



Priyadarshani Nagari Sahakari Bank Maryadit, JALNA.

Head Office : 'Brahma Chaitanya', Deulgaon Raja Road, JALNA-431203 Ph. No.:(02482) 233346,235737, 241107 (Fax)
BRANCH : JALNA / RAMNAGAR / RAJUR / KU.PIMPALGAON/TIRTHPURI www.priyabankjalna.com

CENTRAL KYC REGISTRY / Know Your Customer (KYC) Application Form Individual

Instructions :

- Fields marked with * are mandatory fields.
- Place fill the form in English and in BLOCK Letters.
- Please read underlines / detailed instructions overleaf

Application Type : New Update | Account Type* : Normal Small

CKYC Number :

Customer No. :

UCIC No. :

Account No. :

Please tick (✓) type of account required
Please open an account as per details below खालील माहिती प्रमाणे माझे खाते उघडण्यात यावे, ही विनंती. (सदर बचत/Saving खाते स्किम नियमानुसार)

SAVING ACCOUNT SCHEME

- Jan Dhan Saving Account Saving With Cheque Book & ATM Saving Regular
 Saving With Cheque Book INSTA Saving Account Saving With ECS Current Cccount

ENTITY DETAILS

Name (Same as ID proof)

Surname :

First Name :

Middle Name :

Father / Spouse Name* :

Mother Name* :

Date of Birth* :

Gender* : Male Female Transgender

Shop (Firm) Name :

Shop Address :

Shop Act Licence No. :

Married Status* : Married Unmarried Nationality* : Indian Other

Residential Status* : Resident Individual Non Resident Indian Foreign National Person of Indian Origin

Occupation* : Private Sector Service Public Sector Government Sector Business Professional
 Self Employed Retired Housewife Agri Student Other

Tick if application : Residence for Tax Purposes in jurisdiction(s) outside India

ADDITIONAL DETAILS REQUIRED* (If Application is resident outside India for Tax purposes)

Please read guidelines / details for 'Jurisdiction of Residence' and 'Tax Identification Number')

ISO - 3166 Country Code of Jurisdiction of Residence* :

Tax Identification Number or equivalent (If issued by Jurisdiction)* :

Place / City of Birth* : ISO-3166 Country Code of Birth* :

PROOF OF ADDRESS (PoI)* (One Certificate Copy of any one of the following proof of Identity (PoI) needs to be submitted)

<input type="checkbox"/> PAN	: <input type="text"/>	<input type="checkbox"/> UID (Aadhaar)	: <input type="text"/>
<input type="checkbox"/> Passport Number	: <input type="text"/>	Passport Expiry Date	: <input type="text"/>
<input type="checkbox"/> Driving License	: <input type="text"/>	Driving License Expiry Date	: <input type="text"/>
<input type="checkbox"/> Voter ID Card	: <input type="text"/>	<input type="checkbox"/> NREGA Job Card	: <input type="text"/>
<input type="checkbox"/> Others (any document notified by the central government)	: <input type="text"/>		

PROOF OF ADDRESS (PoA)

CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (One Certified Copy of any one of the following proof of Address (PoA) needs to be submitted)

Line 1*	: <input type="text"/>
Line 2	: <input type="text"/>
Line 3	: <input type="text"/> City/Town/Village <input type="text"/>
State/U.T*	: <input type="text"/> Pin/Post Code <input type="text"/> ISO-3166 Contry Code : <input type="text" value="I"/> <input type="text" value="N"/>
Proof of Address*	: <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> NREGA CARD <input type="checkbox"/> Others _____

CORRESPONDENCE / LOCAL ADDRESS DETAILS (In case the PoA is not the local address of address of address where the customer is currently residing to be declared only and no PoA is required)

Same as current / Permanent / Overseas Address details (In case of multiple correspondence / local Address, Please fill 'Annexure A1')

Line 1*	: <input type="text"/>
Line 2	: <input type="text"/>
Line 3	: <input type="text"/> City/Town/Village <input type="text"/>
State/U.T*	: <input type="text"/> Pin/Post Code <input type="text"/> ISO-3166 Contry Code : <input type="text" value="I"/> <input type="text" value="N"/>

