

Nature of Activity/Business :

- Manufacturing Trading Services Retail Business
- Stock Broker Real Estate Service
- Professional Others (Please Specify).....

Business Gross Annual Income :

- Upto Rs. 1 Lakh Above Rs. 1 Lakh - 5 Lakhs Above Rs. 5 Lakhs - 10 Lakhs
- Above Rs. 10 Lakhs - 20 Lakhs Above Rs. 20 Lakhs

Business Turnover in last 12 months :

- Upto Rs.10 Lakhs Above Rs.10 Lakhs-50 Lakhs Above Rs.50 Lakhs-Rs.2 Crore
- Above Rs.2 Crore to Rs.10 Crore Above Rs.10 Crore

Expected value of transaction per annum in Rupees (Inland / Foreign) :

- Cash < 1 Lakh < 5 Lakhs < 10Lakhs < 50Lakhs < 1 Crore > 1 Crore
- Non Cash Transaction
(Cheque/Transfer) < 1 Lakh < 5 Lakhs < 10Lakhs < 50Lakhs < 1 Crore > 1 Crore

Charan / Other Bank Accounts :

Bank Branch Type of Account

Bank Branch Type of Account

Names of Authorised Signatories :

Cust. ID No. Cust. ID No.

Cust. ID No.

1st

2nd

3rd

Latest Passport Size Photograph/s & Signatures(s) with Rubber stamp :

1

Passport size Photo To
be pasted here and
signature should be put
across the photograph
at lower portion
in Black Ink

Signature to be put here

2

Passport size Photo To
be pasted here and
signature should be put
across the photograph
at lower portion
in Black Ink

Signature to be put here

3

Passport size Photo To
be pasted here and
signature should be put
across the photograph
at lower portion
in Black Ink

Signature to be put here

Signature with Rubber Stamp

Signature with Rubber Stamp

Signature with Rubber Stamp

Declaration :

1) I / We am / are not enjoying any credit facility / facilities with any other Bank / Branch of your Bank and undertake to inform you promptly as and when credit facility/ies is / are availed by me / us from other Banks / Branches of your Bank.

OR

I / We am / are enjoying credit facilities as under :

Name of the Bank & Branch

Nature of Facility & A/c No.

Facility Amount

i) _____

ii) _____

iii) _____

2) I / We am / are not related to any of the Directors of your Bank.

OR

I / We am / are related to Mr. / Mrs. / MS.....(Director of your Bank)
as(Relationship).

3) We hereby declare that following natural persons are Beneficial owner(s) for this account :-

i..... ii.....
(Desg.).....(Sign.)..... (Desg.).....(Sign.).....

Cust. ID No.

Cust. ID No.

iii.....
(Desg.).....(Sign.).....

Cust. ID No.

Signature of the Applicant

Please offer us following facilities :

Cheque Book SMS / Tele-Banking RuPay Debit Card Others (Specify).....

The information given above is true, correct & complete to the best of my / our knowledge and belief.

I / We have read, understood and agree to abide by the Bank's rules for (the type of account) and agree to comply with and be bound by them as they are in force now and from time to time be in force for such accounts. I / We undertake to advise the Bank promptly in writing of any change in my / our constitution / Partners /directors / documents and any other material change.

I / We have read the terms and conditions for providing the aforesaid facilities and I / We agree to abide by and be bound by them as they are in force now and from time to time be in force for such facilities. I / We shall be availing this facility at my / our request without any liability, either expressed or implied, to the Bank. The service charges, as applicable may be debited to my / our account. I / We confirm that I / We confirm that I / We am / are resident / s of India.

Signature of the Applicant

FOR PROPRIETARY CONCERNS

I, the undersigned, inform you that I am the sole Proprietor of the Firm Named M/s.....and I am solely responsible for transactions/liabilities incurred thereof. I shall promptly advise you in writing of any change that may take place in the constitution of the firm and I will be liable to you for any obligation which may be standing in my firm's name in your books from the date of receipt of such notice and all such obligation/s shall be liquidated.

Signature

FOR PARTNERSHIP FIRMS

As the firm named M/s.....is having dealings with the Bank, we inform you that, we the undersigned are the only partners in the said firm. We are jointly and severally responsible to the Bank for the liabilities of the firm with the Bank. The Bank may recover its claim from the estate, of any or all the partners of the firm.

Whenever any change/s takes place in our partnership, we undertake to promptly inform the Bank of the same in writing and our individual responsibility to the Bank will continue until all our liabilities with the Bank are discharged.

Signatures

- | | |
|---------|---------|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

(To be signed by each Partners of the firm)

I have been explained about the benefits of the Nomination facility.

