

Mode of Account Operation / खात्यावर व्यवहार करण्याबाबत सूचना

- Self / स्वतः Either or survivor / दोघापैकी कोणीही एक किंवा उत्तरजिवी Jointly or Survivor / सर्व मिळून किंवा उत्तरजिवी
 Former or Survivor / माजी किंवा वाचलेले
 Any one of us or one of the survivors or the last survivor /आमच्यापैकी एक अथवा जीवितापैकी एक किंवा शेवटचा जीवित
 Other /इतर : _____

Customer Details

Profession/Business/ व्यवसाय : _____ **Constitution/ संविधान :** _____
Estd. on/ स्थापना क्र. : _____ **PAN/GIR No./ पॅन/जीआयआर क्र. :** _____
Annual Turnover/Sales/ वार्षिक उलाढाल/ विक्री: _____ **Annual Income/ वार्षिक उत्पन्न :** _____
Office/ कार्यालय : **Owned / Rental/ मालकीचे/ भाड्याने**
Address/ पत्ता : _____
Telephone No./ दूरध्वनी क्र. : _____ **(R) _____ (O):** _____
Mobile/ भ्रमणध्वनी क्र. : _____ **Email ID/ ईमेल आयडी :** _____
Fax No. फॅक्स क्र. : _____
Previous Banker/ मागील बँकर : Bank / बँक _____ **Branch / शाखा :** _____
A/c No. / खाते क्र. : _____ **Tel. No./ दूरध्वनी क्र. :** _____

Proof of Identity

(Attach copies & provide originals for verification) provide atleast one each from List A & List B (Please tick)

List A (Proof of Identity)	List B (Proof of present address)
Voter's Card / Aadhar Card	Latest Electricity Bill/Telephone Bill / Aadhar Card
Pass Port / Pan Card	Xerox copy of Agreement of Residential Flat / Maintenance Receipt
Driving Licence	Income / Wealth Tax Assessment Order

Proof of Identity

Sole Proprietorship/Partnership	Private Ltd./Ltd. Company
1) Photographs of sole Proprietor/All authorised Signatories. 2) Certified copy of Partnership deed (In case of Partnership Firm) 3) Request letter to open an account & Mode of operation signed by all partners on Letterhead. 4) PAN and Proof of Identity for Sole Proprietor/All Partners as mentioned above. 5) Proof of Business	1) Certified copy of Memorandum and Articles of Association. 2) Certified copy of certificate of Incorporation. 3) Certified copy of certificate of commencement of Business (In case of Public Ltd. Co.) 4) Resolution to Open the account. Mode of operation & list of authorised signatories & proof of Identity. 5) List of all Directors and Addresses. 6) Pan Card

HUF	Private Ltd./Ltd. Company
1) Photographs of Karta & co-parceners. 2) HUF letter signed by Karta & major co-parceners. 3) Proof of identity & address 4) Pan Card	1) Photographs of all authorised Signatories & Proof of Identity. 2) Certified true copy of trust deed (For Trust). 3) Certified true copy of bye-laws (For Club/ Society/Association). 4) Certified true copy of Certificate of Registration. 5) Resolution of open the account, Mode of operation & list of authorised Signatories. 6) Pan Card

Introduction by an existing Account Holder

M/s. _____
CD/CC/OD Ac. No. : _____ **Branch :** _____ **Tel No.** _____
I know the customer for a period of _____ months / years and confirm his / her address.

Date

DD
MM
YY

Signature of introducer
Rubber Stamp

Signature verified by / स्वाक्षरी सत्यापित केली

Name/नाव : _____

Employee Code/कर्मचारी कोड : _____

Designation/पदनाम : _____

Signature/स्वाक्षरी : _____

Nomination (for Individual/Sole Proprietorship accounts only) / नामांकन (केवळ वैयक्तिक/एकल मालकी खात्यांसाठी) Required (Please fill up the nomination DA1 form) / आवश्यक आहे. (कृपया नामांकन डीए-१ फॉर्म भरा) Not required / आवश्यक नाही.

