SHREE WARANA SAHAKARI BANK LTD; WARANANAGAR

Branch Name _____ Date : दिनांक :

Customer ID ग्राहक ओळख नं. CKYC No.

Saving / Current A/c. No. सेव्हिंग / चालू खाते नं. Br. Code No. शाखेचे को नं.

Please open my /our SAVING / CURRENT Account as per details given below (whichever is applicable)
कृपया खालील माहिती आधारे माझे / आमचे सेव्हिंग / चालू खाते सुरू करावे. (नको असलेला मजकूर खोडावा)

Customer Type ग्राहकाचा प्रकार: ☐ Individual ☐ Joint ☐ Partnership Firm ☐ Company ☐ Trust ☐ Society ☐ HUF

Risk Review जोखीम पुनरावलोकन: High / Medium / Low ☐ ☐ ☐

Mode of Operation: ☐ Self ☐ Jointly ☐ Either or Survivor ☐ Any One ☐ Any Two ☐ Any Three ☐ All Jointly ☐ Authorized Signatory

Name of the Customer / ग्राहकाचे नांव : **Gender/ लिंग :** ☐ Male ☐ Female ☐ T

	Surname / आडनांव	First Name / प्रथम नांव	Middle Name वडिलांचे/पतीचे नांव	Mobile/मोबाईल
1				
2				
3				
4				

1. Pan No. :– **1. Aadhar No. :–**

2. Pan No. :– **2. Aadhar No. :–**

3. Pan No. :– **3. Aadhar No. :–**

4. Pan No. :– **4. Aadhar No. :–**

Permanent Address / कायमचा पत्ता

Full Address/पूर्ण पत्ता : _____

Taluka : तालुका: _____ **Dist. :** जिल्हा: _____

State : राज्य: _____ **Pin Code** पिन नं. :

Corresponding Address / पत्रव्यवहाराचा पत्ता

Full Address/पूर्ण पत्ता : _____

Taluka : तालुका: _____ **Dist. :** जिल्हा: _____

State : राज्य: _____ **Pin Code** पिन नं. :

DOB / जन्म दि.

D D M M Y Y Y Y

ID CARD PHOTO / फोटो	ID CARD PHOTO / फोटो	ID CARD PHOTO / फोटो	ID CARD PHOTO / फोटो
Signature सही	Signature सही	Signature सही	Signature सही

Customer Sign. / खातेदार सही

GENERAL INFORMATION / सर्वसामान्य माहिती

Profession व्यवसाय
☐ Doctor/डॉक्टर ☐ CA/सीए ☐ Engineer/इंजिनिअर ☐ Advocate/वकील
☐ Employee/नोकरी ☐ Industrialist/उद्योग ☐ Farmer/शेतकरी ☐ Other/इतर

Religion धर्म
Hindu / Muslim / Sikh / Christian / Buddhist / Zoroastrain / Other Please Specify
हिंदू / मुस्लिम / शीख / ख्रिश्चन / बौध्द / पारशी / इतर _____

Cast जात
General / OBC / SC / ST / NT / VJNT / Other Please Specify _____
सर्वसाधारण / इतर मागासवर्गीय / मागासवर्गीय / वर्गीकृत जाती / वर्गीकृत जमाती / भटक्या विमुक्त जाती जमाती / इतर

Marital Status वैवाहिक दर्जा
Married/Unmarried / Divorce / Widow / Other Please Specify _____
विवाहीत / अविवाहीत / घटस्फोटित / विधवा / इतर Marriage Anniversary Date _____

Blood Group रक्त गट
☐ A^{+ve} ☐ A^{-ve} ☐ B^{+ve} ☐ B^{-ve} ☐ O^{+ve} ☐ O^{-ve} ☐ AB^{+ve} ☐ AB^{-ve}

Do you have Life Insurance Policy? If Yes जीवन विमा पॉलिसी आहे का? असेलतर –
☐ Up to 1 Lac रू.१.०० लखांपर्यंत ☐ Up to 2 Lac रू.२.०० लखांपर्यंत ☐ Up to 5 Lac रू.५.०० लखांपर्यंत ☐ above 5 Lac रू.५.०० लाखाचेवरील

