Deposit Type* Term Deposit Duration* Years Months Days

Amount deposited with Application ₹ Rs. in words

Instalment Amount for Recurring Deposit ₹ Auto Renewal required for Term Deposit* Yes No

Account to be opened in the Name of*

Entity Details :

Name

Date of Incorporation* Date of Commencement of Business*

Place of Incorporation* Account Holder type Country Incorporation*

Identification Type TIN CIN GIIN EIN Others

Country of Residence as per Tax laws* Tax Identification Number (TIN)

Number of controlling person(s) resident outside India for tax purpose Nature of Business Activity

Whether politically related entity Yes No Entity Type Profit Making Non Profit Making

- Constitution Type :
- Sole Proprietorship
 - Partnership Firm
 - HUF
 - Private Limited Company
 - Public Limited Company
 - Society
 - Association of Persons (AOP) / Body of Individuals (BOI)
 - Trust
 - Liquidator
 - Limited Liability Partnership
 - Artificial Juridical Person
 - Others

Sub - Constitution

Association of Persons (AOP) / Body of Individuals (BOI) -

Educational Institute Others Workers Organization Bank Co-operative Society Bachat Gat

Trust -

Educational Institute Liabrary Hospital Others

Society -

Vikas Society Housing Society Co-operative Society

Annual Turnover / Receipts ₹*

Annual Income ₹*

Proof of Identity

(Certified copy of any one of the following Proof of Identity (POI) needs to be submitted)

- Certification of Incorporation / Formation
- Resolution of Board / Managing Committee
- Officially valid document(s) in respect of person authorised to transact
- Registration Certificate
- Memorandum and Article of Association / Partnership Deed/ Trust Deed

Document / Registration No. (Submit personal details for each such person)

Permanent Address

- Address Type* Residential / Business Residential Business Registered Office Unspecified
- Proof of Address* Certificate of Incorporation / Formation Registration Certificate
- Document / Registration No.

Line 1*

Line 2*

Line 3* City / Town / Village*

State* Pin / Post Code* Country*

Correspondence Address

- Address Type* Residential / Business Residential Business Registered Office Unspecified
- Proof of Address* Certificate of Incorporation / Formation Registration Certificate
- Document / Registration No.

Line 1*

Line 2*

Line 3* City / Town / Village*

State* Pin / Post Code* Country*

Address In The Jurisdiction Where Entity Is Resident Outside India For Tax Purpose

- Address Type* Residential / Business Residential Business Registered Office Unspecified
- Proof of Address* Certificate of Incorporation / Formation Registration Certificate
- Document / Registration No.

Line 1*

Line 2*

Line 3* City / Town / Village*

State* Pin / Post Code* Country*

Contact Details

Tel. (Off.)* - Tel. (Res)* - Mobile* -

FAX - Email ID*

Details of Key Person

KYC Number of KEY Person (if available)

KEY Person Type* Director Promoter Karta Trustee Partner Authorised Signatory Court Appointed Official Beneficiary

Name (same as ID proof)

Prefix First Name Middle Name Last Name

(Kindly fill further details in personal form)

Operating Instructions

Self / Single Either or Survivor Former or Survivor Jointly

Any one of Survivor As per Board Resolution Others

| Names of Proprietor / Partners / Persons (in case of Company/Trust/Society etc) authorised to operate the account | Capacity / Designation | Specimen Signature |
|---|------------------------|--------------------|
| | | |
| | | |
| | | |
| | | |

Other Facilities Required

Facilities Required Cheque Book ATM Card SMS Alerts (ATM Card is available for Saving Account only)

Name to be embossed on ATM Card

Mobile Number for SMS alerts

Other Bank Details

- I / We declare that I / We do not enjoy any credit facilities with any bank.
- I / We declare that I / We enjoy following credit facilities with other banks at present.

| Bank Name & Branch | Type of Loan | Amount | Bank Name & Branch | Type of Loan | Amount |
|--------------------|--------------|--------|--------------------|--------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |

No objection certificates from above banks are taken and attached with this form* Yes No

Declarations

I / We have read and understood Bank's terms and conditions regarding this deposit and agree to be bound by the said terms and conditions including changes as applicable made by Bank from time to time.

In case of Fixed Deposit, I authorise bank to automatically renew the deposit with accrued interest for the same period on maturing date at the prevailing rate of interest unless otherwise informed by me.