I/We nominate following named person as my/our nominee after my/our death and is entitled legally to receive the money as per Section 45 (ZA) of Banking Regulation Act. 1949 and U/S 56 of Co-operative Societies, 1985 Rule 2 (1) (Only one person can be nominated per account)

मी/आम्ही माझ्या/आमच्या मृत्यूनंतर खालील नामांकित व्यक्तीला माझे/आमचे नामांकित म्हणून नामांकित करतो आणि बँकिंग नियमन कायदा १९४९ च्या कलम ४५ (न-) आणि सहकारी संस्था, १९८५ च्या कलम ५६ अंतर्गत नियम २ (१) (प्रति खात्यात फक्त एकाच व्यक्तीचे नामांकन करता येते) नुसार पैसे मिळविण्याचा कायदेशीर अधिकार आहे.

Name & Address नाव आणि पत्ता	Age वय	Date of Birth (if minor) जन्मतारीख (अल्पवयीन असल्यास)	Relation with Depositor ठेवीदाराशी संबंध

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

Address _____

to receive the amount of the deposit on behalf of

the nominee in the event of my/our death during the minority of the nominee.

*Note : If depositor is an illiterate, thumb impression shall be attested by two witnesses.

या तारखेला नामनिर्देशित व्यक्ती अल्पवयीन असल्याने, मी/आम्ही श्री. / श्रीमती / कु. _____

पत्ता _____ माझा/आमचा मृत्यू नामनिर्देशित व्यक्तीच्या अल्पवयीन ते दरम्यान झाल्यास नामनिर्देशित व्यक्तीच्या वतीने ठेवीची रक्कम स्वीकारण्यास यांची नियुक्ती करतो.

* टीप : जर ठेवीदार निरक्षर असेल, तर अंगठ्याचा ठसा दोन साक्षीदारांनी साक्षांकित केला पाहिजे.

Signature(s) of Depositor(s)/ठेवीदारांच्या स्वाक्षऱ्या

Signature(s) of Witness(es)/साक्षीदारांच्या स्वाक्षऱ्या

- 1.
- 2.
- 3.
- 4.

- 1.
- 2.

FOR BANK'S USE ONLY / फक्त बँकेच्या वापरसाठी

A/C. Opened on : _____/_____/_____ Signature of Clerk : _____
खाते उघडण्याची तारीख : _____ लिपिकाची स्वाक्षरी : _____

Approved / मंजूर

Signature of Supervisor Officer : _____
पर्यवेक्षक अधिकाऱ्याची स्वाक्षरी

Sr. Officer / Manager _____
वरिष्ठ अधिकारी/व्यवस्थापक

Declaration/ घोषणापत्र

To, / प्रति,

Thane Bharat Sahakari Bank Ltd., Scheduled Bank/ठाणे भारत सहकारी बँक लि., शेड्युल्ड बँक _____ Branch/शाखा

Dear Sir, / प्रिय महोदय,

I/we the undersigned, hereby declare that I am / we are the sole Proprietor / only Partner of the Firm of _____ & am solely / are jointly & severally responsible for the liabilities thereof. I/we shall advise you in writing of any change that may take place in the Constitution / Partnership and I / all the present partners will be liable to you, on any obligation liquidated the current A/c. will be operated by _____

मी/आम्ही खाली स्वाक्षरी केलेले, याद्वारे घोषित करतो की मी/आम्ही _____ या फर्मचा एकमेव मालक/एकमेव भागीदार आहे/आहोत आणि त्याच्या दायित्वांसाठी मी/आम्ही पूर्णपणे/संयुक्तपणे आणि वैयक्तिकरित्या जबाबदार आहे. संविधान/भागीदारीमध्ये होणाऱ्या कोणत्याही बदलाबद्दल मी/आम्ही तुम्हाला लेखी कळवू आणि मी/आम्ही सर्व विद्यमान भागीदार तुम्हाला जबाबदार राहिल, चालू खाते रद्द केलेल्या कोणत्याही दायित्वावर _____ द्वारे चालवले जाईल.

