



ಶ್ರೀ ಚರಣ ಸೌಹಾರ್ದ ಕೋ-ಆಪರೇಟಿವ್ ಬ್ಯಾಂಕ್ ಲಿ.
श्री चरण सौहार्द को-आपरेटिव बैंक लि.
SREE CHARAN SOUHARDHA CO-OPERATIVE BANK LTD.

ಶ್ರೀ ಚರಣ ಭವನ, ಶ್ರೀ ಚರಣ ಭವನ, SREE CHARAN BHAVAN
 Head Office : # 87/1, H.B. Samaja Road, Basavanagudi, Bengaluru - 560 004. Phone : 26676837

SAVINGS BANK ACCOUNT OPENING FORM

Branch	
UIC No.	
S.B. A/c. No.	
Memb. No.	

I/We request you to open Savings Bank Account & I/We wish to deposit ₹initially

IMPORTANT INSTRUCTIONS :

- A) Fields marked with '*' are mandatory fields.
- B) Self-Certification of documents is mandatory.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill all dates in DD-MM-YYYY format.
- E) 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* SB

(To be filled by financial institution) KYC Number (Mandatory for KYC update request)
 Account No.

1. PERSONAL DETAILS :

Name* (Same as ID proof)

Father / Spouse Name*

Mother Name*

Date of Birth*

Gender* M- Male F- Female T-Transgender

Marital Status* Married Unmarried Others

Nationality* Indian Others

Residential Status* Resident Individual Non Resident Indian
 Foreign National Person of Indian Origin

Occupation Type* S-Service Private Sector Public Sector
 Government Sector O-Others Self Employed
 Retired Housewife Student
 B-Business X-Not Categorised

If self employed : 1. Doctor 2. Lawyer 3. Engineer
 4. Business 5. CA 6. Others

Category SC ST OBC General

TICK IF APPLICABLE : RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUT SIDE INDIA ADDITIONAL DETAILS REQUIRED*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth*

6. INCASE OF BUSINESS / PROFESSIONALS :

- (i) Nature of Activity
- (ii) Year of Establishment
- (iii) Annual Turnover
- (iv) Registration No.
- Registering Authority Place of Registration

7. Service Required :

ATM Facility Yes No SMS Service Yes No
Personalised Cheque Book Facility Yes No Mobile Banking Facility Yes No
If Yes - Separate form to be filled

Signature of Applicant

8. INTRODUCTION

Name :	Type of A/c. SB / CA / CC / OD / Membership		
Address :	Account No:		Membership No :
	Date of Opening of A/c. :		
	Customer ID :		
Phone No :	Branch Name :		
E-mail ID :	Familiarity Period :		

I/We certify that, Mr. Mrs.....is / are known to me personally since last months / year and confirm the occupation and address stated in this application form for opening are correct to the best of my knowledge & belief. I recommend that the bank may consider to open the account.

Date

D	D	M	M	Y	Y	Y	Y
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INTRODUCER SIGNATURE

NAME

FORM DA-1 : NOMINATION

Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Accounts.

I/We (Name/s).....R/o.....
nominate the following person to whom in the event of my / our / minor's death, the amount of deposit in the account, may be returned by **SREE CHARAN SOUHARDHA CO-OPERATIVE BANK LTD.**Branch

DEPOSIT			NOMINEE				
Nature of Account	Account No.	Additional details, if any	Name	Address	Relationship with A/c holder, if any	Age	Date of Birth

@ As nominee is minor on this date I / We appoint Mrs / Mr Age.....
Address to receive the amount of deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

Date :

D	D	M	M	Y	Y	Y	Y
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Place :

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Signature(s)/thumb impression of Depositor/s

* Where deposit is made in the name of minor, the nomination should be by a assigned, lawfully entitled to act on behalf of the minor. Strike out if nominee is not a minor.

WITNESS

Name : Signature :

Date : Telephone No. : Mob. :

NOMINATION REGISTERED

The above mentioned nomination is registered at serial No..... in respect of (Type of Account.)..... Deposit

Account No.

For **SREE CHARANA SOUHARDHA CO-OPERATIVE BANK LTD.,**

Date :

D	D	M	M	Y	Y	Y	Y
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(Authorised Official) SS No.

9. APPLICANT(S) DECLARATION :

1. I/We agree to comply with and be bound by RBI directives and Bank's Rules and Regulations regarding conduct of the accounts as well as any other rules governing the scheme(s) in force from time to time.
2. 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.
3. My personal KYC details may be shared with Central KYC Registry.
4. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.



10. OPERATIONAL INSTRUCTIONS

Self

Either or Survivor

Jointly

Date :

D	D	M	M	Y	Y	Y	Y
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Place :

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Signature of the Applicant/s

11. SPECIMEN SIGNATURE OF THE APPLICANT :

Attestation only for Thumb Impression

(1) Attested by Smt/Sri

(2) (Name) A/c. Holder

(3) (Signature)

Signature of the Attestor

Signature Admitted

FOR OFFICE USE ONLY

Documents Received Self-Certified True Copies Notary

Risk Category High Medium Low

IN PERSON VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Identity Verification Done Date

D	D	M	M	Y	Y	Y	Y
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Name

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Emp. Name

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Code

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Emp. Code

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Emp. Designation

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Emp. Branch

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Please Open Account

Signature of Manager / Incharge



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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)

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4. Gender : (Male, Female, Others)

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

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6. Aadhaar Number

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

Name of the document submitted

Identification number

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

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

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10. Nationality

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11. City of Birth

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12. Country of Birth

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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 indentify 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 therin, 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