



CUSTOMER REGISTRATION FORM FOR INDIVIDUAL



Important Instructions:

- A) Fields marked with “*” are MANDATORY
 B) Self-attestation of documents is mandatory
 C) Please fill the form in English and in BLOCK Letters
 D) Please fill the date in DD-MM-YYYY format
 E) Please read section wise detailed guidelines / instructions
 F) Please counter sign in full for any overwriting / alteration.

- G) List of State/UT code as per Indian Motor Vehicle Act, 1988 is available with the Bank
 H) List of two character ISO 3166 country codes is available with the Bank
 I) CKYC number of applicant is mandatory for CKYC update request
 J) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated

For Office Use only

Application Type* ☐ New ☐ Update Existing
 Account Type* ☐ Normal ☐ Small
☐ Minor ☐ Staff

CKYC No.*
 (Mandatory for CKYC update)
 Customer No.*
 (Mandatory if existing Customer)

Case No.*

1. PERSONAL DETAILS (Refer instruction A)

APPLICANT	TITLE	(Lastname)	FULL NAME	(First Name)	(Middle Name)
Name* (Same as ID Proof)					
Maiden Name* (If any)					
Fathers's Name*					
Mother's Name*					
Spouse's Name* (If applicable)					
Gender*	☐ Male	☐ Female	☐ Transgender	Marital Status*	☐ Married ☐ Unmarried ☐ Others
Date of Birth*	D D - M M - Y Y Y Y		City of Birth*		
Country of Birth* (ISO-3166)			Nationality*	☐ Indian ☐ Others	Country Code* (ISO-3166)
Residential Status*	☐ Resident Individual	☐ Non Resident Individual	☐ Foreign National	☐ Person of Indian Origin (Attach Annexure A2)	
Occupation* Type	☐ Service ☐ Public Sector ☐ Private Sector ☐ State Govt. ☐ Central Govt. ☐ Defence ☐ Business ☐ Industrialist ☐ Trade Sector ☐ Service Sector ☐ Migrant Labour ☐ Contractor ☐ Jeweller / Bullion Trader ☐ Pawn shop ☐ Import/Exporter ☐ Professional ☐ Medical Prof. ☐ Legal Prof. ☐ CA/CMA/TAXATION/CS Finance ☐ Eng./Architect/Tech.Consultant ☐ Others ☐ Retired ☐ Journalist ☐ Housewife ☐ Student ☐ Share and Stockbroker ☐ Agriculture ☐ Political/Social Worker ☐ Seafarer ☐ (Attach Annexure II) ☐ Oth. Self Employed / Oth. Professional / Not Categorized-Please Specify				
Source of Fund*	☐ Salary	☐ Business Income	☐ Agriculture	☐ Investment	☐ Pension ☐ Others (Please Specify)
Caste*	☐ General	☐ OBC	☐ SC	☐ ST	☐ NT ☐ Others (Please Specify)
Religion*	☐ Hindu	☐ Muslim	☐ Christian	☐ Sikh	☐ Buddhist ☐ Jain ☐ Others (Please Specify)
Illiterate *	☐ Yes	☐ No	If yes: Identification Marks:*		
Person with disability *	☐ Yes	☐ No	If yes*: (Certificate to be provided) ☐ Visually impaired ☐ Mentally Challenged ☐ Physically Challenged		
GST * (If applicable)					
Udyam Registration No* If applicable(For MSME)					
Name of Organization					
Designation/Profession	No of year service/Profession				
Address					

PHOTO

Recent passport size coloured photograph (Do not staple)

Signature / Thumb Impression

6. FATCA-CRS DECLARATION: (Refer instruction B)

(Kindly fill in details of all countries of Tax Residence, if more than one)

Are you a tax resident in any jurisdiction outside India? ☐ Yes ☐ No (If yes, please provide the details in table below)

For the purpose of taxation, I am tax resident in the following jurisdictions and taxpayer's identification number (TIN) /functional equivalent in each jurisdiction is listed below:

	Country 1	Country 2	Country 3
Country of Tax Residency			
Tax Identification Number (TIN)			
TIN issuing country			
If TIN is not available, state reason (refer below)	☐ Jurisdiction does not issue TIN ☐ Jurisdiction does not require the collection of TIN by its residents ☐ Others - Please provide an explanation. (Student, Housewife, Seafarer, Retiree, Diplomat, any other reason) _____	☐ Jurisdiction does not issue TIN ☐ Jurisdiction does not require the collection of TIN by its residents ☐ Others - Please provide an explanation. (Student, Housewife, Seafarer, Retiree, Diplomat, any other reason) _____	☐ Jurisdiction does not issue TIN ☐ Jurisdiction does not require the collection of TIN by its residents ☐ Others - Please provide an explanation. (Student, Housewife, Seafarer, Retiree, Diplomat, any other reason) _____

7. CONTACT DETAILS* (Communication will be done on Mobile no./ Email ID provided) (Refer instruction F)

Mobile no. -

Email ID

Tel (Off.): - Tel (Res.): -

You may convey promotional information through telephone/sms/e-mail/letters- Yes ☐ No ☐

8. RELATED PERSONS TYPE

☐ Guardian of Minor
 ☐ Assignee
 ☐ Authorised Representative
 ☐ Director
 ☐ Promoter
 ☐ Karta
☐ Trustee
 ☐ Partner
 ☐ Beneficial Owner
 ☐ Authorised Signatory
 ☐ Court Appointed Official
 ☐ Beneficiary
☐ Proprietor

9. NON-RESIDENT/RFC DECLARATION

- I/We hereby declare that, I am/we are Non-Resident of Indian nationality/Foreign national of Indian origin.
- I/We agree that the above account will be opened on the basis of these statements/ declarations made by me/us and I/we also agree that if any of the statements/ declarations made herein are found to be not correct in material particulars, you are not bound to pay any interest on the deposit made by me/us.
- I/We hereby agree that operations of accounts opened in foreign currency will be governed by prevailing FEMA provisions and RBI guidelines."
- I/We hereby agree that the remittance can be converted to US DOLLARS / STG POUND / EURO / AUSTRALIAN DOLLAR / CANADIAN DOLLAR my/our exchange risk in case currency other than the above is deposited/remitted for the purpose of opening Foreign Currency Deposit Account.
- I/We hereby undertake that in case of debits to the accounts for the purpose of investment in India and credits representing sale proceeds of investments, I/We would ensure that such investment/ disinvestments would be covered either by the general or special permission of Reserve Bank of India. I/We hereby undertake to intimate to you about my/our return to India for permanent residence immediately on arrival. I/We hereby undertake not to make available to any person in India any foreign exchange against reimbursement in rupees or in any other manner.
- I/We hereby declare that the transaction which will be put therein my/our account by me/we or my/our Power of Attorney holder from time to time not involve, and is not designed for the purpose of any contravention or evasion of the provisions of the FEMA1999 or any rule, regulation, notification, direction or order made there under.
- I/We also hereby agree and undertake to give such information/documents which will reasonably satisfy you about this transaction in terms of the above declaration.
- I/We also understand that if I/We refuse to comply with any such requirement or make only unsatisfactory compliance therewith, the Bank refuse in writing to undertake the transaction and shall if it has reason to believe that any contravention/evasion is contemplated by me/us report the matter to Reserve Bank of India.
- I/We hereby declare that only legitimate dues in India which would include current income like rent, dividend, pension, interest etc. sale proceeds of assets including immovable property acquired out of rupee/foreign currency funds by way of legacy/inheritance will be deposited in my/our NRO account with the prevailing stipulations laid by RBI. For NRO accounts, I/We will not make available to any person resident in India any foreign exchange against reimbursement in Indian Rupees or otherwise.