Your Faithfully, तुमचे विश्वासू,

1 _____ 2 _____ 3 _____
4 _____ 5 _____ 6 _____

Sr. No. अनु. क्र.	Full Name पूर्ण नाव	Residential Address निवासी पत्ता	Personal Signature(s) of Partner / Proprietor भागीदार / मालक यांचे वैयक्तिक स्वाक्षरी

Services / Facilities

I / We, request Bank for following Services / Facilities. (Please tick the appropriate box)

1. **Cheque Book** : Yes, I wish to avail Cheque Book Facility

2. **RuPay Debit Card (Platinum)**: I/We have read the terms and conditions available on www.tbsbl.com. I/We accept & agree to be bound by the terms and conditions governing the operations/use of Thane Bharat RuPay Debit Card (Platinum) and the rules & bye laws of the Bank which are now in force or may hereafter come in force from time to time. I/We request you to issue a 'Thane Bharat RuPay Debit Card (Platinum)' in the name mentioned above for accessing above referred account and to avail all facilities including withdrawals from ATM's and usage through POS (Point of Sale) by debiting my/our captioned account. I/We accept recovering the applicable charges/fees from time to time by debiting my/our Primary Account and in case there is insufficient balance in Primary Account, by debiting charges/fees to my/our any other deposit account. I/We understand that, Bank may, at its absolute discretion, discontinue any of the service completely without any notice to me/us. I/We without prejudice to the above, accept Bank's lien on all my/our deposits, present and future held in the Primary Account as well as in my/our other account whether linked to Thane Bharat RuPay Debit Card (Platinum) facility or not. I understand that all the operations effected through use of Thane Bharat RuPay Debit Card (Platinum) are binding on me/us. Please send the Thane Bharat RuPay Debit Card (Platinum) on my/our address registered with you in Primary Account.

3. **SMS Banking** : Yes, I/We wish to avail SMS Banking Facility on mobile number

I / We have read and understood the Terms & Conditions available on www.tbsbl.com / at branch, applicable for SMS Banking. I/We accept and agree to be bound by the Terms & Conditions governing the facility and the rules of the Bank which are now in force or may hereafter come in force from time to time. As & when my/our mobile phone number(s) will change, I/We will intimate in writing to the Branch.

4. **E-Communication / Statement** : Yes, I / We wish to avail E-Communication / Statement facility on my email ID _____ I/We understand that the e-communication / statements are for my/our convenience. The Bank shall not be liable or responsible for any breach of secrecy because of sending the statements to the above e-mail ID. I/We shall verify the authenticity of the emails I/We receive. I/We shall not hold the Bank responsible for any statement received from fraudsters / imposters. I/We shall inform the Bank in writing if there is any change in the information given above. The Bank shall not be responsible if I/We do not receive statements due to incorrect email address and technical reasons. I/We confirm to have read and understood the Terms & Conditions pertaining to the said facility available on the bank's website.

5. **INTERNET BANKING** : (Retail) Yes, I wish to apply for Net Banking Facility Required : View/Transaction

E-mail ID: _____ Mobile No.

DECLARATION : I/We have read & understood the Terms & Conditions as displayed on bank's website as amended from time to time and I/We unconditionally accept & agree to be bound by the said Terms & Conditions. I/We agree that the Bank may debit my/our any account for service charges as applicable from time to time. I/We understand and agree that the Bank has a right to discontinue any of services completely or partially without any notice. I am aware that Bank is entitled to modify the Terms & Conditions without any notice and posting them on the Bank's website would constitute appropriate Notice. I agree that the transactions executed while using Internet Banking / Mobile Banking / Rupay Debit Card will be binding on me / all the joint account holders. Please link the Thane Bharat Mobile Banking (IMPS) facility for my/our primary account as well as linked account. I/We confirm that all details provided me/us in the form are correct.

1st A/c Holder

2nd A/c Holder

3rd A/c Holder

4th A/c Holder

For Office use only

Signature of the above account holder/s is/are as per the records. Details mentioned in the form including signature/s of the applicant/s and mode of operations are verified and confirmed and the said account/s is / are KYC compliant.