Vehicles Owned / स्वत:चे वाहन
Two Wheeler / दुचाकी / Four Wheeler / चार चाकी / Other / इतर _____

Details of Children मुलांची माहिती
1. Name नांव _____ Dt. of Birth जन्म दि. _____ Age वय _____ Business व्यवसाय _____
2. Name नांव _____ Dt. of Birth जन्म दि. _____ Age वय _____ Business व्यवसाय _____

Educational Qualification शैक्षणिक पात्रता
SSC / HSC / Graduate / Post Graduate / Doctorate / Other Please Specify
१० वी / १२ वी / पदवीधर / पदव्युत्तर / डॉक्टरेट / इतर _____

Income Source आर्थिक प्राप्तीचे साधन
☐ Salary नोकरदार ☐ Business व्यावसायिक ☐ Retired सेवानिवृत्त ☐ Student विद्यार्थी ☐ Housewife गृहीणी ☐ Other-Please Specify इतर _____

Annual Income of Applicant अर्जदाराचे वार्षिक उत्पन्न
☐ Up to Rs. 50,000/- रू.५०,००० पर्यंत ☐ Rs. 50,000/- to 1,00,000/- रू.५०,००० ते १,००,०००/– ☐ Rs. 1,00,000/- to 5,00,000/- रू.१,००,००० ते ५,००,०००/– ☐ Above 5 Lac रू.५,००,०००/– वरील

Service Details नोकरी विषयक माहिती
Name of Employer _____
Address / पत्ता _____
Designation / पद _____ Duration / कालावधी _____ Dt. of Retirement / सेवा निवृत्त तारीख _____

Details of A/c. of another Bank दुसऱ्या बँकेत खाते असल्यास त्याचा तपशील

Sr.No. अ.नं.	Banker's Name बँकेचे नांव	Branch शाखा	A/c Type खाते प्रकार	A/c No. खाते नं.	NOC Received Yes/No ना हरकत पत्र घेतले आहे/नाही.
१					
२					

Staff/बँक सेवक Yes/No | **Retired Staff/निवृत्त बँक सेवक** Yes/No | **Staff Related /सेवकांचे संबंधित** Yes/No

If Staff related Account बँक सेवकांचे संबंधित खाते असल्यास
Name of the Staff बँक सेवकांचे नांव _____ **Relationship** नाते _____

I/We have read, understood rules of the scheme and hereby agree to the Terms and conditions and charges as applicable to my/our account, I/We bound by the Bank's Rules (as amended from time to time) for the conduct of such account. मी/आम्ही सेव्हींग/करंट खातेसंदर्भातील सर्व नियम वाचले असून ते सर्व नियम व अटी मला/आम्हाला मान्य असून ते सर्व नियम व त्या नियमात वेळोवेळी होणारे बदल माझेवर/आम्हांवर बंधनकारक आहेत. या खातेचे बाबतीत वेळोवेळी होणाऱ्या नियमांचे पालन करणे मला/आम्हांस बंधनकारक राहील.

SERVICES REQUIRED / सेवा-सुविधा आवश्यकता

1. ATM Card / ए.टी.एम. कार्ड ☐
2. U. P. I / यु.पी.आय ☐
3. QR Code Facility / QR कोड सुविधा ☐
4. SMS Service / एस.एम.एस. सेवा ☐
5. Internet Banking / इंटरनेट सेवा ☐
6. Cheque Book / चेक बुक सुविधा ☐
7. IMPS Service / मोबाईल सेवा ☐
8. Insurance/Pan Card / विमा/पॅन कार्ड ☐
9. Locker / लॉकर ☐

I Consent to the bank verifying my KYC document.
मी माझ्या केवायसी दस्तऐवजाची पडताळणी करण्यासाठी बँकेला संमती देत आहे.

