



**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](http://www.sangliurbanbank.in)  
 Email : subsachiv@sangliurbanbank.com

**Firm/Company/HUF/  
Societies/Trust/AOP**

'SUB' का अर्थ, आपका विकास!

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

(Saving Account of Bachat Gat/HUF shall also be opened using this form)

Branch :

Date :

**Important Instructions :**

- A) Fields marked with "\*" are mandatory.
- B) Please fill the form in English and in BLOCK letters.
- C) CERSAI KYC number is mandatory for KYC update request.

**For office use only :**

Account No.\*  Scheme / Deposit Type\*

CERSAI KYC Number  Nomination No.

Account Type\* Normal  Simplified  Small  Risk Classification\*  L  M  H

Nature of Business / Constitution\*

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

Interest rate (Applicable as of date)  .  % Interest frequency\* Monthly  Quarterly  Half Yearly  Yearly  On maturity

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\*

Interest payout / maturity payment to Account No.

Standing instruction for Recurring instalment to be executed from Account No.

**Entity Details :**

Name\*

Date of Incorporation\*       Date of Commencement of Business\*

Place of Incorporation\*  Country of Incorporation\*

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

Identification Type TIN  CIN  GIIN  EIN  Others  PAN Number\*

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  Workers Organization  Bank  Co-operative Society  Bachat Gat  Others

**Trust -**  
 Educational Institute  Liabrary  Hospital  Others  (Please specify) \_\_\_\_\_

**Society -**  
 Vikas Society  Housing Society  Co-operative Society  Others  (Please specify) \_\_\_\_\_

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

No. of partners/Trustees/Directors/Office Bearers (Submit personal details of each such person)

Names of Proprietor / All Partners / Persons (in case of HUF/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/Current A/c. of HUF/Individual 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 or as per bank rules 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.

I/We hereby agree that the interest payout/maturity amount is subject to TDS at the rate prescribed by the Income Tax Act, 1961 from time to time.

I/We hereby agree to provide KYC related documents on time to time as per the norms mentioned by the Reserve Bank of India.

In case of change in permanent / current address of entity and of each Partner/Director/Trustee/Member related with the entity, I/We hereby agree to provide the new address details to Bank within 15 days of change in the address.

I/We hereby authorised bank to execute standing instructions given by me/us or person authorised to transact the account from this account.

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 :

1)

2)

3)

Signature of Authorised Signatory / Signatories

## 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 firm)

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"/>			
	<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 of Applicant \_\_\_\_\_

## Attestation for Office Use Only

Documents Received  Self-Certified  True Copy  Notary

### In Person Verification Carried Out By

Identity Verification  Done Date

Emp. Name\*

Emp. Code\*

Emp. Designation\*

I confirm that, I have verified the submitted documents with original documents and verified the signatures of introducer.

\_\_\_\_\_  
(Employee Signature)

Entity/Business site Visit  Done  Not Done

Visit Done By

(Enclose visit report)

Approved By

\_\_\_\_\_  
Assistant Branch Manager/Branch Manager  
(Signature with Seal)

## Declarations for Proprietorship Concern

I the undersigned, am the sole proprietor of the concern and am solely responsible for liabilities thereof. I Shall advise you in writing of any change that take place in the constitution of the concern and I will be liable to you for any obligation which may be standing in the name of concern in your books on the date of the receipt such notice and until all such obligations shall have been liquidated.

Date :

Place :

\_\_\_\_\_  
Signature of Applicant

## Declarations by Karta & Co Parceners of HUF

I Mr. \_\_\_\_\_ (Name of Karta) hereby declare that I am the Karta of the HUF

(Name of HUF) and following persons are Co-Parceners of this HUF.  
\_\_\_\_\_

I further declare that below mentioned members are the only members of Joint Hindu Undivided Family named

I further declare that I \_\_\_\_\_ am the Karta of the HUF and is authorised to invest in the name of HUF and to sign all forms and documents for and \_\_\_\_\_ on behalf of HUF.

I undertake to inform you any change in the constitution of HUF by any reason including due to any addition of members or on account death of any members of HUF.

Details of our HUF and all its Co-parceners are stated as under.

