



THE NAWANAGAR CO-OPERATIVE BANK LTD.

"Nawanagar Bank Bhavan", Hirji Mistry Road, Opp. Pranami School, Jamnagar - 361 004.
Tel. : 0288 - 2563934 / 85 (D) 2563988, E-mail : gm@nawanagarbank.in

ACCOUNT OPENING FORM (FOR ALL TYPES OF INDIVIDUAL DEPOSIT A/C.)

(For office use only)

For Resident Individuals

1st Applicant CIF No. CKYC No.1 Date :

2nd Applicant CIF No. CKYC No.2

3rd Applicant CIF No. CKYC No.3

Account No. Application Type New Update

Branch to affix rubber stamp of Name and Code no.

INSTRUCTIONS

- For opening solely operated account of Minor, Complete KYC Documents of the Minor will have to be provided.
- Fields marked asterix(*) are not mandatory.
- In case of illiterate customers, Left Thumb impression (LTI) to be affixed and verified.
- Please affix a passport size photograph in the box provided.
- Please fill up in BLOCK letters only and use black ink for signature. Please leave one box blank between two words. Tick (✓) the appropriate boxes.

No. of Applicants Mode of Operation

Self only
 Either or Survivor
 Former or Survivor
 Any one or Survivor
 Jointly
 Other, _____

1st / Sole Applicant

I do not have any account with NC Bank
 I have an account with NC Bank & the account number is

Personal Details

Customer Type Public Staff Senior Citizen: Yes Minor: Yes

Residential Status Residential Individual Non Resident Indian

Name: (Same as ID proof) Mr. Ms. Mrs. Other _____

PREFIX
 FIRST NAME
 MIDDLE NAME
 LAST NAME

Maiden name (if Any) PREFIX
 FIRST NAME
 MIDDLE NAME
 LAST NAME

Mother's Name PREFIX
 FIRST NAME
 MIDDLE NAME
 LAST NAME

IT PAN Date of Birth: Gender: Male Female Transgender

Name of Father (Mandatory if PAN not submitted) UID / Aadhar No.:

PREFIX
 FIRST NAME
 MIDDLE NAME
 LAST NAME

Name of Spouse : PREFIX
 FIRST NAME
 MIDDLE NAME
 LAST NAME

Guardian's Name (In case of Minor) PREFIX
 FIRST NAME
 MIDDLE NAME
 LAST NAME

City of Birth

Country of Birth I N D I A Nationality I N D I A N

Multiple Tax Residency: Yes No

Identification Details: Documents acceptable as proof of identity. Please tick (✓) the appropriate box (any one document) and give details:

PASSPORT Document No. : Passport Expiry Date:

VOTER'S IDENTITY CARD Issued by:

DRIVING LICENCE Issued at: Driving Licence Expiry Date:

AADHAR LETTER/CARD Issue Date:

NREGA CARD

PAN CARD

OTHER OFFICIALLY VALID DOCUMENTS

Please attach one self-attested photocopy of the document.
 Originals thereof will have to be produced for verification

Proof of Address Current Permanent Overseas Address

Address type Residential or Business Residential Business Registered office Unspecified

Proof of Address Passport Driving Licence Aadhar Voter ID Card NREGA Job Card Others _____

Address

City/Village PIN District

Sub-District State

Country Name

Mobile No.

Email Address:

Address in the Jurisdiction Details where Applicant is Resident: YES NO
(all the details same as Permanent Address)

Correspondence / Local Address details Same as Proof of Address

Address type Residential or Business Residential Business Registered office Unspecified

Address

City/Village PIN District

Sub-District State

Country Name

Additional Details

Monthly Income:Rs.

Net Worth (approx value) Rs.