Applicant Declaration

Declaration and Undertakings:

- 1) I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- 2) I agree that my personal KYC details may be shared with central KYC registry or any other competent authority. I hereby provide my consent to download the KYC records from the Central KYC Records Registry (CKYCRR) by using KYC Identifier as submitted by me or retrieved through CKYCRR by using the information provided by me in the Customer Registration Form (CRF). I hereby provide my consent to use the downloaded KYC information for opening of CIF and Accounts. I hereby consent to receive information from the Bank/Central KYC Registry/Gol/RBI or any other authority through SMS/e-mail on my registered mobile number / email address. I also agree that the non-receipt of any such SMS/e-mail shall not make the Bank liable for any loss or damage whatsoever in nature.
- 3) I hereby declare that I or any of my relatives have not been entrusted with prominent public functions in a foreign country e.g. Heads of States or Governments, senior politicians, senior government / judicial / military officers, senior executives of state owned corporations, important political party officials, etc. I hereby further declare that in case in the future, I or any of my relatives have been entrusted with prominent public functions in a foreign country as stated above, I will immediately notify the bank about the same.
- 4) Any change of address, mobile number, land line number, email ID, etc will be immediately updated in a separate customer registration form and provided to the Bank along with necessary documentary evidence where ever required.
- 5) I am aware that SARASWAT CO-OPERATIVE BANK LTD. does not seek any information relating to login id / password/PIN/OTP in any form through e-mails from its customers. I agree and undertake that I shall never part with any sensitive information of my account especially through internet / email / phone medium. I further agree and confirm that SARASWAT CO-OPERATIVE BANK LTD. shall not be liable for any losses arising from my sharing / disclosing of login id, password, OTP, cards, card numbers or PIN (Personal Identification Number), cheque/s to anyone, nor shall make claims on the bank for any unauthorized use. I shall take all precautions to protect my account details so as to avoid any unauthorized use.
- 6) The information provided by me in the form, its supporting Annexures as well as in the documentary evidence provided by me are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- 7) I permit / authorize the Bank to collect, store, communicate and process information relating to the account and all transactions therein, by the Bank wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- 8) I undertake the responsibility to declare/discard and update within 30 days from the date of change, any changes that may take place in the information provided in the form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence for updating it in Banks record.
- 9) I also agree that my failure to disclose any material fact known to us, now or in future, may invalidate our application and the Bank would be within its right to put restrictions in the operations of my account or close it or report to any regulatory and / or any authority designated by the Government of India (GoI) / RBI for the purpose or take any other action as may be deemed appropriate by the Bank if the deficiency is not remedied by me within the stipulated period.
- 10) I hereby accept and acknowledge that the Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the Bank.
- 11) It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285 BA of the Income Tax Act read with the Rules thereunder.
- 12) I also agree to furnish such information and / or documents as the Bank may require from time to time on account of any changes in law either in India or abroad in the subject matter herein.
- 13) I hereby agree to indemnify Saraswat Bank for any loss (including penalty, if any, levied by any authority including the Central Board of Direct Taxes (CBDT)) that may be suffered by or caused to Saraswat Bank on account of providing inaccurate or incomplete information by me.
- 14) The information provided in the form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962.
- 15) I hereby authorise and give my consent to Saraswat Cooperative Bank to share with CICs, my details, to do a credit bureau check with reference to the application.
- 16) In respect of accounts opened on the basis of Aadhaar details, I hereby declare that I have submitted the Aadhaar Card issued by UIDAI voluntarily for identification and/or address proof towards the compliance of KYC norms under the PMLA, 2002 and I hereby consent that the Bank may verify the same with the UIDAI and authorise the UIDAI expressly to release the identity and address through biometric authentication to the Bank. I wish to seed this account with NPCI mapper to enable me to receive Direct Benefit Transfer (DBT) including LPG subsidy from Govt of India (GOI) in this account. I understand that if more than one benefit transfer is due to me, I will receive all the benefit transfer in this account.
- 17) I understand, acknowledge and authorize that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter- Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and / or any other similar arrangements.
- 18) I undertake to submit data/information together with fresh KYC documents for updation of KYC details at periodical intervals as may be required by the Bank.
- 19) I understand that the account will be activated and debits will be allowed only after completion of Customer Due Diligence relating to KYC by the Bank.
- 20) In case the account is opened without PAN, I undertake to submit PAN on or before such date as may be notified by the Government of India, failing which the account shall cease to be operational till the time PAN is submitted, as per Prevention of Money -Laundering (Maintenance of

Records) Rules 2005. PAN details are mandatory for conducting International / Forex transaction through account.

