

Registered and Corporate Office : Corporate Center, Ekanath Thakur Bhavan, Plot No. 953, Appasaheb Marathe Marg, Prabhadevi, Mumbai - 400 025.

APPLICATION FORM

Issue of Long Term (Subordinated) Deposits (LTD) 2018-19 (Series - V) under Lower Tier - II Capital

Branch : <input type="text"/>	Code <input type="text"/>	Application Form No.: <input type="text"/>	Date : <input type="text"/>
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Please fill in the form in 'BLOCK' letters & in 'BLACK' ink only

LTD Account No. :

Rate of Interest 8.00%p.a. Quarterly-Non-Cumulative Period: Months ₹

₹ (In words)

NAME OF FIRST APPLICANT IN FULL :
MR/MS/MRS/M/s SURNAME FIRST NAME MIDDLE NAME

Mobile	Email				
Tel.	Date of Birth	<input type="text"/>	PAN		
Aadhar No. <input type="text"/>					

NAME OF SECOND APPLICANT IN FULL :
MR/MS/MRS/M/s SURNAME FIRST NAME MIDDLE NAME

Mobile	Email				
Tel.	Date of Birth	<input type="text"/>	PAN		
Aadhar No. <input type="text"/>					

NAME OF THIRD APPLICANT IN FULL :
MR/MS/MRS/M/s SURNAME FIRST NAME MIDDLE NAME

Mobile	Email				
Tel.	Date of Birth	<input type="text"/>	PAN		
Aadhar No. <input type="text"/>					

ACCOUNT OPERATION BY : Self Jointly Either or Survivor Former or Survivor Any One or Survivor

Any Specific :

Interest on deposit and maturity proceeds to be credited to account of first applicant with Saraswat Bank. (Mention 15 Digit account No.)

SB/CA A/c.No. Branch Name : Code

If account of first applicant is maintained with other Bank, give NECS details :

Bank & Branch Name			
Address:			
	IFSC Code		
City:	State		Pin

*Account No. *MICR No.:

*Account Type SB-10 CA-11 OD-13 (*Mandatory for interest payout via NECS)

About TDS : Deduct Tax 15G 15H

Please affix a photograph with Signature Across

Specimen Signature

First Applicant

Please affix a photograph with Signature Across

Specimen Signature

Second Applicant

Please affix a photograph with Signature Across

Specimen Signature


Third Applicant



- No advances / overdrafts will be granted against the security of Long Term (Subordinated) Deposits issued by the Bank.
- Facility of premature withdrawal / closure for these Long Term (Subordinated) Deposits is not available.
- The Bank will not recognize any lien, charge or other encumbrance on the Long Term (Subordinated) Deposits.
- Deposits placed under “Long Term (Subordinated) Deposits” (LTD) will not be eligible for insurance cover from the Deposit Insurance & Credit Guarantee Corporation (DICGC).
- The option of “Cumulative” interest on deposit is not available under Long Term (Subordinated) Deposits.
- LTD Issue Series-V shall not have a " Put Option" or a " Step Up Option", however the "Bank" shall have a "Call Option" after 5 years, which may be exercised with prior permission of Reserve Bank of India.

DECLARATION

By making this application, I / We acknowledge that I / We have read and understood the terms and conditions of the issue of Long Term (Subordinated) Deposits, 2018-19 (Series V) of Saraswat Co-operative Bank Ltd., as disclosed in the offer document received by me / us.



* Specimen Signature First Applicant	* Specimen Signature Second Applicant	* Specimen Signature Third Applicant
Witness(es)		
[Name(s) & Address(es)]		
SURNAME	FIRST NAME	MIDDLE NAME
MR. MS. MRS.		
Address:		
City	State	Pin

1) Signature _____

[Name(s) & Address(es)]		
SURNAME	FIRST NAME	MIDDLE NAME
MR. MS. MRS.		
Address:		
City	State	Pin

2) Signature _____

* Where the depositors to the application form affix their thumb impression/s, the same shall be attested by two witnesses.