Marital Status Married Unmarried Others

Religion* Hindu Muslim Christian Sikh Others _____

Category* General OBC SC ST

Educational Qualification: Below SSC SSC HSC Graduate Post Graduate Professional Others _____

Occupation Type S-Service Private Sector Service Public Sector Government Sector

Others Professional Self employed Retired House Wife Student

Business Not categorised Occupation:

*Organization's Name: *Designation/Profession: Nature of Business:

Please Tick if applicable: Politically Exposed person Related to politically Exposed Person Residence for TAX purpose in Jurisdiction(s) outside India.

Services Required

1. ATM-CUM-DEBIT CARD: Required Not required

I/We understand that use of Debit Card is subject to applicable guidelines issued by the Reserve Bank of India from time to time

2. CHEQUE BOOK: Required Not required

3. INTERNET BANKING: (View rights) Email: _____

4. SMS ALERTS (Charges applicable) SMS Alerts on mobile number as mentioned in Correspondence Address: Required Not required

5. MOBILE BANKING: Mobile Banking Services to be enable on this no.

FATCA & CRS Related Declaration cum undertaking

1. I / We hereby certify that I / we have declared my/our status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No. DBR.AML.BC.No.36/14.01.001/2015-16 dated 28 August 2015 in this regard.
2. I/We understand and acknowledge that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the 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 our 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.
3. I / We certify that the information provided by me/us above as applicable to me/us and signed by me/us, as well as in the documentary evidence provided by me/us are, to the best of my/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 my account as a US Reportable Account or Other Reportable Account or otherwise.
4. 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 above, as well as in the documentary evidence provided by me/us or if any certification becomes incorrect and to provide fresh and valid self-certification along with documentary evidence.
5. I/We also agree that my/our failure to disclose any material fact known to me/us, now or in future, may invalidate me from transacting in the account and The Nawanagar Co-op. Bank Ltd. 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 Nawanagar Co-op. Bank Ltd. under the guidelines issued by CBDT/RBI from time to time, if the deficiency is not remedied by me/us within the stipulated period.
6. I/We also agree to furnish and intimate to The Nawanagar Co-op. Bank Ltd. any other particulars that are called upon me / us to provide on account of any change in law either in India or abroad in the subject matter herein.
7. I/We shall indemnify The Nawanagar Co-op. Bank Ltd. for any loss that may be caused to The Nawanagar Co-op. Bank Ltd. on account of providing incorrect or incomplete information by me/us.

DECLARATION

I/we affirm and declare that I/we have read over and understood the present rules and regulation of the Bank, and those relating to various services offered by the Bank including but not limiting to Debit Card/Internet Bank/SMS Banking/Tele-banking and other facilities. I/We agree to abide by the same as they are in force now and also by those as would be amended further from time to time through Circulars/Notice Boards/Websites etc. I/We agree that the transactions & request executed in above mentioned account through internet, mobile, or telebanking under my/our User ID and Password will be legally binding on me/us & I/we are responsible for maintenance of secrecy and confidentiality of the information passed on to me/us by the Bank through internet/mobile/e-mail/telephone. I/We mandate from other joint holders to view/enquiry/operate the joint account mentioned above. Further, I/we agree that Bank has got all the rights to debit my/our account for any service charge or discontinue my/our account without any notice to me/us. I/We hereby undertake to inform the Bank on any change in my/our communication address or constitution, and I/we shall submit the address proof in case of transfer of our account from one Branch to other Branch. I/We hereby declare that I/we have submitted the Aadhaar Card issued by UIDAI for identification and/or address proof towards the compliance of KYC norms under the PMLA, 2002 I/We hereby agree that the Bank may verify the same with the UIDAI, and authorize the UIDAI expressly to release the identity and address through biometric authentication to the Bank, (applicable only where accounts are opened with Aadhaar. " I have received the Welcome Kit containing INB Kit and ATM Card with PIN and understand there in case of any misuse/misplacement of the contents of the Kit, the Bank will not be liable for any loss." INFORMATION ON PRODUCT AND SERVICES To serve you better, we would like to communicate about updates on our various products and services; new products and features and special offers from our Bank and our Group Companies-Please give your consent to stay informed about these products and offers. Your consent Yes / No

"I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein immediately. In case of the above information is found to be false or Untrue or misleading or misrepresenting, I/We are aware that I/We may be held liable for it. My personal/KYC details may be shared with central KYC registry. I hereby consent to receiving information from Central KYC registry through SMS/Email on the above registered Number/E mail address.