Customer Sign. / खातेदार सही

C-KYC MANDATORY FIELD
(की,केवायसी करीताची अनिवार्य माहिती)

Maiden Name (In Case of Married Women) : _____
स्त्रीचे विवाहापूर्वीचे नांव

Father/Spouse Name : _____
(वडील/पत्ती/पत्नीचे नांव)

Mother Name : _____
(आईचे नांव)

Customer Sign. / खातेदार सही _____

Check Points For Compliance of KYC Policy

List A- Proof of Identify (Tick the document obtained)

☐ Passport ☐ Voters ID Card ☐ PAN Card ☐ Driving Licence
☐ Defense ID Card ☐ Govt. ID Card ☐ EMp. ID Card ☐ Photo Credit Card
☐ Aadhaar Card
☐ Any other Proof (Specify) _____

List B- Proof of Identify (Tick the document obtained)

☐ Passport ☐ Voters ID Card ☐ Latest Utility Bill ☐ Driving Licence
☐ Rent/Lease Deed ☐ Credit Card Statement ☐ Bank Account Statement
☐ Employer's Letter with Address ☐ Letter from Public Authority with Address
☐ Any other Proof (Specify) _____

NOMINATION FORM DA-1 / नामनिर्देशन अर्ज डीए-१

Nomination under Section 45ZA and 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 the amount of the deposit, may be returned to in the event of my / our / minor's death.

बँक ठेवीकरीता बँकींग रेग्युलेशन ॲक्ट १९४९ चे कलम ५६ व कलम ४५ झेड ए, तसेच को-ऑपरेटीव्ह बँक (नामनिर्देशन) नियम १९८५ चे कलम २(१) नुसार नामनिर्देशन मी/आम्ही माझ्या/आमच्या/अज्ञान व्यक्तींच्या मृत्युनंतर ठेवीची रक्कम मिळण्यासाठी खालील व्यक्तीचे नामनिर्देशन करत आहोत.

NOMINEE / नामनिर्देशित व्यक्ती

Name / नाव _____ Age / वय _____

Address / पत्ता _____ Relationship with depositor, / ठेवीदाराशी असलेले नाते _____

If Nominee is minor, His/Her date of Birth / नामनिर्देशित व्यक्ती अज्ञान असल्यास त्याची/तिची जन्म तारीख _____

As the nominee is a minor on this date, I/We appoint Shri./Smt./Kum/ _____

नामनिर्देशित व्यक्ती आजमितीस अज्ञान असल्यामुळे त्याचे वतीने मी/आम्ही श्री./श्रीमती/कु.

(Address / पत्ता) _____ Age / वय _____

to receive the amount of the deposits on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee

यांना नामनिर्देशित व्यक्ती सज्ञान होईपर्यंत किंवा माझ्या / आमच्या अज्ञानाच्या मृत्युनंतर नामनिर्देशित व्यक्तीच्या वतीने ठेवीची रक्कम मिळावी.

Witness / साक्षीदार

Signature / सही _____

AC No./ खाते नं. _____

M. No. / मो. नं. _____

Signature(s)/Thumb Impression(s)
खातेदारांची स्वाक्षरी / दस्तूर
[Thumb impressions(s) shall be attested by witness]
(दस्तुराची खात्री करण्याकरीता साक्षीदार आवश्यक)

Customer Sign. / खातेदार सही _____

Incase of Current Account only :–

1.1 I Declare that I don't have any Cash Credit / Term Loan / Current Account Bank Account with any para other Bank or Financial Institute. Yes / No. If Yes then Fill 1.2

माझे इतर कोणत्याही बँक अथवा कोणत्याही वित्तिय संस्थेमध्ये कॅश क्रेडिट चालू खाते अथवा कर्ज खाते नाही. होय/नाही.