- 21) In case, deemed OVDs are submitted for Current Address at the time of Account opening, I undertake to submit Aadhaar or any of the OVD having Current Address within 3 months from the date of account opening, failing which I understand that my account may cease to be operational as per GOI guidelines at the material time.
- 22) I hereby certify that the Savings Bank Account would be used by me to route transactions of only non-business/non-commercial nature. In the event of occurrence of such transactions or any such transactions that may be construed as commercial/business/dubious or undesirable, the Bank reserves the right to unilaterally freeze operations in such accounts and /or close the account.
- 23) As per RBI directions, the Bank has to validate the mobile number before activation of the account. The customer should give missed call on the Bank's prescribed number from the registered mobile number for activation.
- 24) The customer should maintain minimum quarterly average balance as may be required from time to time in the account and communicated at the time of opening of the account as well as sufficient balance to honour cheques issued to third parties. Changes in the Bank / Service charges or minimum balance requirements are displayed on the Notice Board of the Branches and on the website. The non-maintenance of the adequate balance shall automatically entitle the Bank to levy the charges for non-maintenance of the average balance.
- 25) If there are no 'customer induced (Financial/Non financial) transactions' in the account for a period of over two years the account automatically gets classified as an inoperative account.
- 26) Spl. Instruction for Term Deposit : In the event of death of any of the joint depositors prior to maturity of the deposit or otherwise, the Bank will be, at the request of the surviving depositor or all surviving depositors will be at liberty though not bound and at its absolute discretion to add / delete any name, or to repay the deposit before maturity or grant an advance against the security thereof, on such terms and conditions as the bank may decide and such payment before maturity shall constitute a valid discharge to the Bank and all applicable agree to the above.
- 27) Auto renewal of term deposits : The Term Deposits would be automatically renewed under the Auto Renewal Process on the date of maturity, at a rate of interest prevailing on the date of renewal and for the same period for which the existing deposit was kept. In case any depositor wishes to alter the period of deposit confirmation advice /s or withdraw the proceeds of the confirmation advice /s renewed under Auto Renewal process, they may do so as per Bank's prevailing guidelines in this regard in the Bank's Deposit Policy on the website.
- 28) Our deposits are insured under the Deposit Insurance and Credit Guarantee Corporation of India (DICGC) scheme.
- 29) I acknowledge receipt of rules and regulation of Bank.

Place :

Signature of applicant :

Signature / Thumb
Impression

Date :

Witnessed by (Signature):

Signature

Thumb impression shall be attested by the witness

Name of witness:

Attestations / For Office Use

Documents received: ☐ Self Attested ☐ Verified from Original ☐ Verified by Indian Embassy/Banker Abroad/Notary Public

Risk category*: ☐ High ☐ Medium ☐ Low

IN PERSON VERIFICATION DETAILS

Identity Verification: ☐ Done PAN Verification: ☐ Done Banned List Verification: ☐ Done
(Lastname) (First Name) (Middle Name)

Employee Name :

Employee Code : Emp. Designation:

Emp Branch Name :

Obtained FATCA/ CRS declaration from all applicants (including joint applicants) ☐ Yes ☐ No

I certify that I have scanned all required documents as per our policy for registering the customer

FOR SARASWAT CO-OPERATIVE BANK LIMITED

IFSC CODE : SRCB0000

Place:

Signature of Employee

Signature

Bank / Branch
Stamp & Seal

Date :



Annexure I-A
SARASWAT CO-OPERATIVE BANK LTD.
Aadhar Consent - KYC ONLY

_____ Branch

I hereby submit voluntarily at my own discretion/without any compulsion from the Bank and/or its staff, the physical copy of Aadhaar card/physical e-Aadhaar / masked Aadhaar / offline electronic Aadhaar xml as issued by UIDAI (Aadhaar), to Saraswat Co-operative Bank Limited for the purpose of establishing my identity/address proof and voluntarily give my consent to open account/ process Instructions for the said purpose with Saraswat Co-operative Bank Limited in my individual capacity using my Aadhaar or as an authorized signatory in non-individual accounts and hereby consent to Saraswat Co-operative Bank Limited for verification of my Aadhaar to establish its genuineness through Quick Response (QR) code embedded in the Aadhaar card or through such other acceptable manner as per UIDAI or under any Act or law from time to time.

