

ANNEXURE J

The Saraswat Co-operative Bank Ltd. (Scheduled bank)Laxman Zulla, 1st Floor, 50 Ranade Road, Dadar (W), Mumbai 400028

Tel: 4211246, 4314133 Fax:4323272

DP ID: IN300829

APPLICATION FOR OPENING AN ACCOUNT

(For Individuals Only)

Date:	Client –Id (To be filled by Participant)								
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I/We request you to open a depository account in my/our name as per the following details:
(Please fill all the details in **CAPITAL LETTERS** only)

Type of Account

<input type="checkbox"/> Ordinary Resident	<input type="checkbox"/> NRI- Repatriable
<input type="checkbox"/> HUF	<input type="checkbox"/> NRI-Non-Repatriable
<input type="checkbox"/> Others (please specify)	

Sole/First Holder's Details

Name	
Name of Father/Husband	
Correspondence Address	Pin Code
Telephone No.	
Fax Number	
Occupation	

Other Holder Details

Second Holder Name	
Name of Father/Husband	
Address	Pin Code
Occupation	
Third Holder Name	
Name of Father/Husband	
Address	Pin Code
Occupation	

Guardian Details (In case the Sole/First/Second/Third Holder is a minor)

Name	
Relationship (if any)	
Address	Pin Code
Date of Birth(of minor)	

In Case of NRIs

Foreign Address	
RBI Reference No.	
RBI Approval Date	

Bank Details

Savings/Current A/c No.	
Bank Name	
Branch Name and Address	Pin Code
9-Digit MICR code	

Financial Details

	P.A.N./G.I.R. NO.	IT Circle/Ward/District No.
Sole/First Holder		
Second Holder		
Third Holder		

Standing Instructions

I/We authorise you to receive credits Automatically into my/our account.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please attach recent passport size photograph in the space provided below:

1st Holder	2nd Holder	3rd Holder

Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/We have understood the same and I/We agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/We also declare that the particulars given by me/us are true to the best of my/our knowledge as on the date of making such application. I/We further agree that any false/misleading information given by me or suppression of any material fact will render my account liable for termination and further action.

Name(s) of holder(s)		Signature(s)
Sole/First Holder		
Second Holder		
Third Holder		

Introduction

(by the applicant's bank or by an existing account holder of _____)
(Saraswat Bank- IN 300829)

I confirm the identity and address of the applicant(s)

Name: _____

Client Id : _____

Signature of Introducer
(To be verified by DP official)

NOMINATION

I/We wish to make a nomination and do hereby nominate the following person in whom all rights and/or money payable in respect of securities held in the Depository by me/us in the said beneficiary owner account shall vest in the event of my/our minor's death.	
Name of the Nominee	
Relationship with the Applicant, if any.	
The Nominee is a minor, whose guardian is	
Address	
Pin code	
Date of Birth (in case of Minor)	

Photograph of Nominee Signature of Nominee

Signature of two Witnesses

Name	Address	Signature with Date
1.		
2.		

(To be signed by the applicant only in case of nomination)

(Sole/First Holder) (Second Holder) (Third Holder)

Notes:

1. The names and signatures of the account holders should be exactly in the same order as mentioned on the certificates to be dematerialised.
2. All communications shall be sent at the correspondence address of the **Sole/First holder** only.
3. In case of additional signatures, separate annexures should be attached to the application form.
4. Thumb impressions and signatures other than English or Hindi or any of the other languages not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
5. (a) A beneficiary account must be opened only after obtaining a proof of identity of the applicant. The applicant's signature and photograph must be authenticated by an existing account holder or by the applicant's bank or after due verification made with the original of the applicant's valid passport, voter ID, driving license or PAN card with photograph; and further,
(b) the account opening form should be supported with proof of address such as verified copies of ration card/passport/voter ID/PAN card/driving license/bank passbook. An authorised official of the Participant, under his signature, shall verify the original documents.

Acknowledgement
The Saraswat Co-operative Bank Ltd.
Laxman Zulla , 1st floor, Ranade Road, Dadar (W), Mumbai 400028
DP ID: IN 300829

Accepted/Rejected the application from Mr./Mrs/Ms. _____
as the sole/first holder alongwith _____ and _____
as the second and third holders respectively for opening of a depository account. Your Client Id will be intimated to you shortly on acceptance. Please quote the DP Id & Client Id allotted to you in all your future correspondence.

Date: _____

Participant Stamp & Signature