Nomination required : YES NO

If Yes, the name of Nominee to be printed on Pass Book / Statement of Accounts

YES NO

Signature of Account Holder(s)

Nomination (DA1Form) (Only for Individual / Proprietorship Firm)

* Nomination under section 45ZA of the Banking Regulation Act 1949, and rule2(1) of the Co-operative Banks (Nomination) Rules, 1985, in respect of the Bank Deposits.

I.....residing at.....
nominate the following person to whom the balance in the account may be paid byBranch of Sree Charan Souhardha Co-op. Bank Ltd., in the event of my death.

Name and Address of Nominee	Age	Relationship	D.O.B. If Nominee is a Minor
		/...../.....

In case the Nominee is a Minor :

As the nominee is a minor on this date, whose Date of Birth is/...../..... I /We appoint Mr./Mrs.....
.....

(Name, Address and 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.

Signature of the Proprietor / Individual

FOR REGISTERED SOCIETIES AND ASSOCIATIONS etc.

Enclosed herewith :

1. Certificate of Registration issued by the Registrar of Co-operative Societies.
2. Copy of the Rules and Bye-laws of the Society (Certified and upto-date).
3. Certified copy of the Resolution of the governing body regulating the conduct of the account together with specimen signature of the various signatories.

We have read the rules of business and declare that we are bound by bank's rules for the time being in force and / or as amended from time to time for the conduct of such and similar account.

Signature

Signature

FOR ASSOCIATION, CLUB, COMMITTEE OR UN-REGISTERED BODY

Extract from the minutes book of Resolution at the meeting of the General body/Government body/Committee of members of the association held on is enclosed.

Signature

Signature

FOR PRIVATE LTD. COMPANIES

1. Certificate of Registration issued by the Registrar of Companies.
2. GST / KST / CST No.

Signature

Signature



ಶ್ರೀ ಚರಣ ಸೌಹಾರ್ದ ಕೋ-ಆಪರೇಟಿವ್ ಬ್ಯಾಂಕ್ ಲಿ.
ಶ್ರೀ ಚರಣ ಸೌಹಾರ್ದ ಕೋ-ಆಪರೇಟಿವ್ ಬ್ಯಾಂಕ್ ಲಿ.
SREE CHARAN SOUHARDHA CO-OPERATIVE BANK LTD.
ಶ್ರೀ ಚರಣ ಭವನ್ ಶ್ರೀ ಚರಣ ಭವನ್ SREE CHARAN BHAVAN
Head Office : # 87/1, H.B. Samaja Road, Basavanagudi, Bengaluru - 560 004.
Phone : 080-26676837, www.sreecharanbank.com

FATCA/CRS Declaration for Individual Accounts (including Sole Proprietor)

Details under FATCA and CRS (see instructions)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

1. Name of the Account Holder (Title, Surname, First Name, Middle Name)

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2. Father's Name (Title, Surname, First Name, Middle Name)

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3. Spouse's Name (Title, Surname, First Name, Middle Name)

--	--	--	--

4. Gender : (Male, Female, Others)

--

5. PAN Number / Form 60 or 61 (mandatory)

--

6. Aadhaar Number

--

7. Identification Type of Identification Number (Documents¹ submitted as proof of identity of the individual)

Name of the document submitted

Identification number

--

--

8. Occupation Type (Service, Business, Others-please specify)

--

9. Date of Birth (in DD/MM/YYYY format)

--	--	--

10. Nationality

--

11. City of Birth

--

12. Country of Birth

--

1. Permissible documents are :

- Passport
- Election ID Card
- PAN Card
- ID Card - ID issued by Government Departments, Statutory / Regulatory Authorities
- Driving License
- UIDAI Card
- NREGA Job Card
- Others - Any Govt. approved ID with identification number.

13. Residence address for tax purpose (include City, State, Country & Pin code)

(If the individual is certified or treated as tax resident in more than one jurisdiction then mention all such addresses)

Residence Address for tax purposes (I)

Residence Address for tax purposes (II)

14. Address Type : (a) Residential or Business (b) Residential (c) Business (d) Registered Office

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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15. Tax Residence declaration - Tick any one, as applicable to you :

- I am a tax resident of India and not resident of any other country.
or
 I am a tax resident of country or countries (including India) mentioned in the table below

Please indicate ALL the countries in which you are a resident for tax purpose and the associated Tax ID Number below.

(please read all the instructions marked #, % prior to filling up the following fields)

Country#	Tax Identification Number (TIN)%	Identification Type (TIN or Other% Please Specify)

In case of person residing in USA, Social Security number is mandatory to be provided.

TIN issuing country. To also include USA, where the individual is a Citizen / Green Card holder of USA
% TIN is used by the residence country of the account holder to identify the Individual Account Holder.
In case TIN is not available, kindly provide functional equivalent any other such Identification Number / identifier, allotted by the individual's country of residence / tax residence.