Specimen Signature(s)

<p>પ્રથમ અરજદારનો પાસપોર્ટ સાઈઝનો ફોટો ચોટાડવો</p> <p>Paste a passport size photograph inside this box 1st Applicant</p>	<p>બીજા અરજદારનો પાસપોર્ટ સાઈઝનો ફોટો ચોટાડવો</p> <p>Paste a passport size photograph inside this box 2nd Applicant</p>	<p>ત્રીજા અરજદારનો પાસપોર્ટ સાઈઝનો ફોટો ચોટાડવો</p> <p>Paste a passport size photograph inside this box 3rd Applicant</p>
<p>Please sign in black ink only.</p>	<p>Please sign in black ink only.</p>	<p>Please sign in black ink only.</p>
<p>X</p> <p>Signature(s)/Thumb impressions(s) Sole/First Holder</p>	<p>X</p> <p>Signature(s)/Thumb impressions(s) Second Holder</p>	<p>X</p> <p>Signature(s)/Thumb impressions(s) Third Holder</p>

Place : _____

Date :

D	D	M	M	Y	Y	Y	Y
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Nomination

Nomination, if required fill form DA-1, otherwise sign below

<p>I/We do not want to nominate any person in this account</p>	<p>X</p>	<p>X</p>	<p>X</p>
	<p>Sole/First Holder</p>	<p>Second Holder</p>	<p>Third Holder</p>

Form DA-1 (Nomination Form)

Nomination under section 45ZA of the Banking Regulation Act, 1949 and Rules, 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 the deposit,
 particulars whereof are given below, may be returned by The Nawanagar Co-op. Bank Ltd. _____ Jamnagar.

**Nomination
Serial No.**

Details of Deposit

Type of deposit: _____ Account Number: _____

Additional details, if any _____

Details of the Nominee

Name _____ PREFIX _____ FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

Relationship with the depositor _____ Age _____ Date of Birth of nominee D D M M Y Y Y Y

Address _____

City/Village _____ PIN _____ State _____

As the nominee is a minor on this date, I/We appoint Shri/Smt _____ Age _____ years
 Address _____

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.
 (Witness are required only in case of applicant is illiterate/minor and is affixing thumb impression)

X
 Signature(s) / Thumb impression of first depositor

D D M M Y Y Y Y

X
 Signature(s) / Thumb impression of second depositor

Signature / Thumb impression of first witness
 Name : _____
 Address : _____
 Mobile No. : _____

Signature / Thumb impression of second witness
 Name : _____
 Address : _____
 Mobile No. : _____

X
 Signature(s) / Thumb impression of third depositor

DECLARATION BY BRANCH

1. Verified the copies with original documents.
2. Applicant(s) interviewed and purpose ascertained.
3. Risk Categorisation Low Medium High

I hereby certify that this account opening form is complete in all aspects and relevant documents have been obtained as per the KYC guidelines of the Bank and RBI (as amended from time to time) and performed due diligence to verify the genuineness of the customer. The Account may please be set up in CBS. In case of signature mismatch, I certify that the customer has been personally met and has signed in my presence. Kindly open the Account.

