



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

⊕ kalyanjanata.in ⊚ 🌢 f 🎔 KJSBank

ACCOUNT OPENING FORM

SAVINGS / CURRENT

Important Instructions: A) Fields marked with " * " are MANDATORY E) Please fill the date in DD-MM-YYYY format B) Tick (\checkmark) wherever applicable & required. F) Self-attestation of documents is mandatory. C) Please fill the form in English and in BLOCK Letters G) Please read section wise detailed guidelines / instructions at the end. D) For every individual (account holder/authorised signatory/related/controlling H) KYC number of applicant is mandatory for update an application. person/beneficial owner) separate KYC Form needs to be submitted. I) Please sign for any overwriting / alteration. FOR OFFICE Account No.* Customer ID* **USE ONLY** Mandatory for KYC **KYC Number Branch Code*** update request. Date : Branch Name: Single Name Savings Individual (please specify account type) Joint Name Please open my/our* Savings Entity HUF Association of Person Trust Society **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) Joint Holder (2) Joint Holder (3)

Joint Holder (4	-)															
				If accou	unt in	the nam	e of mi	nor								
Relationship w	rith Minor	Father Other(pl	Moth		Ву соι	urt Order	(If yes, p	olease at	ffix a co	ру)						
I shall represer till the said min minor of any w	nor attains maj	ority. I sha	all indemr	nify the B	ank a	ngainst ar	ny claim					[Sigr	nature	e of G	uardia	an]
NAME OF ENT	ITY							IN C	ASE O	F SAVI	INGS	ENTIT	Y / CI	JRREN	IT ACC	COUNT
2. FACILITIES RE	QUIRED															
Cheque Boo	SMS Bai	nking [E-Stat	et Bankii ement		We are SMS Bar and any available apply, re terms &	nking, I other to us ceive/c	Debit r proc . We a downle	Card, ducts author oad th	Interne that r rize firs ne prod	et Ba may st aco ducts	inking, be of count / appl	E-Sta fered holde icatio	ateme by t er nan ns by	nt, UF the baned he accep	PI, BBPS ank are erein to
3. OPERATIONAL	_ INSTRUCTION	NS & AUT	HORIZED	SIGNAT	ORY*	*										
	ither or Survivo		rmer or Si	urvivor	Ar	nyone or	Survivo	or 🗌	Jointly	y by Al	ı [Othe (pleas	ers _ e specit	fy)		
	(1)			(2)				(3)					(4	1)		
Note: In case of Savings Entity and Current Account, Signature along with stamp Name of Customer ID First Name					stamp is	is necessary. Middle Name					Last Name					
First Holder (1)																

Joint Holder (3)

Joint Holder (4)

Joint Holder (2)

Amount in figures (₹) If account opened by depositing cheque:	Amount in words (F)								
If account opened by depositing cheque :	Amount in words (₹)								
1 7 1 5 1	Cheque Dated D D M M — Y Y Y 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 s regulation act, 1949 & rule 2(1) of co-operain respect of bank deposits. I/we nominate to whom in the event of my/our death, the account may be paid by The Kalyan Janata	Mobile/Tel. Number e deposit in the above Email ID								
Name of Nominee :									
Address of Nominee :									
Age: Date of Birth: (In case of Minor)	Relationship with Depositor :								
Name & Address : Note: If the depositor is illiterate, thumb impression s Name & Address of Witness (1) Name & Address of Witness (2) 6. DECLARATION*	Signature Signature Signature [Signature / Thumb Impression]								
banking products & other facilities displayed on t 3. I/we declare that the transactions in the account v 4. I/we agree that the bank may debit my/our accou 5. I/we will keep the cheque book safely. 6. I/we agree that bank may at its absolute discretio 7. I/we hereby declare that the information furnished 8. I/We have not been granted any credit facility by I/We enjoying credit facility of ₹ ■ American	I the rules , terms & conditions related to the account to be opened including that of but not limited to digithe bank's notice board & website. will be made from my/our legitimate sources only & the account will not be used for any purpose contrary to any for service charges or any other charges as applicable from time to time. In discontinue or format or alter/change any of the services completely or partially without any notice to me did above is true and correct to the best of my knowledge.								

अर्थ सहकारेण कल्याणम्

LIST OF DOCUMENTS TO BE SUBMITTED BY INDIVIDUA	AL(S) FOR KNOW YOUR CUSTOMER (KYC) COMPLIANCE
Latest Passport Size (PP) size colour photograph.	be obtained while opening of the accounts as per extant RBI Guidelines. itional document needs to submit as an address proof as follows: 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 ENT	TITIES 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 Registration Certificate; or Udyog Aadhaar Registration Certificate 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	the name of Proprietary Concern: 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
by any professional body incorporated under a statute; or	Utility bills such as electricity, water, landline telephone bills.
Partnership Firm	
Latest PP-size colour photograph & KYC compliance of the partnership deed; and PAN of firm; and Registration Certificate; and	artners, beneficial owners, employees and persons as per the resolution. 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)	
	artners, beneficial owners, employees and persons as per the resolution. 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	
	rectors, beneficial owners, authorised signatories as per the resolution. PAN of firm; 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, beneficial owners, authorised signatories as per Resolution by the Trustees or Managing Committee in favour bearers of the Trust/Institution to transact on its behalf, their specimen signature(s)	the resolution. Trust Deed; and of the office PAN of firm; and
Society	
Latest PP-size colour photograph & KYC compliance of benefit authorised signatories Registration Certificate; and Society Rules and Bye-Laws certified by the Chairman/Secreta	List of Managing Committee members; and Resolution in favour of persons authorised to act

अर्थ सहकारेण कल्याणम्

Uninc	orporated 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								
	atest PP-size colour photograph & KYC compliance of the Karta of HUF. eed of declaration of HUF & List of coparceners and their specimen signature ermanent Account Number (PAN) of HUF;	s alongwith photographs and PAN; and							
Declai	ration	For Proprietorship Firm							
Sir/ma	ndam,								
I, unde	I, undersigned Name & Address of Proprietor								
I am the sole proprietor of Name & Address Proprietorship Firm									
With r	/ith reference to the captioned subject, I wish to open a current account with your Signature with stamp								
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 liquidate	d							
Declai	ration	For Partnership Firm							
Sir/ma									
We wish to open partnership account in the name ofName & 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 t	to you for any obligation which may be standing in the firm's name in your bo	ooks on the date of the receipt of such notice till							
all suc	h obligations shall have been liquidated. We declare that the partnership is re	egistered.							
ı	Name(s) & Signature(s) of Partners :								
(4)									
(1)	(3)								
(2)	(4)								
	•								
Ä		:							
S E	Branch								
SANG	Branch Account opened by Employee Code Date Branch Seal								
OR BE	Employee Code Date	: Branch Seal							
8	Signature	e of KYC scrutiny Official Signature of Branch Manager							
	Franksia a Nama	Francisco Codo							
	Employee Name Data entered by	Employee Code Date							
ш									
c us	Data Authorized by While authorizing Customer Information, I have verified AML UN match list / Negative list provided by RBI and no match was found.								
R CP	While authorizing Customer Information, I have verified AML UN match list / Negative list provided by RBI and no match was found.								
<u>e</u>	Remark (if any) :	1							
		Signature of Bank Official							

अर्थ सहकारेण कल्याणम्