Name	Age	Relationship with the Karta	Address	In case of Minor, Date of Birth

Date :

Place :

\_\_\_\_\_  
Signature of Karta of the HUF (HUF stamp to be affixed)

## Declaration for Partnership Firm

We, the under signed are the only partners in the firm. We are jointly and severally responsible to the Bank for the liabilities of the firm with Bank. The Bank may recover its claims from the estate of any or all the partners of the firm. We shall advise you in writing of any change that take place in the partnership and all the present partners will be liable to you on any occasions which may be standing in the firms name in your books on the date of receipt of such notice and untill all such obligations shall have been liquidated. The documents and its contents submitted at the time of opening of this account are true and correct.

### Signature (s)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

Date : 

D	D	M	M	Y	Y	Y	Y
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Place : 

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## Resolution of Company/Society/Trust etc.

A certified copy of the extract from the minutes of the meeting of the Board of Directors / committee of Management of the Society / Trust of \_\_\_\_\_ only convened at which a proper quorum was present held on \_\_\_\_\_ at \_\_\_\_\_

We hereby certify that the following resolution of the Board of Directors / the committee of Management of the Society / Trust \_\_\_\_\_ was passed at the meeting of the Board / the committee held on \_\_\_\_\_ and has been recorded in the minute book of the said \_\_\_\_\_

Resolved that the Current / Term Deposit account for the Company/Society/Trust be opened with SANGLI URBAN CO-OPERATIVE BANK LTD. SANGLI, Branch and that the said Bank be and is hereby authorized to honour Cheque / Draft / any other Mandate drawn by Company / Society / Trust and to act-upon any instructions so given relating to the account whether the account be is credit or overdrawn. The account should be operated by \_\_\_\_\_

Shri \_\_\_\_\_ Designation \_\_\_\_\_ and

Shri \_\_\_\_\_ Designation \_\_\_\_\_

singly / jointly

Date : 

D	D	M	M	Y	Y	Y	Y
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Place : 

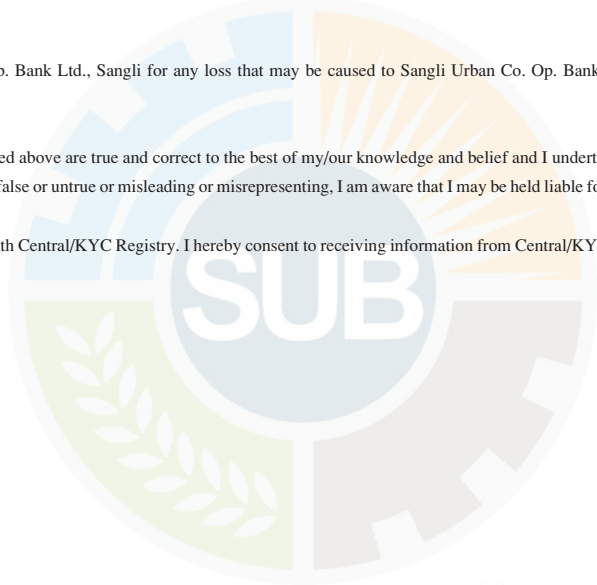
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Managing Director / Secretary



## 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.  
  
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.
  
- 3) 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.  
  
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.
  
- 4) 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.
  
- 5) 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.  
  
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.
  
- 6) 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.
  
- 7)
  
- 8)
  
- 9)



Date :   /   /

Place :

**Signature of Authorised Signatory / Signatories / Applicant(s)**

**Account Holder Type**

<input type="checkbox"/> <b>US Reportable</b>	<input type="checkbox"/> <b>Other Reportable</b>	<input type="checkbox"/> <b>Not Applicable</b>
<input type="checkbox"/> F1- Owner-Documented FI with specified US owner(s)	<input type="checkbox"/> C1- Passive Non-Financial Entity with one or more controlling person that is a Reportable Person	
<input type="checkbox"/> F2- Passive Non-Financial Entity with substantial US owner(s)	<input type="checkbox"/> C2- Other Reportable Person	
<input type="checkbox"/> F3- Non-Participating FFI	<input type="checkbox"/> C3- Passive Non-Financial Entity that is a CRS Reportable	
<input type="checkbox"/> F4- Specified US Person	<input type="checkbox"/> XX- Not Applicable	
<input type="checkbox"/> F5- Direct Reporting NFFE		
<input type="checkbox"/> XX- Not Applicable		