The consent and purpose of collection Aadhaar has been read by me/explained to me in local language known to me and I have understood the contents of the same. Saraswat Co-operative Bank Limited has informed me that my Aadhaar submitted to the bank herewith shall not be used for any purpose other than mentioned above or as per requirements of law.

Saraswat Co-operative Bank Limited has informed me that consent and my Aadhaar will be stored along with my/our account details within the bank.

I hereby declare that all the information voluntarily furnished by me is true correct and complete I will not hold Saraswat Co-operative Bank Limited or any of its officials responsible in case of any incorrect information provided by me.

Name of the Account holder _____

Signature of the Account holder _____

Annexure I-B
Download Consent Form

Dear Sir/Madam,

I, (Name of the Applicant) _____ S/o. / D/o. W/o.

(Father's / Mother's / Spouse Name) _____,
give my consent to download my KYC Records from the Central KYC Registry (CKYCR), only for the purpose of verification of my identity and address from the database of CKYCR Registry.

I Understand that my KYC Record includes my KYC Records/Personal information such as my name, Address, date of birth, Pan Number etc.

Signature: (Applicant) _____

Date :

D	D	M	M	Y	Y	Y	Y
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GUIDELINES FOR FILLING INDIVIDUAL CUSTOMER REGISTRATION FORM

General Instructions:

- 1) Fields marked with “ * ” are mandatory fields
- 2) Tick (✓) wherever applicable.
- 3) Self-attestation of documents is mandatory
- 4) Please fill the form in English and in BLOCK Letters
- 5) Please fill dates in DD-MM-YYYY format.
- 6) Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively, details of which are available with the Bank.
- 7) CKYC number of applicant is mandatory for CKYC update request
- 8) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- 9) Annexure II should be obtained in case of seafarers.
- 10) Annexure III should be obtained in case of NRO/NRE a/cs where resident joint-holder shall operate the accounts.

A. Clarification / Guidelines on filling ‘Personal Details’ section

- 1) Name: Please state the name with Prefix (Mr./Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of identity submitted failing which the application is liable to be rejected.
- 2) Either father’s name or spouse’s name is to be mandatorily furnished. In case PAN is not available father’s name is mandatory.
- 3) If senior citizen / minor provide proof of Date of Birth.
- 4) If PAN No. is not available please attach form 60 or 61.

B. Clarification / Guidelines on filling details if applicant residence for tax purposes is jurisdictions(s) outside India

- 1) Kindly note that TIN issued by foreign country must be one of the TIN document notified by Organisation for Economic Co-operation and Development (OECD). For reference, you may refer below link of OECD having information about Tax Identification Number (TIN) or its equivalent documents issued by different countries in the world.
<https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>
- 2) Tax Identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a “Functional equivalent”), the same may be reported. Examples of that type of number for individual include, a social security / insurance number, citizen personal identification / services code / number and resident registration number.

C. Clarification / Guidelines on filling “Proof of identity (POI)” section

- 1) If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.

D. Clarification / Guidelines on filling ‘Proof of Address (PoA) - Current / Permanent / Overseas Address details’ section

- 1) State / U.T Code and Pin / Post code is not mandatory for Overseas addresses.
- 2) Deemed to be OVD Document Type Code
 - 01) Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill)
 - 02) Property or Municipal Tax receipt.
 - 03) Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings if they contain address.
 - 04) Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and licence agreements with such employers allotting official accommodation.
 - 05) Documents issued by Government departments of foreign jurisdiction and letter issued by Foreign Embassy or Mission in India

E. Clarification / Guidelines on filling ‘Proof of Address (PoA) - Correspondence / Local Address details’ section

- 1) To be filled only in case the PoA is not the local address or address where the customer is currently residing.

F. Clarification / Guidelines on filling ‘Contact details’ section

- 1) Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999)
- 2) Do not add ‘0’ in the beginning of Mobile number.