Name and signature of the Branch officer

With employee code _____

Date : _____

Branch Seal/Stamp

Form A

To/ प्रति,

The Manager/व्यवस्थापक

Thane Bharat Sahakari Bank Limited / ठाणे भारत सहकारी बँक लि.,
(Scheduled Bank) / (शेड्युल्ड बँक)

Date/दिनांक :

Dear Sir/Madam, / प्रिय महोदय/मॅडम,

Declaration / घोषणा -

I/We, the Proprietor / Partner/s / Director/s of _____

Desirous of opening current account with your Bank, do here by declare that the captioned

Firm / company do not have any borrower account / do not enjoy credit facilities with any other Commercial Bank or co-operative Bank/Society either in individual name or the institutional name.

In case above declaration found to be incorrect / untrue we shall be hold liable / responsible for the same.

मी/आम्ही, _____ चे मालक/भागीदार/संचालक/संस्था तुमच्या बँकेत चालू खाते उघडण्यास इच्छुक, येथे घोषित करतो की नमूद केलेल्या फर्म/कंपनीचे कोणतेही कर्जदार खाते नाही/त्यांना इतर कोणत्याही व्यावसायिक बँक किंवा सहकारी बँक/संस्थेत वैयक्तिक किंवा संस्थात्मक नावाने कर्ज घेतले नाही.

वरील घोषणा चुकीची / असत्य आढळल्यास आम्ही त्यासाठी जबाबदार/जबाबदार राहू.

Signature/s स्वाक्षरी / -

Form B

To/ प्रति,

The Manager/व्यवस्थापक

Thane Bharat Sahakari Bank Limited / ठाणे भारत सहकारी बँक लि.,
(Scheduled Bank) / (शेड्युल्ड बँक)

Date/दिनांक :

Dear Sir/Madam, / प्रिय महोदय/मॅडम,

Declaration / घोषणा -

I/We, the Proprietor (Individual)/Partner/s (Name of partner)/Director/s (Name of Directors) of _____

Desirous of opening current account with your Bank, do here by declare that the captioned

Firm/company enjoys the borrowing / credit facilities with other Commercial Bank/co-operative

Bank / Society as per the details given here under.

मी/आम्ही, _____ चे मालक (व्यक्ती)/भागीदार/भागीदार (भागीदारांचे नाव)/संचालक/संचालकांचे नाव (संचालकांचे नाव) तुमच्या बँकेत चालू खाते उघडण्यास इच्छुक असल्यास, येथे घोषित करतो की येथे दिलेल्या फर्म/कंपनीच्या तपशीलांनुसार इतर व्यावसायिक बँक/सहकारी बँक/संस्थेकडून कर्ज घेतले आहे.

Name of the Bank and Branch/ बँकेचे नाव आणि शाखा :.....

Nature of facilities/ सुविधांचे स्वरूप :.....

Sanctioned limits/ मंजूर मर्यादा :.....

Outstanding under each Head/ प्रत्येक शीर्षकाखालील थकबाकी :.....

Due date of limits / installments/ मर्यादा/ हप्त्यांची देय तारीख :.....

Over dues if any/ जर काही असेल तर जास्त देय रक्कम :.....

Number of shares aggregate amount Rs. (In case)/ शेअर्सची संख्या एकूण रक्कम रु. (जर असेल तर):.....

of Co-operative Bank/Society/सहकारी बँक/संस्थेचे

Signature/s स्वाक्षरी / -

Personal Information of Proprietor / Partner / Authorised Signatory

(Please fill the form in BLOCK LETTERS only)

