



**Head Office:** Kalyanam\_astu, Om Vijaykrishna Apt., Adharwadi, Kalyan (W) 421-301. Maharashtra.

⊕ kalyanjanata.in ⊚ 🌢 🕇 🎔 KJSBank

## ADDITIONAL SHARES FORM

DETAILS OF APPLICANT																									
Date	D D M M -	YYY	Y	Membership No.						T				Customer ID						$\neg$					
Date		First	Name	Membership No.			Mide	iddle Name			J	Ī					Las	t Nam	e						
Membe	r's Name																					Т			
Address	Line 1*																					Ī			
	Line 2										City ,	/ To	wn /	Vill	age*							寸			
			Pin ,	/ Post	t $ abla$	$\frac{1}{1}$		T ,	T	T,	1	bile		<del> </del>					$\frac{\perp}{\Box}$						
	District*					Cod	e*	L						No		` L									
To,.																									
The Chief Executive Officer,																									
The Kalyan Janata Sahakari Bank Ltd., Kalyan (W)																									
Sir/	Madam,																								
I/W	e request to allot _			. addi	tiona	l sha	ires o	f Rs.	25	5/- ea	:h.														
I/w	e authorize bank to	deduct re	quired	amou	int to	war	ds ad	ditic	ona	al shai	e fro	m k	oelo	w m	enti	one	d ac	cou	nt.						
	ount no.			Щ	<u> </u>									anch			<u> </u>		<u> </u>					:	
	the existing as well ed from time to tin	-				_	e-lav	VS 01	t tr	ne bai	ık, IV	luiti	Sta	te C	o-op	oera	tive	Soc	cietie	es A	ct & F	⟨BΙ ά	guic	lelir	ies
	issued from time to time will be binding on me/us.  Account details given for crediting dividend and nomination registered earlier in bank's record will remain same for these additional																								
sha	shares.																								
Signature/s of member/s (Along with stamp, in case of other than indi													lividu	ıal)											
								•																	
	Momborship No					Cust	tomei	r ID	Г										ID is		Yes	, , [	٦,	lo	
	Membership No. Customer ID KYC complied? Yes No																								
USE	No of shares to be allotted: Amount (of shares to be allotted) ₹																								
FOR BRANCH USE	Advice No. Branch																								
BRA	Application received & verification carried out by :																								
ਲ 8	Employee Name :																								
	Employee Code :			Date	: [																				
	Designation:																								
													Sigr	nature	of Br	anch (	Officia	alon	ıg with	n Bran	ch Seal				
				7				. [								<b>.</b>		_							
E USE	Application No. Certificate No. Category Code																								
FOR HEAD OFFICE USE	Application process	sed by :																							
AD 0	Employee Name :																								
H H	Employee Code :			Date	:																				
· 연	Designation :										Signature of officer (Share Department) with stamp														