



THE KALYAN JANATA SAHAKARI BANK LTD.

MULTI-STATE SCHEDULED BANK



Head Office: Kalyanam_astu,
Om Vijaykrishna Apt., Adharwadi,
Kalyan (W) 421-301. Maharashtra.

kalyanjanata.in | f X KJSBank

ACCOUNT OPENING FORM

SAVINGS / CURRENT

Important Instructions:

- A) Fields marked with "*" are MANDATORY
- B) Tick (✓) wherever applicable & required.
- C) Please fill the form in English and in BLOCK Letters
- D) For every individual (account holder/authorised signatory/related/controlling person/beneficial owner) separate KYC Form needs to be submitted.
- E) Please fill the date in DD-MM-YYYY format
- F) Self-attestation of documents is mandatory.
- G) Please read section wise detailed guidelines / instructions at the end.
- H) KYC number of applicant is mandatory for update an application.
- I) Please sign for any overwriting / alteration.

FOR OFFICE USE ONLY	Account No.*	<input type="text"/>	Customer ID*	<input type="text"/>
	KYC Number	<input type="text"/>	Mandatory for KYC update request.	Branch Code*
Date : <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Branch Name : _____		

Please open my/our* Savings Individual (please specify account type) _____ Single Name Joint Name

Savings Entity : HUF Trust Society Association of Person

Current Account BSBDA- Small Account

1. TITLE OF ACCOUNT* **IN CASE OF INDIVIDUAL / MINOR ACCOUNT**

Name of	Prefix	First Name	Middle Name	Last Name
First Holder (1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Joint Holder (2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Joint Holder (3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Joint Holder (4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If account in the name of minor

Relationship with Minor Father Mother By court Order (If yes, please affix a copy)

Other (please specify) _____

I shall represent the minor in all future transactions of any description in the above account till the said minor attains majority. I shall indemnify the Bank against any claim of the above minor of any withdrawals / transactions made by me in his / her account.

[Signature of Guardian]

NAME OF ENTITY **IN CASE OF SAVINGS ENTITY / CURRENT ACCOUNT**

2. FACILITIES REQUIRED

Mobile Banking Internet Banking E-Statement

SMS Banking Cheque Book

Debit Card : Classic Card Platinum Card

Type : Instant Card (Non-Personalized) Personalized Card

We are aware that all digi-banking products like Mobile Banking, SMS Banking, Debit Card, Internet Banking, E-Statement, UPI, BBPS and any other products that may be offered by the bank are available to us. We authorize first account holder named herein to apply, receive/download the products / applications by accepting the terms & conditions and to operate the same individually. I/We hereby consent to the issuance of a debit card as ticked. I/We acknowledge that I have been informed of and agree to pay the applicable fees & charges for all related products and services mentioned here.

3. OPERATIONAL INSTRUCTIONS & AUTHORIZED SIGNATORY*

Self Either or Survivor Former or Survivor Anyone or Survivor Jointly by All Others _____ (please specify)

[Authorized Signature /s]

(1)
(2)
(3)
(4)

Note : In case of Savings Entity and Current Account, Signature along with stamp is necessary.

Name of	Customer ID	First Name	Middle Name	Last Name
First Holder (1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Joint Holder (2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Joint Holder (3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Joint Holder (4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. INITIAL PAYMENT DETAILS*Account opened by depositing : Cash Self Drawn Cheque

Amount in figures (₹) _____ Amount in words (₹) _____

If account opened by depositing cheque : Cheque Dated - - Cheque No. : _____

Bank & Branch Name : _____

5. NOMINATION FORM* DA - 1 Wish to appoint nominee Don't wish to appoint nominee

Nomination under section 45 (ZA) with section 56 of banking regulation act, 1949 & rule 2(1) of co-operative bank rules, 1985 in respect of bank deposits. I/we nominate the following person to whom in the event of my/our death, the deposit in the above account may be paid by The Kalyan Janata Sahakari Bank Ltd.