NOMINATION FORM

Nomination as available under the respective provisions of Multi State Co-operative Societies Act 2002 and Bye-Laws of Saraswat Co-operative Bank Ltd.

I/We,
[Name(s)]

	SURNAME				FIRST NAME					MIDDLE NAME				
1.	MR	MS	MRS											
2.	MR	MS	MRS											
3.	MR	MS	MRS											

Nominate the following person/s particulars of which are as given below, to whom in the event of my/our death, to receive the Long Term (Subordinated) Deposits and the Bank shall be absolved from all liability in respect of such deposit if transferred by Saraswat Co-operative Bank Ltd. to the said Nominee/s as available under the respective provisions of Multi State Co-operative Societies Act 2002 and Bye-Laws of Saraswat Co-operative Bank Ltd. as mentioned in the LTD Offer Document.

Branch : Code:

LTD Certificate Number	Name & Address of Nominee	Relationship with the LTD Depositor	Age	If Nominee is a minor, his/her Date of Birth	Customer ID

As the nominee is a minor on this date, I/We appoint MR/MS/MRS

Age	Address	Mobile	City	State	Pin

as the guardian/legal representative of the minor to represent the minor nominee in matters connected with this nomination.

(1) _____ (2) _____ (3) _____
 (Signature(s) / * Thumb impression(s) of LTD depositor(s))

Witness(es)

[Name(s) & Address(es)]

	SURNAME				FIRST NAME					MIDDLE NAME			
MR. MS. MRS.													
Address:													
City					State					Pin			

1) Signature _____

[Name(s) & Address(es)]

	SURNAME				FIRST NAME					MIDDLE NAME			
MR. MS. MRS.													
Address:													
City					State					Pin			

2) Signature _____

*Where the depositor/s making the nomination, affix their thumb impression/s the same shall be attested by two witnesses.

Nomination Registration No.:

Date of Registration :

 Signature & code no. of Branch Official

CUSTOMER PROFILE

FIRST APPLICANT

	SURNAME	FIRST NAME	MIDDLE NAME
MR/MS/MRS/M/s	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS : Flat / House No.	<input type="text"/>	Bldg/ Society Name	<input type="text"/>
Road/Lane	<input type="text"/>	Area	<input type="text"/>
City	<input type="text"/>	Pincode	<input type="text"/>
		State	<input type="text"/>
Occupation : <input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Others <input type="text" value="Please specify"/> <input type="checkbox"/> Business <input type="checkbox"/> Firm/Company/Trust			
Office Address <input type="text"/>			
		Office Tel. No.	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		Pin	<input type="text"/>
Annual Income : <input type="text"/> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others			
Shareholder of Bank : <input type="checkbox"/> Yes <input type="checkbox"/> No Membership No. <input type="text"/>			
KYC Documents Submitted: <input type="checkbox"/> AADHAR Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Passport			
<input type="checkbox"/> Any other identity proof (Specify) _____ <input type="checkbox"/> Any other address proof (Specify) _____			

SECOND APPLICANT

	SURNAME	FIRST NAME	MIDDLE NAME
MR/MS/MRS/M/s	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS : Flat / House No.	<input type="text"/>	Bldg/ Society Name	<input type="text"/>
Road/Lane	<input type="text"/>	Area	<input type="text"/>
City	<input type="text"/>	Pincode	<input type="text"/>
		State	<input type="text"/>
Occupation : <input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Others <input type="text" value="Please specify"/> <input type="checkbox"/> Business <input type="checkbox"/> Firm/Company/Trust			
Office Address <input type="text"/>			
		Office Tel. No.	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		Pin	<input type="text"/>
Annual Income : <input type="text"/> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others			
Shareholder of Bank : <input type="checkbox"/> Yes <input type="checkbox"/> No Membership No. <input type="text"/>			
KYC Documents Submitted: <input type="checkbox"/> AADHAR Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Passport			
<input type="checkbox"/> Any other identity proof (Specify) _____ <input type="checkbox"/> Any other address proof (Specify) _____			