Officer/ Asst. Manager

Branch Manager / In-Charge

Full Name: _____

Employee Code: _____

Branch Name: _____

Open Account

Account number generated _____
 D D M M Y Y Y Y

 Maker _____ Checker _____
 (Authorised signatory)

2nd / 3rd Applicant

I do not have any account with NC Bank
 I have an account with NC Bank & the account number is

Personal Details

Customer Type Public Staff Senior Citizen: Yes Minor: Yes

Residential Status Residential Individual Non Resident Indian

Name: (Same as ID proof) Mr. Ms. Mrs. Other _____

PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME
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Maiden name (if Any) PREFIX FIRST NAME MIDDLE NAME LAST NAME

Mother's Name PREFIX FIRST NAME MIDDLE NAME LAST NAME

IT PAN Date of Birth: DD MM YYYY Gender: Male Female Transgender

Name of Father (Mandatory if PAN not submitted) UID / Aadhar No.:

PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME
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Name of Spouse : PREFIX FIRST NAME MIDDLE NAME LAST NAME

Guardian's Name (In case of Minor) PREFIX FIRST NAME MIDDLE NAME LAST NAME

City of Birth

Country of Birth Nationality

Multiple Tax Residency: Yes No

Identification Details: Documents acceptable as proof of identity Please tick (✓) the appropriate box (any one document) and give details:

PASSPORT Document No. : Passport Expiry Date: DD MM YYYY

VOTER'S IDENTITY CARD Issued by:

DRIVING LICENCE Issued at: Driving Licence Expiry Date: DD MM YYYY

AADHAR LETTER/CARD Issue Date: DD MM YYYY

NREGA CARD

PAN CARD

OTHER OFFICIALLY VALID DOCUMENTS

@ Not to be accepted till RBI-GOI circulated detailed guidelines on it.

Please attach one self-attested photocopy of the document.
Originals thereof will have to be produced for verification

Proof of Address Current Permanent Overseas Address

Address type Residential or Business Residential Business Registered office Unspecified

Proof of Address Passport Driving Licence Aadhar Voter ID Card NREGA Job Card Others _____

Address

City/Village PIN District

Sub-District State

Country Name

Mobile No.

Email Address:

Address in the Jurisdiction Details where Applicant is Resident: YES NO
(all the details same as Permanent Address)

Correspondence / Local Address details

Same as Proof of Address

Address type Residential or Business Residential Business Registered office Unspecified

Address

City/Village PIN District

Sub-District State

Country Name I N D I A

Address in the Jurisdiction details where the applicant is Resident out side India for Tax purposes*

Same as Current Address Permanent Address Overseas Address Same as Correspondence / Local Address

Address

City/Village PIN District

Sub-District State

Country Name

Additional Details

Monthly Income:Rs. Net Worth (approx value) Rs.

Marital Status Married Unmarried Others

Religion* Hindu Muslim Christian Sikh Others _____

Category* General OBC SC ST

Educational Qualification: Below SSC SSC HSC Graduate Post Graduate Professional Others _____

Occupation Type S-Service Private Sector Service Public Sector Government Sector

Others Professional Self employed Retired House Wife Student

Business Not categorised Occupation:

*Organization's Name: *Designation/Profession: Nature of Business:

Please Tick if applicable: Politically Exposed person Related to politically Exposed Person Residence for TAX purpose in Jurisdiction(s) outside India.

Details of Related Person

Additional of related Person Deletion of Related Person KYC number(If available)

Related Person type Guardian of Minor Nominee Assignee Authorised Representative Beneficial Owner Beneficiary

Name

PASSPORT Document No. : Passport Expiry Date:

VOTER'S IDENTITY CARD Issued by:

DRIVING LICENCE Issued at:

AADHAR LETTER/CARD Issue Date: Driving Licence Expiry Date:

NREGA CARD

PAN CARD

OTHER OFFICIALLY VALID DOCUMENTS

Remarks _____

Services Required

1. ATM-CUM-DEBIT CARD: Required Not required
I/We understand that use of Debit Card is subject to applicable guidelines issued by the Reserve Bank of India from time to time

2. CHEQUE BOOK: Required Not required

3. INTERNET BANKING: (View rights) Email : _____

4. SMS ALERTS (Charges applicable) SMS Alerts on mobile number as mentioned in Correspondence Address: Required Not required

5. MOBILE BANKING: Mobile Banking Services to be enable on this no.

Signature of Applicant