LIST OF TWO-DIGIT STATE /U.T. CODES AS PER INDIAN MOTOR VEHICLE ACT 1988

State / U.T.	Code	State / U.T.	Code	State / U.T.	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

LIST OF ISO 3166 TWO-DIGITCOUNTRY CODE

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Faroe Islands	FO	Mayotte	YT	Swaziland	SZ
Aland Islands	AX	Fiji	FJ	Mexico	MX	Sweden	SE
Albania	AL	Finland	FI	Micronesia, Federated states of	FM	Switzerland	CH
Algeria	DZ	France	FR	Moldova, Republic of	MD	Syrian Arab Republic	SY
American Samoa	AS	French Guiana	GF	Monaco	MC	Taiwan, Province of China	TW
Andorra	AD	French Polynesia	PF	Mongolia	MN	Tajikistan	TJ
Angola	AO	French Southern Territories	TF	Montenegro	ME	Tanzania, United Republic of	TZ
Anguilla	AI	Gabon	GA	Montserrat	MS	Thailand	TH
Antarctica	AQ	Gambia	GM	Morocco	MA	Timor-Leste	TL
Antigua and Barbuda	AG	Georgia	GE	Mozambique	MZ	Togo	TG
Argentina	AR	Germany	DE	Myanmar	MM	Tokelau	TK
Armenia	AM	Ghana	GH	Namibia	NA	Tonga	TO
Aruba	AW	Gibraltar	GI	Nauru	NR	Trinidad and Tobago	TT
Australia	AU	Greece	GR	Nepal	NP	Tunisia	TN
Austria	AT	Greenland	GL	Netherlands	NL	Turkey	TR
Azerbaijan	AZ	Grenada	GD	New Caledonia	NC	Turkmenistan	TM
Bahamas	BS	Guadeloupe	GP	New Zealand	NZ	Turks and Caicos Islands	TC
Bahrain	BH	Guam	GU	Nicaragua	NI	Tuvalu	TV
Bangladesh	BD	Guatemala	GT	Niger	NE	Uganda	UG
Barbados	BB	Guernsey	GG	Nigeria	NG	Ukraine	UA
Belarus	BY	Guinea	GN	Niue	NU	United Arab Emirates	AE
Belgium	BE	Guinea-Bissau	GW	Norfolk Island	NF	United Kingdom	GB
Belize	BZ	Guyana	GY	Northern Mariana Islands	MP	United States	US
Benin	BJ	Haiti	HT	Norway	NO	United States Minor Outlying Islands	UM
Bermuda	BM	Heard Island and McDonald Islands	HM	Oman	OM	Uruguay	UY
Bhutan	BT	Holy See (Vatican City State)	VA	Pakistan	PK	Uzbekistan	UZ
Bolivia, Plurinational State of	BO	Honduras	HN	Palau	PW	Vanuatu	VU
Bonaire, Sint Eustatius and Saba	BQ	Hong Kong	HK	Palestine, State of	PS	Venezuela, Bolivarian Republic of	VE
Bosnia and Herzegovina	BA	Hungary	HU	Panama	PA	Viet Nam	VN
Botswana	BW	Iceland	IS	Papua New Guinea	PG	Virgin Islands, British	VG
Bouvet Island	BV	India	IN	Paraguay	PY	Virgin Islands U.S.	VI