THIRD APPLICANT

	SURNAME	FIRST NAME	MIDDLE NAME
MR/MS/MRS/M/s	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS : Flat / House No.	<input type="text"/>	Bldg/ Society Name	<input type="text"/>
Road/Lane	<input type="text"/>	Area	<input type="text"/>
City	<input type="text"/>	Pincode	<input type="text"/>
		State	<input type="text"/>
Occupation : <input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Others <input type="text" value="Please specify"/> <input type="checkbox"/> Business <input type="checkbox"/> Firm/Company/Trust			
Office Address <input type="text"/>			
		Office Tel. No.	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		Pin	<input type="text"/>
Annual Income : <input type="text"/> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others			
Shareholder of Bank : <input type="checkbox"/> Yes <input type="checkbox"/> No Membership No. <input type="text"/>			
KYC Documents Submitted: <input type="checkbox"/> AADHAR Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Passport			
<input type="checkbox"/> Any other identity proof (Specify) _____ <input type="checkbox"/> Any other address proof (Specify) _____			

SELF CERTIFICATION FOR INDIVIDUAL**ANNEXURE A**Customer ID: _____ LTD Account No.: Name of First Applicant: Father's/Spouse Name:

Place of Birth: _____ Country of Birth: _____ Nationality: _____

Declaration of Tax Residency

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

Country/countries of tax residency	Tax identification number (TIN) / Functional Equivalent Number	TIN/ Functional Equivalent Number issuing country	Documents provided **	Date up to which the documentary evidence is valid

****Documentary evidence to be collected**

- (1) In case of U.S. Citizenship, U.S. Nationality, and / or unambiguous place of birth in U.S. **BUT** not resident in U.S. for tax purposes, please provide—
- (a) Copy of a non-U.S. passport or other government-issued identification evidencing your citizenship or nationality in a country other than the United States of America;
- AND**
- (b) Copy of Certificate of Loss of Nationality of the United States of America held by you or a reasonable explanation of:
- The reason you do not have such a certificate despite relinquishing U.S. citizenship; or
 - The reason you did not obtain U.S. citizenship at birth.
- (2) If tax resident outside India- A certificate of residence issued by an authorized government body, including a government agency or a municipality, of the country or territory in which the payee claims to be a resident; or certified copy of TIN card/statement or functional equivalent

Declaration and Undertakings

I certify that:

- a) The information provided by me above 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.
- b) I permit/authorise the Bank to collect, store, communicate and process information relating to the Account and all transactions therein, by the Bank and any of its affiliates 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.
- c) I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided above 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.
- d) I also agree that my failure to disclose any material fact known to me, now or in future, may invalidate my application and the Bank would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator 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/us within the stipulated period.
- e) 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.
- f) It shall be my responsibilities to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder.
- g) I also agree to furnish such information and/or documents as the Bank may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- h) I shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.
- i) The information provided above is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income tax Rules, 1962.

Date: (dd/mm/yyyy) _____ :

Signature of the First Applicant: _____

Place _____ :

Name : _____

SELF CERTIFICATION FOR INDIVIDUAL**ANNEXURE A**Customer ID: _____ LTD Account No.: Name of Second Applicant: Father's/Spouse Name:

Place of Birth: _____ Country of Birth: _____ Nationality: _____

Declaration of Tax Residency

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

Country/countries of tax residency	Tax identification number (TIN) / Functional Equivalent Number	TIN/ Functional Equivalent Number issuing country	Documents provided **	Date up to which the documentary evidence is valid

****Documentary evidence to be collected**

- (1) In case of U.S. Citizenship, U.S. Nationality, and / or unambiguous place of birth in U.S. **BUT** not resident in U.S. for tax purposes, please provide–
- (a) Copy of a non-U.S. passport or other government-issued identification evidencing your citizenship or nationality in a country other than the United States of America;
- AND**
- (b) Copy of Certificate of Loss of Nationality of the United States of America held by you or a reasonable explanation of:
- The reason you do not have such a certificate despite relinquishing U.S. citizenship; or
 - The reason you did not obtain U.S. citizenship at birth.
- (2) If tax resident outside India- A certificate of residence issued by an authorized government body, including a government agency or a municipality, of the country or territory in which the payee claims to be a resident; or certified copy of TIN card/statement or functional equivalent