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F or 114H, as part of the Income-Tax Rules, 1962, which Rules require Indian Financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation there to.

Should there be any **change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days**

Please note that you may receive more than one request for information if you have multiple relationships with Sree Charan Souhardha Co-Operative Bank Ltd., or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA - CRS Instructions

If you have any questions about your tax residency, please contact your tax advisor. **If you are a US citizen or resident or Green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.**

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA - CRS Indicia observed (ticked)	Documentation required for Cure of FATCA / CRS indicia
U.S. Place of Birth	<ol style="list-style-type: none"> 1. Self -certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below): AND 3. Any one of the following documents: <ol style="list-style-type: none"> a. Certified Copy of “Certificate of Loss of Nationality” or b. Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence / Mailing address in a country other than India	<ol style="list-style-type: none"> 1. Self -certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)
Telephone number in a country other than India	<p><i>If no Indian telephone number is provided</i></p> <ol style="list-style-type: none"> 1. Self -certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) <p><i>If Indian telephone number is provided along with a foreign country telephone number</i></p> <ol style="list-style-type: none"> 1. Self -certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR 2. Documentary evidence (refer list below)
Standing instruction to transfer funds to an account maintained in a country other than India (other than depository accounts)	<ol style="list-style-type: none"> 1. Self -certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes :

1. Certificate of residence issued by an authorized government body*
2. Valid identification issued by an authorized government body (e.g, Passport, National Identity card, etc.)

* Government or agency there of or a municipality of the country or territory in which the payee claims to be a resident.

Certification

I have understood the information requirements of this form (read along with the FATCA/ CRS Instructions) and hereby confirm that the information provide by me/us on this Form is true, correct and complete. I also confirm that I have read and understood the FATCA/ CRS Terms and Conditions above and hereby accept the same.

Further I certify that :

- a) 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 AI have not withheld any material information tat 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 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 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. ,
- d) 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.
- e) 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.
- f) 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.
- g) I shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.

Name :

Signature :

Date : _____ Place: _____

For Branch use only:

Existing Customer :- YES / NO

If YES, UCIC (Central Customer Number) :

Signature Verified as per office records :

Signature of Branch Official with Name & stamp



ಶ್ರೀ ಚರಣ ಸೌಹಾರ್ದ ಕೋ-ಆಪರೇಟಿವ್ ಬ್ಯಾಂಕ್ ಲಿ.
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Head Office : # 87/1, H.B. Samaja Road, Basavanagudi, Bengaluru - 560 004.
Phone : 080-26676837, FAX : 080-26606135 www.sreecharanbank.com

KYC Application Form for Individuals

Fields marked with '**' are mandatory fields

Application Type* New Update
Account Type* Normal Small
KYC Number (Mandatory for KYC update request)

1. PERSONAL DETAILS

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	.....	.....	.....	.....
Maiden Name (If any*)	.....	.....	.....	.....
Father / Spouse Name*	.....	.....	.....	.....
Mother Name*	.....	.....	.....	.....
Date of Birth*	.....		
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Nationality*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service	<input type="checkbox"/> Private Sector		
	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector		
	<input type="checkbox"/> O-Others	<input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	
	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorised		

2. PROOF OF IDENTITY (PoI)*

(Certified copy of any one of the following Proof of Identity(PoI) needs to be submitted)

A- Passport Number Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document Identification Number

notified by the central government)

3. Proof of Address (PoA)*

3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS

(Certified copy of any one of the following Proof of Address(PoA) needs to be submitted)

Address Type* Residential / Business Residential Business
 Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar)
 Voter Identity Card NREGA Job Card Others

Address

Line 1*
 Line 2
 Line 3 City / Town / Village*
 State Pin / Post Code*

3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses,

Line 1*
 Line 2
 Line 3 City / Town / Village*
 State Pin / Post Code*

4. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email ID)

Tel. (Off) Tel. (Res) Mobile
 FAX Email ID

5. DETAILS OF RELATED PERSON

Addition of Related Person Deletion of Related Person

KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Nominee Assignee
 Authorized Representative Beneficial Owner Beneficiary

Prefix First Name Middle Name Last Name

Name* (Same as ID proof)

(If KYC number and name are provided, below details of section 6 are optional)

6. PROOF OF IDENTITY (PoI) OF RELATED PERSON*

A- Passport Number Passport Expiry Date
 B- Voter ID Card
 C- PAN Card
 D- Driving Licence Driving Licence Expiry Date
 E- UID (Aadhaar)
 F- NREGA Job Card
 Z- Others (any document Identification Number
 notified by the central government)

OFFICE USE

.....

Verified

Officer

Branch Manager / Branch Incharge