I / We have read and understood Bank's terms and conditions for ATM CARD facility and agree to be bound by the same terms & conditions including changes as applicable made by Bank from time to time. I / We authorise bank to debit my / our account for all withdrawals to made using the card and also to recover Bank's charges / fees as applicable from time to time.

I hereby authorise Bank to send SMS alerts on given mobile number. In case of any change in the mobile number I will ensure to deregister the earlier registered mobile number and register the changed mobile number. I authorise Bank to send SMS alerts for account transactions on given mobile number untill further communication regarding the change in mobile number.

I / We hereby declare that the details furnished above are true and correct to the best of my / our knowledge and belief and I / We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I / We am / are aware that I / We may be held liable for it.

My / Our personal KYC details may be shared with Central KYC Registry.

I / We hereby consent to receiving information from Central KYC Registry through SMS / Email on the above registered number / email ID.

Date :

Place :

Signature / Thumb impression

Signature / Thumb impression

Introduction Details

Introducers Name

Branch Account Type

Customer ID Account No.

I know the applicant / applicants / entity since last months / years. _____

I confirm the identity, occupation and address of the applicants / applicants mentioned in this account opening form

Date : Place :

Signature of Introducer

Nomination in case of Proprietorship Business

[Nomination under Section 45 ZA read with Section 56 of the Banking Regulation Act, 1949 and rule 2\(1\) of the Co-operative Banks \(Nomination\) Rules 1985 in respect of bank deposits.](#)

I / We nominate the following person to whom in the event of my / our / minor's death the amount of deposit may be returned by the Bank.

| | Prefix | First Name | Middle Name | Last Name |
|-----------------------------|----------------------|----------------------------|----------------------|----------------------|
| Nominee Name | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Nominee's Date of Birth | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Relationship with Depositor | <input type="text"/> | | | |
| Address | <input type="text"/> | | | |
| Town / City | <input type="text"/> | State <input type="text"/> | Pin Code | <input type="text"/> |

In case Nominee is minor

As the nominee is minor in this date, I / We appoint Mr./Mrs./Ms.

Address

to receive the amount of deposit on behalf of the nominee in the event of my / our / minor's death during the minority of nominee

Date : Place Signature _____

Attestation for Office Use Only

Documents Received Self-Certified True Copy Notary

Entity/Business site Visit Done Not Done

In Person Verification Carried Out By

Identity Verification Done Date

Visit Done By

Emp. Name

Emp. Code

Emp. Designation

(Employee Signature)

(Bank-Branch Stamp)

Personal Details

| | | | | |
|------------------------------------|--|--|---|---|
| Name* (same as ID proof) | Prefix | First Name | Middle Name | Last Name |
| Maiden Name (if any*) | | | | |
| Father/Spouse Name* | | | | |
| Mother Name* | | | | |
| Date of Birth* | DD | MM | YYYY | |
| Gender* | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Transgender | Photo |
| Marital Status* | <input type="checkbox"/> Married | <input type="checkbox"/> Unmarried | <input type="checkbox"/> Others | |
| Citizenship* | <input type="checkbox"/> Indian | <input type="checkbox"/> Others (Country |) | |
| Residential Status* | <input type="checkbox"/> Resident Individual | <input type="checkbox"/> Non Resident Indian | | |
| | <input type="checkbox"/> Foreign National | <input type="checkbox"/> Person of Indian Origin | | |
| Occupation Type* | <input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) | | | |
| | <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) | | | |
| | <input type="checkbox"/> B-Business <input type="checkbox"/> Agriculturist | | | |
| | <input type="checkbox"/> X-Not Categorised | | | |
| Annual Family Income* | <input type="checkbox"/> Below 3 lakhs | <input type="checkbox"/> 3 lakhs - 5 lakhs | <input type="checkbox"/> 5 lakhs - 10 lakhs | <input type="checkbox"/> Above 10 lakhs |
| Religion* | | Cast | | Sub-Cast |
| Educational Qualification | | | | |
| Name of Organization where working | | | | |

Additional Details - Residence for Tax purpose in jurisdiction(s) outside India

| | |
|---|----------------|
| Residence Country* | |
| Tax Identification Number or equivalent (if issued by jurisdiction) | |
| Place / City of Birth* | Country Birth* |

Proof of Identity

| | | | | | |
|--|--|-----------------------------|----|----|------|
| A-Passport | | Passport Expiry Date | DD | MM | YYYY |
| B-Voter ID Card | | | | | |
| C-PAN Card | | | | | |
| D-Driving Licence | | Driving Licence Expiry Date | DD | MM | YYYY |
| E-UID (Aadhaar) | | | | | |
| F-NREGA Job Card | | | | | |
| Z-Others (any document notified by the Central Government) | | Identification No. | | | |
| S-Simplified Measures Account - Document Type Code | | Identification No. | | | |