Brazil	BR	Indonesia	ID	Peru	PE	Wallis and Futuna	WF
British Indian Ocean Territory	IO	Iran, Islamic Republic of	IR	Philippines	PH	Western Sahara	EH
Brunei Darussalam	BN	Iraq	IQ	Pitcairn	PN	Yemen	YE
Bulgaria	BG	Ireland	IE	Poland	PL	Zambia	ZM
Burkina Faso	BF	Isle of Man	IM	Portugal	PT	Zimbabwe	ZW
Burundi	BI	Israel	IL	Puerto Rico	PR		
Cabo Verde	CV	Italy	IT	Qatar	QA		
Cambodia	KH	Jamaica	JM	Reunion !Reunion	RE		
Cameroon	CM	Japan	JP	Romania	RO		
Canada	CA	Jersey	JE	Russian Federation	RU		
Cayman Islands	KY	Jordan	JO	Rwanda	RW		
Central African Republic	CF	Kazakhstan	KZ	Saint Barthelemy !Saint Barthelemy	BL		
Chad	TD	Kenya	KE	Saint Helena, Ascension and Tristan da Cunha	SH		
Chile	CL	Kiribati	KI	Saint Kitts and Nevis	KN		
China	CN	Korea, Democratic People's Republic of	KP	Saint Lucia	LC		
Christmas Island	CX	Korea, Republic of	KR	Saint Martin (French part)	MF		
Cocos (Keeling) Islands	CC	Kuwait	KW	Saint Pierre and Miquelon	PM		
Colombia	CO	Kyrgyzstan	KG	Saint Vincent and the Grenadines	VC		
Comoros	KM	Lao People's Democratic Republic	LA	Samoa	WS		
Congo	CG	Latvia	LV	San Marino	SM		
Congo, the Democratic Republic of the	CD	Lebanon	LB	Sao Tome and Principe	ST		
Cook Island	CK	Lesotho	LS	Saudi Arabia	SA		
Costa Rica	CR	Liberia	LR	Senegal	SN		
Cote d'Ivoire !Cote d'Ivoire	CI	Libya	LY	Serbia	RS		
Croatia	HR	Liechtenstein	LI	Seychelles	SC		
Cuba	CU	Lithuania	LT	Sierra Leone	SL		
Curacao !Curacao	CW	Luxembourg	LU	Singapore	SG		
Cyprus	CY	Macao	MO	Sint Maarten (Dutch part)	SX		
Czech Republic	CZ	Macedonia, the former Yugoslav Republic of	MK	Slovakia	SK		
Denmark	DK	Madagascar	MG	Slovenia	SI		
Djibouti	DJ	Malawi	MW	Solomon Islands	SB		
Dominica	DM	Malaysia	MY	Somalia	SO		
Dominican Republic	DO	Maldives	MV	South Africa	ZA		
Ecuador	EC	Mali	ML	South Georgia and the South Sandwich Islands	GS		
Egypt	EG	Malta	MT	South Sudan	SS		
El Salvador	SV	Marshall Islands	MH	Spain	ES		
Equatorial Guinea	GQ	Martinique	MQ	Sri Lanka	LK		
Eritrea	ER	Mauritania	MR	Sudan	SD		
Estonia	EE	Mauritius	MU	Suriname	SR		
Ethiopia	ET			Svalbard and Jan Mayen	SJ		
Falkland Islands (Malvinas)	FK						



