



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

∰ kalyanjanata.in ⊚ 🌢 f 🎔 KJSBank

CUSTOMER REQUEST FORM FOR SHAREHOLDERS

Date D D - M		Y Membe	rship No.	Middle Nar		Custome (if available	e)	Last Name	
Member's (1)	FILS	L Name		Middle Nai	ne			Last Name	
Name (1)									
(2)									
(2)									
Address L	ine 1*								
l	ine 2			City /	Town / Villa	ge*			
Distr	rict*		Pin / Post Code*		Mol No.	bile			
				1. 11					
Sir/Madam,	cutive Officer, nata Sahakari Bank you to change my/	Ltd., Kalyan (W)	Fick (✓) where						
Form No. 3	CHANGE IN ACC	COUNT NUMBER		Please note	that Divide	nd will be	credited i	n New acc	ount
					7				
Existing accou	nt no.				Branch				
New account	no.				Branch				
Form No. 4	CREDITING UNC	CLAIMED/PENDI	NG DIVIDEND						
Please credit r	ny/our unclaimed/	pending dividen	d to below me	ntioned accou	ınt number	or pay thro	ough Pay	Order/NEF	T/RTGS.
						-			
Account no.				Bra	anch				
l request you t	ned member is exp to credit pending d		- M M - Y	Y Y Y Count no. men Middle Nar			through F		OR NEFT/RTGS.
Deceased Member's Nan	20								
Membership I									
		t Name		Middle Nar				Last Name	
Name of	al								
Nominee/Leg heir	ai								
Account no.					Branch				
enclose 1. Cance	e applicant/nomin following instrume lled cheque / phot RTGS funds transfe	ent/s while submocopy of first paer application	nitting for Form ge of passbook	No. 4	-			-	
,		t Name		Middle Nar				Last Name	
Delete name from member	of rship no.	- Name		Wildele Her					
Reason for na	ime deletion								
-	1. Share certificate		* - - -* -	3. If in case r	nember is d	eceased, p	hotocop	y of death	certificate

Form No. 6	CHANGE IN NOMINEE/NOMINEE REGISTRATION	(If applicant want to change nominee due to death of existing nominee, copy of death certificate is necessary)								
Please nomin	ered any nominee till date OR									
Please nominate below mentioned person as a nominee in place of an existing nominee										
Name of exist	First Name Middle Name	Last Name								
nominee Name of	First Name Middle Name	Last Name								
nominee/new nominee										
Address Line 1*										
Line 2	City/Town/\	Village*								
District*	Pin / Post Code*	Mobile No.								
A	ge of nominee* Years Relationship with m									
If in case nomin										
Name of	First Name Middle Name	Last Name								
guardian										
Address *		Mobile Mobile								
Relationship w	th Minor	No.								
Form No. 7	CHANGE IN MEMBER'S NAME									
Please chang	e my/our name as per copy of document enclosed as a proof of nar	me change								
Reason for change in name										
	First Name Middle Name	Last Name								
New name										
	Particulars of share certificate no. No. of shares Amount Share certificate no. No. of shares Amount									
	are as follows :									
To	tal									
Mandatory 1. Copy of Marriage Certificate/Gazette having new name 3. Old Membership I-card Enclosed: 2. Copy of Government authorized OVD like Pan/Aadhaar 4. New membership I-card and photograph										
having new name 5. Share Certificate/s										
Form No. 8	NAME ADDITION IN MEMBERSHIP									
Please add b	low mentioned person's name in my membership.									
	First Name Middle Name	Last Name								
Reason of na	ne addition Relat	tion								
	norize to deduct necessary charges as per bank's rule for name add									
Account no.		Branch								
Particulars of	Share certificate no. No. of shares Amount Share c	certificate no. No. of shares Amount								
share certifications are as follows	te	2.42.12								
To	al									
Mandatory Enclosed:	 Share Certificate/s Membership I-card (new I-card for individual/old I-card with s New Membership form duly filled & signed by joint member (1)							

(If applicant want to change nominee due to death of

Form No. 9	FOI	R DUPI	LICATE	I-CA	RD /	SHAR	E CER	TIFIC	CATE													
I/We have lost my/our Membership I-card(s) Share certificate(s). I/We would request you to issue duplicate I-card(s)																						
of membership/Share Certificate(s) and deduct necessary charges as per bank's rule from my/our below mentioned account																						
Account no.												Ві	ranch									
Particulars of share certifica are as follows	ate	Share	certifi	cate i	10.	No. o	of shar	es	Amo	unt	Sha	re cer	tificat	e no.	N	o. of 9	share	25	An	nount	t	
Mandatory Enclosed:	2. If r	nembe	er's I-ca	ard is	lost/f	or du	plicate	l-ca		ich Ne					with p	hoto	os & s	signa	ature	of m	nember.	
Form No. 10	ME	MBER:	SHIP C	ANCI	ELLA1	ION 8	& SHA	RE R	EFUND													
I/We wish to money and c															eques	t you	to re	efun	d the	e shai	re	
Account no.												Br	anch									
Reason for sh	hare c	ancella	ation																			
Particulars of share certifica are as follows	ate	Share	certifi	cate I	10.	No. o	of shar	es	Amo	unt	Sha	re cer	tificat	e no.	N	o. of s	share	es	Am	nount	t	
Mandatory Enclosed:	2. Inc 3. Me 4. If i (a) C	demnit embers n case	y bond ship I-c applic ed ched	d, if sheard, was ant dependent of the second secon	vho's on't h phot	mem nave a ocopy	bership ccoun of firs	p to t wit st pa	(Annex be can th The I ge of p	celled (alyan	Janata		akari E		.td.			•				
								DE	CLARA	TION												
As per bank's indirect liabil I/we am/ are I/We request after expiry of I/we hereby	lity with a not entry of three	ith any entitled to trea ee mor	branc d to re at this a aths fro	ceive as thr	he ba divid ee mo e dat	end for onths	we am or the notice	/are curre e as	aware ent fina per bye	that oncial y	lue to year an	cance nd it is agree	llation acce that	n of m ptable amou	nemb e to n nt of	ership ne/ us share	o /ret s. es wil	fund	l of s	hares en to i	5,	
						S	ignatu	re o	f meml	oer(s)	/ appl	ica <u>nt</u>										

	a a la	ust ID is Yes No
	Account no. Branch	
H USE	Direct/Indirect liability of member/s ₹	ty
FOR BRANCH USE	Branch State	
й	Application received & In person KYC verification carried out by : Employee Name :	
	Employee Code : Date :	
	Designation : Branch	Seal
	Signature of Br	anch Official
	We recommend to sanction the modifications/changes made in system as per request by member/app	icant.
	Employee Name Employee Co	de Date
	Data entered by	
E USE	Data Authorized by	
FOR HEAD OFFICE USE	Date DD - M M - Y Y Y Y Date D D -	M M — Y Y Y Y
FOR	Modifications/changes made as per request by member/applicant are	
	sanctioned.	
	Signature of CM/AGM/DGM Signature of	Chairman/Vice Chairman