



ಶ್ರೀನಿಧಿ ಸೌಹಾರ್ದ ಸಹಕಾರಿ ಬ್ಯಾಂಕ್ ನಿಯಮಿತ, ಬೆಂಗಳೂರು
Sreenidhi Souharda Sahakari Bank Niyamitha
 H.O. : 113, R.V. Road, Visveswarapuram, Bengaluru - 560 004. Ph : 080 - 2660 1152 / 53
 Email : sssbn@sreenidhibank.com Web : www.sreenidhibank.com

**ACCOUNT
OPENING
FORM**

BANK USE ONLY :

C-KYC

Existing customer Y N

Customer ID

Account No.

Branch Code

Branch Name

Please open Savings Account Current Account Term Deposit Recurring Deposit Cash Certificate

OTHER SERVICES

I want the following services :

Cheque book Mobile banking SMS alerts

Debit card ATM Debit Card No.

PERSONAL DETAILS (Kindly fill the form in block letters only, Fields marked with * are mandatory)

Name*

Maiden Name (if any)* Gender* Male Female Third

Father/Spouse/Proprietor Name*

Mother Name*

Date of Incorporation

Date of Birth* Minor* Y N

PAN No.* Form 60/61 Aadhaar No.*

Nationality* Passport No. Validity

Date of Issue Place of Issue

COMMUNICATION DETAILS

	Current / Mailing Address	Permanent Address
Address*	<input type="text"/>	<input type="text"/>
Town/City/Village*	<input type="text"/>	<input type="text"/>
State*	<input type="text"/>	<input type="text"/>
Country*	<input type="text"/>	<input type="text"/>
Pin code*	<input type="text"/>	<input type="checkbox"/> Same as current address
Mobile*	<input type="text"/>	Tel (landline)* <input type="text"/>
Email ID*	<input type="text"/>	<input type="text"/>

KYC

Identity Proof* (Passport/Aadhaar/PAN/ Voter's ID, DL, Letter from recognized public authority)	<input type="text"/>	ID No. <input type="text"/>	Validity <input type="text"/>
Address Proof* (Passport/Aadhaar/Phone bill/Bank statement/Ration card/Letter from employer/ recognized public authority)	<input type="text"/>	ID No. <input type="text"/>	Validity <input type="text"/>

CUSTOMER PROFILE

Qualification* Illiterate* Undergraduate* Graduate* Postgraduate Professional Others

Occupation Type* Service Professional Business Self Employed Retired Housewife Student

Not Categorised If Service, Private Sector Public Sector Government Sector

Community* General SC ST OBC

Source of funds* Salary Business Profession Commission and Brokerage Pension Rentals

Donations Agriculture Others

Gross Annual Income* <50,000 50,000-2,00,000 2,00,001-5,00,000

5,00,001-10,00,000 10,00,001 to one crore above one crore

Married* Y N Spouse name*

No. of Children* No. of dependents* Religion* Hindu Muslim Christian Sikh Others

Are you differently abled?* Y N If Yes, please specify

JOINT APPLICANT DETAILS (Joint applicants should fill in supplementary form)

Please mention number of joint applicants

1st joint applicant _____

2nd joint applicant _____

OPERATING INSTRUCTIONS*

Self Either/Survivor Former/Survivor Jointly (Debit card not issued) Minor under guardian PoA Office

INITIAL PAYMENT DETAILS*

Amount Rs. Cash

TERM DEPOSIT / RECURRING DEPOSIT

Deposit/Instalment amount Tenure Years Months Days

Add standing Instruction for RD Y N Debit Account Number

In case of Term Deposits:

Interest payment: Monthly Quarterly Yearly On Maturity

Maturity Instruction: Renew principal and interest Renew principal and pay interest Transfer to SB account

Pay principal/ interest to Account No. DD / NEFT / RTGS / IMPS

TDS to be deducted Y N If N, please enclose 15G 15H Exemption Certificate

NOMINATION (FORM DA-1)

Nominee Required* Y N KYC / ID Proof No. _____

Nominee Name (in full) _____

Relationship _____ Date of Birth

Address _____

Village / Town / City _____ District _____

State _____ Pin Code _____ Print name on Passbook Y N

If nominee is a minor,

As the nominee is a minor on this date, we appoint the following to receive the amount of the deposit on behalf of the nominee in the event of my / minor's death during the minority of the nominee.

Guardian Name(in full) _____

Relationship with minor _____ Date of Birth

Address _____

Nominations under Sections 45 ZA of banking Regulation Act; 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits. I / We nominate the person mentioned above to whom in the event of my minor's death, the amount of deposit in the account may be returned by Sreenidhi Bank by the account opening branch.

Signature / thumb impression of Primary applicant

Signature / thumb impression of Joint applicant - 1

Signature / thumb impression of Joint applicant - 2

NOMINATION WITNESS (required only if applicant is illiterate)

Name : _____

Date

Address: _____

Place: _____

Witness Signature

FATCA/CRS* (Self certification as per Foreign Account Tax Compliance Act/Common Reporting Standard)

For Tax purpose I am a resident in a country / territory outside India Y N

If No; I have submitted my identity and address proof to the satisfaction of the bank. I have submitted a copy of my PAN Card / Form 60 / 61

If Yes; the following are my details in this regard:

Passport No.	<input type="text"/>	Tax identification no.	<input type="text"/>
TIN issuing country	<input type="text"/>	Country of tax residency	<input type="text"/>

Applicant should provide the documentary evidence of "Certificate of Tax Residence and TIN"

Validity of documentary evidence DDMMYYYY Father's Name

Inside India Use as mailing address **Outside India** Use as mailing address

Address*

Town/City/Village*

State*

Country* INDIA Pin code*

Phone No* ISD

If the applicant is a tax resident of more than one country then he/she should provide the requisite details by a separate annexure along with appropriate documentary evidence. Since US taxes the global income of its citizen, every US citizen whatever nationality, is also a resident for tax purpose in USA. If TIN has not been issued by the jurisdiction, "Functional Equivalent" like Social Security Number may be reported.