जर होय असेलतर कॉलम 1.2 भरा

1.2 I declare that I don't have Current account/Cash Credit account/Term Loan account with any other Bank of financial institute _____

_____

If yes, no objection certificate is to be obtained from such Bank _____

_____

If the account holder is a member of any other Bank, he should give a declaration of such membership and number of shares held by him in such Bank _____

_____

Customer Sign. / **खातेदार सही** _____

DECLARATION

I/We declare and confirm that

1. I/We have read the rules of the Bank and agree to abide by the same. I/We agree to inform the Bank Whenever any change occurs in my/our address/constitution/Partnership/Articles and /or Memorandum of Association. 2. I/We agree to maintain a minimum balance as per rules in our SB/CA A/c failing which the Bank may debit the charges as per rules. 3. I/We confirm that to the best of my / our knowledge and belief the above information is correct. I/We will indemnify you against any loss or damage you may suffer should any of the information prove to be incorrect,

I/We may have occasion form to time to hand over to you for collection or negotiation cheques, Drafts or bills of Exchange (with our without document attached) and I/We hereby agree to you forwarding the same to you against for the time being for collection or negotiation. In the event of your having no independent collecting agent at anycenter, I/We hereby authorize you to send cheques by main directly to the drawee bank itself. I/We hold you harmless, free form responsibility and indemnified for any loss suffered by your agent and also form any misdelivery, non-delivery or loss or documents in transit or at the destinations on account of any fault or neglect or for any reason whatsoever on the part of postal authority and / or agent/s employed by you for this purpose. In addition to your ordinary as holders of such cheques, drafts or Bill or Exchange, you are authorized to accept in payment there of banker's cheque/s payable at your station or other places and in the event of such cheque/s not being paid on presentation to debit the amount to our account with all charges incurred thereon. I/We confirm that you can present bill and receive the amount in respects at our entire rist and responsibility.

I/We also declare and confirm that I/We are not enjoying any credit facility with any other other bank/financial institution or any branch of your Bank except the credit facilities declared and detailed in this application and I/We undertake to inform you in writing, as soon as any other credit facility / facilities is / are availed of by me / us from any bank / financial institution / any other branch of your Bank.

I/We clearly understand that all the operation effected through my/our own ATM card at any of the ATM's installed by Shree Warana Sahakari Bank Ltd, Warananagar and / or installed by other bank and permitted to be used by ATM card holders of Shree Warana Sahakari Bank Ltd; Warananagar are binding on me/us. I/We have read and understood the terms and condition governing the network operation of ATM card and I/We have agreed to have agreed to Terms/Conditions as may be stipulated by Shree Warana Sahakari Bank Ltd; Warananagar from time to time.

I/We understand and undertake that the usage of the ATM card shall be strictly inaccording with the Exchange control regulation and in the event of any failure to do so, I/We will be liable for action under foreign Exchange Management Act, 1999, and the amendments thereof, stipulated by the Reserve Bank of India. I/We understand that the bank may at its absolute discretion, discontinue any of the Services completely or partially without any notice to me/us. I/We agree that the bank may debit my account for service charges as applicable from time to time. I/We accept full responsibility for my / our debit card / UPI transactions and agree not to make any claims against Shree Warana Sahakari Bank Ltd; Warananagar in respect there to

IN WITNESS WHEREOF the Account Holder has put his Signature to this form after it was read over and explained to him/her in his/her vernacular language on the day and year herein above first written.

खातेदाराने या फॉर्ममध्ये भरलेली माहिती त्याच्या मातृभाषेमध्ये समजावुन घेवूनच फॉर्मवर आज रोजी सह्या केलेल्या आहेत.

Yours faithfully,

Signature of Main Applicant प्रमुख खातेदाराची सही	**Signature of Joint Applicant 1** संयुक्त खातेदारी – ०१ ची सही	**Signature of Joint Applicant 2** संयुक्त खातेदारी – ०२ ची सही	**Signature of Joint Applicant 3** संयुक्त खातेदारी – ०३ ची सही

KYC CERTIFICATION

The applicant in person and hereby confirm that the true copies of following documents in support of identity and address of applicant have been verified by me from the original and kept on Record. The applicant has filled this form in my presence.

1. Name and identification number of document in support of identity _____
2. Name and identification number of document in support of address _____

Introducer's signature verified & found correct. I have verified all the relevant document and the account holder have signed Before verified. Applicants and introducer have signed in my presence.

particulars of Form DA 1 (if received) entered in nomination register Sr. No._____ Dt. _____

Date :_____ **Clerk** **Officer** **Branch Manager**