ACCOUNT OPENING FORM FOR INDIVIDUAL



Instructions to Customer

- Fields marked '*' are MANDATORY
- Please fill the form preferably in 'BLACK' ink only
- Please fill the form in CAPITAL LETTERS only

- Please write your NAME as it appears in Customer Registration Form
- Please countersign in full for any overwriting / alteration
- Please tick the appropriate boxes

☐

NEW

☐

UPDATE EXISTING

A/C No*:

(Mandatory if Existing)

A. ACCOUNT HOLDER'S DETAILS

I/We request you to open my / our deposit account with your branch / bank as under: (Tick (✓) relevant type of account)

Applicant

Customer ID*

(Surname)

(First Name)

(Middle Name)

1st

2nd

3rd

4th

5th

6th

B. TYPE OF ACCOUNT

SCHEME / CODE*

SAVINGS ACCOUNTS

☐ GOLD ☐ SILVER ☐ ELITE ☐ REGULAR ☐ MMS ☐ JANHIT ☐ SUVIDHA ☐ PMJDY ☐ AKSHAY SALARY
☐ EDS ☐ MAVIM ☐ NRO ☐ NRE ☐ NROTD ☐ NRETD ☐ FCNR ☐ RFC

CURRENT ACCOUNTS

☐ PLATINUM ☐ PREMIUM ☐ ELITE ☐ REGULAR

For Salary Account

☐

Letter from employer

Name of employer

Company Seal

TERM DEPOSIT

☐ Maturity proceeds disposal instructions given ☐ Auto Closure ☐ Auto Renewed
☐ Periodic interest disposal instructions given 1. SIMPLE INT :- ☐ QUARTERLY -FQ ☐ MONTHLY-FM ☐ REGULAR
2. CUMULATIVE :- ☐ KALPATARU
3. ANNUITY :- ☐ RECURRING
☐ SP. SCHEME (Please specify)
☐ DELIVERY CHANNEL ☐ CHEQUE BOOK ☐ SMS Alert (charges applicable) ☐ INTERNET BANKING ☐ MOBILE BANKING
☐ DEBIT CARD ☐ NON-PERSONALIZED ☐ PERSONALIZED
☐ STATEMENT ON E-MAIL

C. DECLARATION BY GUARDIAN

Type of Guardian: ☐ Father ☐ Mother ☐ Court AppointedFull Name of Guardian: ☐ Mr. ☐ Ms.

I hereby declare that the date of birth of the minor who is my _____ is ____/____/____ and I am his / her natural and lawful guardian / guardian appointed by court order, dated ____/____/____ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal / transactions made by me in his / her account.

Date :

Signature of Guardian

Signature

D. MODE OF ACCOUNT OPERATION

☐ Self
 ☐ Either or Survivor
 ☐ Jointly or Survivor
 ☐ Minor by Guardian
 ☐ Power of Attorney

☐ Jointly
 ☐ Former or Survivor
 ☐ Any other Instruction

I / We agree to abide by existing Rules, Terms and Conditions of all schemes / accounts and facilities enumerated in the Deposit policy given on website www.saraswatbank.com and changed from time to time.

Signature/s      

Thumb Impression     

E. NOMINATION DETAILS (FORM DA1)

Nomination under Sec. 45ZA read with Section 56 of the Banking Regulation Act 1949 and Rule 2 (1) of the Co-operative Banks (Nomination) Rule 1985, in respect of Bank deposits.

☐ I/We nominate the following person to whom in the event of my/our /minor's death the amount of deposit in the above account, may be returned

☐ Nominee name may be printed on my/ our passbook and deposit confirmation advice

Nature of Deposit & Number	Nominee Name	Relationship with Depositor, if any	Age	If nominee is a minor, his/her date of birth
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NOMINEE ADDRESS           

Nominee Mobile No*  -    

*As the nominee is a minor on this date, I / We appoint (name)        (Name, Address & Age)

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

OR
☐ I/we the undersigned do not wish to make nomination in my/our aforesaid A/c.

Place :            

Date :            

**Signature(s) # Thumb impression(s) of Depositors
 (# Thumb impression shall be attested by two witnesses)

Signature of witness No.1  Signature of witness No.2 

Name(s)            

Address(es)            

** Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

Signature of Account Holder/s  

Nomination Registration No.     Date :           

Acknowledgement of nomination received on        

(For Office Use Only)

Date :            

A/C to be opened at Branch Code   Branch    

Reconciliation No.  

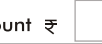
DEPOSIT DETAILS

Payment by ☐ Cash ☐ Transfer ☐ Digital Mode ☐ Cheque No.       Date:        

Drawn on            

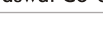
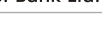
Bank      

Branch    

☐ Debit existing SB/CA/OD A/C No.         

Deposit Amount ₹   

DECLARATION BY THE BRANCH : I hereby certify that this account opening form is complete in all respects and relevant documents have been obtained. The Account may please be opened. (This information must be filled-up by the branch before sending AOF for processing)

Name:            

EMP. No.  

Date :            

Round seal of Branch 

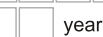
Saraswat Co-op. Bank Ltd.



Branch Head / Authorised Signatory
 In person verification carried out and signature/LHTI/RHTI of the applicant verified

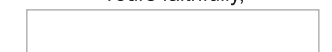
2

We acknowledge receipt of nomination made by you with respect to your a/c Applicant Name     

In favour of : Name of the nominee          

Residing at            

Yours faithfully,



Signature of bank official with seal