Contact Details of Nominee*

Mobile/Tel. Number _____

Email ID _____

Name of Nominee : _____

Address of Nominee : _____

Age : _____ Date of Birth : - - Relationship with Depositor : _____
(In case of Minor)

As the nominee is a minor on this date, I/We appoint following person to receive the amount of the deposit on behalf of the nominee in the event of my/our death during the minority of the nominee.

Name & Address : _____

Note: If the depositor is illiterate, thumb impression should be attested by two witnesses

Name & Address of Witness (1)	Signature
Name & Address of Witness (2)	Signature

[Signature / Thumb Impression]

6. DECLARATION*

- I/we confirm that I/we am/are resident(s) of India.
- I/we confirm, that I/we have read and understood the rules, terms & conditions related to the account to be opened including that of but not limited to digital banking products & other facilities displayed on the bank's notice board & website.
- I/we declare that the transactions in the account will be made from my/our legitimate sources only & the account will not be used for any purpose contrary to law.
- I/we agree that the bank may debit my/our account for service charges or any other charges as applicable from time to time.
- I/we will keep the cheque book safely.
- I/we agree that bank may at its absolute discretion discontinue or format or alter/change any of the services completely or partially without any notice to me/us.
- I/we hereby declare that the information furnished above is true and correct to the best of my knowledge.
- I/We have not been granted any credit facility by any bank. **OR**
I/We am/are enjoying credit facility of ₹ _____ Amount in figures & words _____ sanctioned by _____ Bank Name _____ Bank, _____ Branch Name _____ Branch.

ह्याद्वारे जाहीर करतो की, ह्या मसुद्याचा आशय मला पूर्णपणे स्पष्ट करण्यात आलेला असून मला तो पूर्णपणे समजलेला आहे. मी पुढे असंही जाहीर करतो की, प्रस्तावित खाते सुरु करण्यासाठी माझी परवानगी आहे. मी दिलेली सर्व माहिती ही खरी व वस्तुस्थितीला धरून असून मला काळक असलेली कोणतीही माहिती वा सत्यस्थिती मी हातची राखून ठेवलेली नाही.

[Authorized Signature /s]

(1)
(2)
(3)
(4)

Note : In case non individuals, Signature along with stamp is necessary. If the depositor is illiterate, thumb impression of the depositor is required to be attested by two witnesses

Name & Communication Details of Witness**Signature of Witness**

(1)

(2)

LIST OF DOCUMENTS TO BE SUBMITTED BY INDIVIDUAL(S) FOR KNOW YOUR CUSTOMER (KYC) COMPLIANCE

- Permanent Account Number (PAN) / FORM 60 is mandatorily to be obtained while opening of the accounts as per extant RBI Guidelines.
- Latest Passport Size (PP) size colour photograph.
- If an individual submitting PAN as an identity proof, then an additional document needs to submit as an address proof as follows :**
- Driving license with photo; and/or
- Voter's Identity Card issued by Election Commission of India; and/or
- Job card issued by NREGA duly signed by an officer of the State Government; and/or
- Proof of possession of Aadhaar Number; and/or
- Passport; and/or
- Letter issued by the National Population Register containing details of Name and Address.

LIST OF DOCUMENTS TO BE SUBMITTED BY LEGAL ENTITIES FOR KNOW YOUR CUSTOMER (KYC) COMPLIANCE

Sole Proprietorship

- Latest passport-size colour photograph & KYC compliance of the proprietor; and
- In addition to the above, any two of the following documents in the name of Proprietary Concern:**
- Registration Certificate; or
- Udyog Aadhaar Registration Certificate; or
- Udyam Registration Certificate; or
- Sales and Income Tax returns; or
- CST/VAT/GST certificate (provisional/final); or
- IEC (Importer Exporter Code) issued by the office of DGFT or Licence/certificate of practice issued by any professional body incorporated under a statute; or
- Certificate/License issued by Municipal Authorities under Shops and Establishment Act; or
- Certificate/registration document issued by Sales Tax/ Service Tax/ Professional Tax authorities; or
- Complete Income Tax Return in the name of the sole proprietor where the firm's income is reflected, duly authenticated/acknowledged by the Income Tax authorities; or
- Utility bills such as electricity, water, landline telephone bills.