Name : Mr/Mrs./Miss :	
Customer ID :	If Shareholder, Membership No.
Details of other Account/s with Thane Bharat Sahakari Bank Limited :	
Date of Birth : / /	Religion : Nationality : Indian /
Caste : SC/ST/OBC/BC/OTHER	Qualification :
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried	No. of Dependents / Children:_____
*Aadhaar Card No.	# PAN
*Passport No.	Passport Exp. Date : / /20
*Driving Licen. No.	Driving Licence Exp. Date : / /20
*Voter ID No.	Residence Type <input type="checkbox"/> Owned <input type="checkbox"/> Rental <input type="checkbox"/> Other
Annual Income : - <input type="checkbox"/> up to Rs. 5 Lacs <input type="checkbox"/> Rs. 5 to 10 Lacs <input type="checkbox"/> Above Rs. 10 Lacs	
Occupation: <input type="checkbox"/> Service <input type="checkbox"/> Self Emp. <input type="checkbox"/> Professional <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Retired In case of Professional please specify the profession _____	
Residential Address	
Flat No. & Bldg. Name _____ _____	
Road No. / Name _____	
Area / Locality _____	
City _____	Pin <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tel. No _____	Mobile No: _____ / _____
E-mail : _____	
Details of Employment / Business	
Name _____	
Address _____ _____	
_____ Contact No _____	
No. of Years of Employment / Business _____	
Previous Banker :	Social Status :

* Provide at least one along with its copy # if PAN is not available, please fill up additional declaration Form No 60 or 61

I hereby declare that the information furnished above is true and correct.

Signature of the Customer

Date _____

Declaration Form for “Beneficial Owner” (To be filled by the Customer)

As per bank’s Customer Acceptance Policy (CAP), branches should undertake reasonable measures to identify the beneficial owner(s) and verify his/her/their identity in a manner so that branch is satisfied that it knows who the beneficial owner(S) is /are.

Vide Master Circular on KYC directions, RBI has issued procedure for identification of Beneficial Ownership, as advised by Government of India. The procedure of identification as advised by Government of India is as under :

Sr. No.	Constitution	Beneficial Owner
1	Where the client is company,	The natural person(s), who, whether acting alone or together, or through one or a more juridical person, has a controlling ownership interest of or entitlement to more than 10% of shares or capital or profits of the company ; or who exercises the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;
2	Where the client is Partnership Firm	The natural person(s), who, whether acting alone or together, or through one or a more juridical person, has ownership of/entitlement to more than 10% of capital or profits of the partnership ;
3	Where the client is an unincorporated association or body of individuals,	The natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than 15% of the property or capital or profits of such association or body of individuals (Body of individuals include Societies. BO is the Senior Managing Official, if it doesn’t fit in any of the definitions)
4	Where no natural person is identified under (1) or (2) or (3) above,	The relevant natural person who holds the position of senior managing official;
5	Where the client is a trust,	The author of the trust, the trustee, the beneficiaries with 10% or more Interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership;

Note: Where the client or the owner of the controlling interest is a company listed on a stock exchange, or is a subsidiary of such a company, It is not necessary to identify and verify the Identity of any shareholder or beneficial owner of such companies.

A/c No.	Name :-
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Details of “Beneficial Owner”:

Sr. No.	Name of Beneficial Owner	Designation	Date of Birth	Pan Number	Aadhar Number	% holding as per BO definition	Signature
1							
2							
3							
4							
5							

Place: _____

Date: _____

[Information on other Countries Tax Residency]

FATCA - CRS DECLARATION FORM (INDIVIDUALS)

Account Number	
Name of the Account holder	
PAN	
Father's Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Occupation	<input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Others
Address	
Type of Address	<input type="checkbox"/> Residential <input type="checkbox"/> Business
Date & Place of Birth	
Landline Number	
Mobile Number	
Email address	
Country of Birth	
Nationality	
Are you a tax resident of any country other than India?	

If yes, please specify the details of all countries where you hold tax residency and its Tax Identification Number & type.

Country of Tax Residency	Tax payer Identification Number (or functional Equivalent/company Identification Number)	Identification Type (TIN or other, please specify)

CERTIFICATION

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct and complete. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I may liable for it.

Furthermore, I authorize Thane Bharat Sahakari Bank Ltd to disclose, share, rely remit in any form, mode or manner, all/any of the information provided by me, including all changes, updates to such information as and when provided by me to any Indian of foreign governmental or statutory or judicial authorities/ agencies including but not limited to the Financial Intelligence Unit-India (FIUIND), the tax / revenue authorities in India or outside India whenever it is legally required and other investigation agencies without any obligation of advising me/us of the same.

Name :

Signature

Date :