Proof of Address

Permanent Address

Certified copy of any one of the following proof of address (POA) needs to be submitted)

| | | | | | |
|-------------------|---|--|--|--|--------------------------------------|
| Address Type* | <input type="checkbox"/> Residential / Business | <input type="checkbox"/> Residential | <input type="checkbox"/> Business | <input type="checkbox"/> Registered Office | <input type="checkbox"/> Unspecified |
| Proof of Address* | <input type="checkbox"/> Passport | <input type="checkbox"/> Driving Licence | <input type="checkbox"/> UID (Aadhaar) | | |
| | <input type="checkbox"/> Voter ID Card | <input type="checkbox"/> NREGA Job Card | <input type="checkbox"/> Others | | |
| Address | <input type="checkbox"/> Simplified Measures Account - Document Type Code | | | | |

| | | |
|------------------|------------------------|----------|
| Line 1* | | |
| Line 2* | | |
| Line 3* | City / Town / Village* | |
| District | State | Country* |
| Pin / Post Code* | | |

Correspondence / Local Address

| | | |
|------------------|------------------------|----------|
| Line 1* | | |
| Line 2* | | |
| Line 3* | City / Town / Village* | |
| District | State | Country* |
| Pin / Post Code* | | |

Address In The Jurisdiction Details Where Applicant Is Resident Outside India For Tax Purpose

Line 1*
Line 2*
Line 3* City / Town / Village*
District State Country*
Pin / Post Code*

Contact Details

Tel. (Off.) - Tel. (Res) - Mobile -
FAX - Email ID

APPLICANT DECLARATION

- I / We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or misrepresenting I/We am/are aware that I/we may be held liable for it.
- My/our personal KYC details may be shared with Central KYC Registry.
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email ID.

Date : Place : Signature/Thumb impression of Applicant

Attestation for Office Use Only

Documents Received Self-Certified True Copy Notary Risk category High Medium Low
In Person Verification Carried Out By
Identity Verification Done Date Customer ID
Emp. Name
Emp. Code
Emp. Designation
 (Employee Signature) (Bank-Branch Stamp)

FATCA & CRS Related Declaration cum undertaking

- 1) I/We hereby certify that I/We have declared my/our status as per the rules applicable under section 285BA of the Income Tax Act,1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No.S.O.2155(E) dated 7 August 2015 and RBI Circular Ref. No. RBI-2015-2016/165 DBR.AML.BC.No. 36/14.01.001/2015-16, dated 28 August 2015 in this regard.
- 2) I/We understand and acknowledge that as per the provisions Income Tax Act. Rules made thereunder and guidelines issued by the RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the bank may have to report the details in respect of our account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the inter Governmental Agreements (IGA) and Common Reporting Standards (CRS) and or any other similar arrangements.
- 3) I/We certify that the information provided by me/us above as applicable to me/us and signed by me/us 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 I/We have not withheld any material information that may affect the assessment / categorization of my account as a us Reportable Account or Other Reportable Account or otherwise.
- 4) I/We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided above, as well as in the documentary evidence provided by me/us or if any certification becomes incorrect and to provide fresh and valid self-certification along with documentary evidence.
- 5) I/We also agree that my/our failure to disclose any material fact known to me/us, now or in future, may invalidate me from transacting in the account and Sangli Urban Co. Op. Bank Ltd., Sangli would be within its right 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 Sangli Urban Co. Op. Bank Ltd., Sangli under the guidelines issued by CBDT/RBI from time to time. If the deficiency is not remedied by me/us within the stipulated period.
- 6) I/We also agree to furnish and intimate to Sangli Urban Co. Op. Bank Ltd., Sangli any other particulars that are called upon me/us to provide on account of any change in law either in India or abroad in the subject matter herein.
- 7) I/We shall indemnify Sangli Urban Co. Op. Bank Ltd., Sangli for any loss that may be caused to Sangli Urban Co. Op. Bank Ltd., Sangli on account of providing incorrect or incomplete information by me/us.
- 8) I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- 9) My personal/KYC details may be shared with Central/KYC Registry. I hereby consent to receiving information from Central/KYC Registry through SMS/Email on my registered number/email Id.

Applicant Signature