Declaration and Undertakings

I certify that:

- a) The information provided by me above 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.
- b) I permit/authorise the Bank to collect, store, communicate and process information relating to the Account and all transactions therein, by the Bank and any of its affiliates 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.
- c) I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided above 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.
- d) I also agree that my failure to disclose any material fact known to me, now or in future, may invalidate my application and the Bank would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator 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/us within the stipulated period.
- e) 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.
- f) It shall be my responsibilities to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder.
- g) I also agree to furnish such information and/or documents as the Bank may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- h) I shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.
- i) The information provided above is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income tax Rules, 1962.

Date: (dd/mm/yyyy) _____ :

Signature of the Second Applicant: _____

Place _____ :

Name : _____

SELF CERTIFICATION FOR INDIVIDUAL**ANNEXURE A**Customer ID: _____ LTD Account No.: Name of Third Applicant: Father's/Spouse Name:

Place of Birth: _____ Country of Birth: _____ Nationality: _____

Declaration of Tax Residency

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

Country/countries of tax residency	Tax identification number (TIN) / Functional Equivalent Number	TIN/ Functional Equivalent Number issuing country	Documents provided **	Date up to which the documentary evidence is valid

****Documentary evidence to be collected**

- (1) In case of U.S. Citizenship, U.S. Nationality, and / or unambiguous place of birth in U.S. **BUT** not resident in U.S. for tax purposes, please provide–
- (a) Copy of a non-U.S. passport or other government-issued identification evidencing your citizenship or nationality in a country other than the United States of America;
- AND**
- (b) Copy of Certificate of Loss of Nationality of the United States of America held by you or a reasonable explanation of:
- The reason you do not have such a certificate despite relinquishing U.S. citizenship; or
 - The reason you did not obtain U.S. citizenship at birth.
- (2) If tax resident outside India- A certificate of residence issued by an authorized government body, including a government agency or a municipality, of the country or territory in which the payee claims to be a resident; or certified copy of TIN card/statement or functional equivalent

Declaration and Undertakings

I certify that:

- a) The information provided by me above 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.
- b) I permit/authorise the Bank to collect, store, communicate and process information relating to the Account and all transactions therein, by the Bank and any of its affiliates 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.
- c) I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided above 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.
- d) I also agree that my failure to disclose any material fact known to me, now or in future, may invalidate my application and the Bank would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator 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/us within the stipulated period.
- e) 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.
- f) It shall be my responsibilities to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder.
- g) I also agree to furnish such information and/or documents as the Bank may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- h) I shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.
- i) The information provided above is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income tax Rules, 1962.

Date: (dd/mm/yyyy) _____ :

Signature of the Third Applicant: _____

Place _____ :

Name : _____

ANNEXURE B**SELF-CERTIFICATION FOR ENTITY**Customer ID: _____ LTD Account No.:

Name of the customer: _____

Identification Details

Please tick / fill and complete as appropriate.

(a) Entity Constitution Type

- | | | |
|--|--|---|
| <input type="checkbox"/> A - Sole Proprietorship | <input type="checkbox"/> B - Partnership Firm | <input type="checkbox"/> C - HUF |
| <input type="checkbox"/> D - Private Limited Company | <input type="checkbox"/> E - Public Limited Company | <input type="checkbox"/> F - Society |
| <input type="checkbox"/> G - AOP/BOI | <input type="checkbox"/> H - Trust | <input type="checkbox"/> I - Liquidator |
| <input type="checkbox"/> J - Limited Liability Partnership | <input type="checkbox"/> K - Artificial Juridical Person | <input type="checkbox"/> Z - Others |
| <input type="checkbox"/> X - Not Categorized | | |

(b) Nature of Business & Business Code (Refer Table 3 In Annexure C) _____

(c) Permanent Account Number: _____

(d) Identification Number: _____

(e) Identification Type for the above number (tick as applicable)

- | | |
|--|---|
| <input type="checkbox"/> Company identification Number (CIN) | <input type="checkbox"/> Trust registration Number |
| <input type="checkbox"/> Tax deduction Account Number (TAN) | <input type="checkbox"/> Employer Identification Number |
| <input type="checkbox"/> GIIN | <input type="checkbox"/> PAN |

(f) Identification issuing Country: _____

Declaration of Tax Residency

Please indicate the Entity's place of tax residence (if resident in more than one country please detail all countries and associated tax identification number and TIN issuing country).