CONTACT DETAILS (Communications will be done on provided Mobile No. and Email-ID)

Tel. (Off)	: <input type="text"/>	Tel. (Res)	: <input type="text"/>
Mobile	: <input type="text"/>	Email ID	: <input type="text"/>

MODE OF OPERATION

<input type="checkbox"/> स्वतः	<input type="checkbox"/> फॉर्मर/सर्व्हावर	<input type="checkbox"/> ऐदर/सर्व्हावर	<input type="checkbox"/> कोणीही एक/सर्व्हावर	<input type="checkbox"/> संयुक्त	<input type="checkbox"/> Other _____
<input type="checkbox"/> Self Only	<input type="checkbox"/> Former or Survivor	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Any one or Survivor	<input type="checkbox"/> Jointly	

1. I/We agree to abide by the abnk's rules relating to the conduct of the above Account/Services / Products. 2. I/We authorize the Bank / their representative to verify the details given herein for STD/TDR/MODS Account unless you receive a demand for payment or instructions to the contrary on or before the date of maturity please renew/continue to renew the deposit for similar period(s) at the then prevailing rate of interest. 3. Mode of operation specified by us (depositors) would also be applicable for premature payments / withdrawls pledge of deposit as security and closure of the account.

Your Faithfully

 Signature of the Declarant खातेदाराची सही

PARTICULARS OF INTRODUCTION/IDENTIFICATION (A OR B)

(ओळख देणाऱ्याचे नांव खाते नंबर)

किती वर्षापासून ओळखता

B Name and Address of Introducer _____

Since

Introducer's A/c. No.
(ओळख देणाऱ्याचा खातेक्र.)

I certify that I have known, Mr./Mrs./Miss _____ for the last _____ months/years and confirm his/her their occupation and address stated in his / her / their application to open the account.

Signature of the Introducer (ओळख देणाऱ्याची सही)

Verifying Bank Officer (बँक अधिकाऱ्याची सही)

Facility

- ATM RuPay Debit Card (Separate Form to be filed) Mobile App Facility (Separate Form to be filed) SMS Facility Aadhar subsidy Jan dhan
- PMJJY Cheque Book ECS Mandate CTS Clearing Utility Bill payment (Separate Form to be filed)
- Statement on E-mail : Monthly Quarterly Half yearly Yearly

NOMINATION (वारसदार)

FORM DA 1

Nomination under section 45 ZA of the Banking Regulation Act 1949 and Rule 2(1) of the Banking Companies (Nominations) Rule, 1985 in respect of Bank Deposits.

I/We (खातेदाराचे नाव) _____

Address _____

Nominate the following person to whom in the event of my/our/monor's death the amount of the deposit, particulars whereof are given below, may be returned by,

Deposit ठेव		
Nature of स्वरूप	Account No. खाते नं.	Additional Detail, if any अतिरिक्त माहिती असेल तर

Nominee(s) वारस				
Name (वारसदाराचे नाव)	Address (पत्ता)	Relationship with depositor, if any नाते	Age वय	If nominee is a minor, his/her Date of Birth वारसदाराची जन्मतारीख

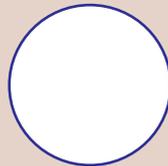
DECLARATION घोषणापत्र

- I/We agree to comply with the bank's rules in force from time to time for conduct of the above account.
- I/We declare that we do not enjoy any credit facility /loan with any bank.
- I/We enjoy the credit/loan facilities with other bank/Institute, at present (as per details attached) (Name of institute)/ Bank Facility/Amount) I/We hereby read and understood and here by agree to the terms and condition in respect of above all products of bank account.
- I/We agree that the bank may debit may account for service charges as applicable from time to time.
- I/We here by declare that information furnished in this form is true to the best of my/Our Knowledge and belief.
- I Read Saving Account Minimum Balance Scheme Rules.

Signature of th Declarant खातेदाराची सही

Signature and Name of Verifying official

Branch Manager / व्यवस्थापक सही



Officer/Assistant / अधिकारी सही