Partnership Firm

- Latest PP-size colour photograph & KYC compliance of the partners, beneficial owners, employees and persons as per the resolution.
- Partnership deed; and
- PAN of firm; and
- Registration Certificate; and
- Resolution granting authority to partner(s) or employee(s) of the firm to enter into transactions/agreements on its behalf and their names and specimen signature(s);

Limited Liability Partnerships (LLPs)

- Latest PP-size colour photograph & KYC compliance of the partners, beneficial owners, employees and persons as per the resolution.
- Certificate of Incorporation and
- LLP Agreement; and
- PAN of firm; and
- Master data from MCA website; and
- Certified true copy of the Resolution granting authority to designated partner(s) or employee(s) of LLP to enter into transactions/agreements on its behalf and their names and specimen signature(s)

Companies

- Latest PP-size colour photograph & KYC compliance of the directors, beneficial owners, authorised signatories as per the resolution.
- Certificate of Incorporation; and
- Certificate of commencement (In case of Public Ltd. Company); and
- Memorandum & Articles of Association; and
- PAN of Company; and
- Master data from MCA website; and Resolution from the Board of Directors authorising its managers, officers or employees to transact on its behalf

Trusts & Institutions

- Latest PP-size colour photograph & KYC compliance of the trustees, settlers, beneficiaries, beneficial owners, authorised signatories as per the resolution.
- Resolution by the Trustees or Managing Committee in favour of the office bearers of the Trust/Institution to transact on its behalf, their names and specimen signature(s)
- Certificate of Registration; and
- Trust Deed; and
- PAN of Trust; and
- Exemption certificate from Income Tax required to open Savings account, as specified by RBI.

Society

- Latest PP-size colour photograph & KYC compliance of beneficial owners, authorised signatories
- Registration Certificate; and
- Society Rules and Bye-Laws certified by the Chairman/Secretary; and
- PAN of Society; and
- List of Managing Committee members; and
- Resolution in favour of persons authorised to act as authorised signatories

Unincorporated Association or Body of Individuals or other Juridical person

- Latest PP-size colour photograph & KYC compliance of the beneficiaries, beneficial owners and those holding authority to carry out transaction.
- Permanent Account Number (PAN) of firm; and
- Resolution granting authority to the managing body to transact business on its behalf, their names and specimen signature(s)

Hindu Undivided Family

- Latest PP-size colour photograph & KYC compliance of the Karta of HUF.
- Deed of declaration of HUF & List of coparceners and their specimen signatures alongwith photographs and PAN; and
- Permanent Account Number (PAN) of HUF;

Declaration

For Proprietorship Firm

Sir/madam,

I, undersigned _____ Name & Address of Proprietor

I am the sole proprietor of _____ Name & Address Proprietorship Firm

With reference to the captioned subject, I wish to open a current account with your branch and through this form, I wish to declare as under:

I 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 bank for any obligation which may be standing in the name of concern in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.

Signature with stamp

Declaration

For Partnership Firm

Sir/madam,

We wish to open partnership account in the name of _____ Name & Address Partnership Firm

We, the undersigned are the only partners in above mentioned firm and we are jointly and severally liable & responsible for all the liabilities thereof. 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 for any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice till all such obligations shall have been liquidated. We declare that the partnership is registered.

Name(s) & Signature(s) of Partners :

(1)		(3)	
(2)		(4)	

FOR BRANCH USE

Branch

Account opened by

Employee Code Date

Signature of KYC scrutiny Official / Branch Official with Branch Seal

FOR CPC USE

	Employee Name	Employee Code	Date
Data entered by	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data Authorized by	<input type="text"/>	<input type="text"/>	<input type="text"/>
While authorizing Customer Information, I have verified AML UN match list / Negative list provided by RBI and no match was found.			
Remark (if any) :	<input type="text"/>	Signature of Bank Official	
	<input type="text"/>		