Country/countries of tax Residency	Tax Identification number (TIN)	TIN Issuing Country

3.1 If tax residency is India, please tick applicable from following:

- (a) The entity is an Active Non-Financial Entity (refer Table 1 in Annexure C & state category)
- (b) The entity is a Passive Non-Financial Entity (refer Table 2 in Annexure C & state category)
- (c) The entity is reporting Financial Institution (If ticked, provide GIIN)
- (d) The entity is Non-reporting Financial Institution (If ticked, details required. Contact NRI Desk of Bank)
- (e) The entity is an owner documented Financial Institution. (If ticked, details required. Contact NRI Desk of Bank)
- (f) The entity is a Non-Participating Foreign Financial Institution.
- (g) The entity is a direct reporting Non- financial Entity. (If ticked, provide GIIN)

3.2 If Passive Non-Financial Entity (3.1. (b)) is ticked,

Please fill Self-Certification for individual & Personal Information Sheet of Bank. Tick the below as applicable:

- Controlling Persons* of the Entity are tax resident of India
- Controlling Persons* of the Entity are tax resident of USA
- Controlling Persons* of the Entity are tax resident of countries other than India and USA.

Kindly specify the countries of which the controlling persons are tax resident of:
(if more than one, list of all countries should be specified.)

*Controlling persons means natural persons who exercise control over an entity who includes a beneficial owner as defined in Explanation to sub-rule (3) of rule 9 Prevention of Money-laundering (Maintenance of Records) Rules, 2005. In determining the beneficial owner the procedure specified in the RBI/SEBI/IRDA circulars shall be applied. In the case of Trust, the controlling persons mean the settlor, the trustees, the protector, the beneficiaries or class of beneficiaries and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, the said expression means the person in equivalent position.

Entity Classification

3.3 If tax resident of country other than India, please tick applicable from following.

- If U.S. tax resident, whether U.S. Specified person: Yes /No (If No, details required. Contact NRI Desk of Bank)
- Tax resident of a country other than USA. (If ticked, details required. Contact NRI Desk of Bank)

Declaration and Undertakings

I / We certify that:

- a) The information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- b) I/We permit/authorize the Bank to collect, store, communicate and process information relating to the Account and all transactions therein, by the Bank and any of its affiliates 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.
- c) I / We undertake the responsibility to declare and disclose 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 us or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence.
- d) I / We also agree that our 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/our account or close it or report to any regulator 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 us within the stipulated period.
- e) I / We 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 / us to the Bank.
- f) It shall be my / our responsibilities to educate myself / ourselves and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder.
- g) I/We also agree to furnish such information and/or documents as the Bank may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- h) I/We shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.
- I 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.
- j) I / We certify that I/we have the capacity to sign for the Entity as per CBDT rules/SEBI guidelines.

Sr. No.	Authorised Signature/s	Name/s in Full	Capacity (Position/Title)

Date: (dd/mm/yyyy) _____

Seal and Stamp of the Entity

For Bank's Use Only

For New Applicant :

Address of the applicant/s has been confirmed on the basis of _____

Photograph/s has / have been affixed and signed in my presence Yes No

Applicant/s has signed in my presence Yes No

Copy of PAN Submitted. Yes No

Copy of AADHAR Submitted. Yes No

For existing Customer:

Customer ID : KYC Norms Complied: Yes/No. and KYC documents are with _____ Branch/CDSC.

Customer ID : KYC Norms Complied: Yes/No. and KYC documents are with _____ Branch/CDSC.

Customer ID : KYC Norms Complied: Yes/No. and KYC documents are with _____ Branch/CDSC.



Signature & code no. of Branch Official