MINOR DECLARATION (In case of minor less than 10 years/account operated by legal guardian)

Relation with Guardian: Father Mother Other

Title: Guardian Name (in full)

I hereby declare that I will represent the said Minor as Natural guardian/Guardian appointed by the Court vide its order dated

DDMMYYYY (copy enclosed) in all future transactions of any description in the above account until the said minor attains

majority. I shall indemnify the Bank against the claim of the above Minor for any withdrawal / transactions made by me in his/her account.

Further I declare that the money withdrawn from the account by me will be utilized for the benefit of the minor only.

KYC / ID Proof No. Date Signature of Guardian

Form 60/61 (To be filled by those who do not have PAN)

Form 60 61 Father's Name

Particulars OPENING OF BANK ACCOUNT Amount

Are you assessed to tax? Y N. If No. I hereby declare that my source of income is from agriculture and I am not required to pay income-tax on any other income, if any. If Yes:

(i) Details of Ward/Circle/Range where the last return of income was filed

(ii) Reasons for not having PAN

Declarant Signature

BANK ACCOUNTS WITH OTHER BANKS/BRANCHES (OTHER THAN LOAN/OD/CASH CREDIT A/CS)

Tick (i) or (ii) whichever is applicable}

i. At present I am having following accounts with other Banks/Branches

Name of the Bank/Branch	Name of the Account	Single/Joint Proprietorship/Partnership	Account No.	Any other particulars

ii. At present I do not have any account with any other Bank/Branch. I undertake to inform you as and when accounts are opened with other Banks/Branches

LOAN/OD/CASH CREDIT FACILITY, ETC., ENJOYED WITH OTHER BANKS / BRANCHES :

Tick (i) or (ii) whichever is applicable}

i. At present I am enjoying the following facilities with other Banks/Branches

Name of the Bank/Branch	Nature of facility	Original Advance/Limit	Balance outstanding	Securities

ii. At present I do not enjoy any credit facilities with any Bank/Branch. I undertake to inform you as and when credit facilities are availed by me with other Banks/Branches

CUSTOMER BANKING NEEDS

I would like to avail Home Loan Vehicle Loan Education Loan Mutual Fund
 Life Insurance General Insurance Health Insurance Others _____

DECLARATION

- 1) I/we confirm having received, read and understood the accounts rules and hereby agree to be bound by the terms and conditions outlined in these rules which govern the account (s) which I/we am/are opening with Sreenidhi Souharda Sahakari Bank Niyamitha and amendments there to made from time to time will be binding on me/us when displayed by the bank on its notice board or on its website www.sreenidhibank.com and those relating to various services offered by the bank including but not limited to RuPay Debit Card/SMS banking and other facilities listed in this form.
- 2) I/we understand that the bank may at its absolute discretion discontinue any of the services completely or partially without any notice to me/us. I/we agree that the bank may debit my account for service charges as applicable from time to time.
- 3) I am aware that Savings Accounts can be opened by Individuals for Non – Business purposes only.
- 5) I declare, confirm and agree – (a) That I have/had no insolvency proceedings initiated against me nor have I ever been adjudicated insolvent. (b) That the Any branch Banking facility will not be utilized for making money/profits by conducting commission agency business or otherwise. (c) That I understand that the copy of the Banking Codes & Standard Board of India (BCSBI) is available on the Bank's website for my reference. (d) I/we declare that the transactions in the account will be made from legitimate sources only and the account will not be used for any purpose contrary to law.
- 6) I/we authorize Sreenidhi Souharda Sahakari Bank Niyamitha enquires as may be deemed necessary in their discretion with regard to the information furnished in this application and are empowered to exchange, share or part with all the information, data or documents relating to my/our application inter se among themselves or to other Banks / Financial Institutions / Credit Bureaus / Agencies / Statutory Bodies / such other entities / persons as may be deemed necessary.
- 7) I agree, undertake and authorize to pay any debit balance/overdraw including commission, interest at the appropriate rate and other incidental charges allowed either at my request by compulsion of circumstance or by oversight or mistake.
- 8) I agree to notify the Bank of any change in my communication address due to relocation or any other reason within two weeks of such a change.
- 9) I / we also agree to maintain the minimum / quarterly average balance which the Bank may prescribe as the minimum / quarterly average balance to be maintained to avail the facilities and agree to pay the charges if minimum / quarterly average balance is not maintained and any other charges stipulated by the Bank. I/we understand that any change in this respect will be notified by the Bank on its website www.sreenidhibank.com and also will be displayed on the notice board of the branches one month in advance.
- 10) INFORMATION ON PRODUCT AND SERVICES: I understand that to provide better services the bank would like to communicate about updates on various products and services, new products and features and special offers from the Bank. I hereby give my consent for the same.
- 11) The Bank debits Accountholder's account with charges for various banking services availed by them as per the applicable Tariff. In case the Accountholder account does not have sufficient funds to collect the charges, the Bank reserves the right to debit the Accountholder account at a later date as and when funds are available without prior intimation to the Accountholder.
- 12) The Accountholder hereby agrees that he/it shall at his/its own expense, indemnify, defend and hold harmless the Bank from and against any and all liability, any other loss that may occur arising from or relating to the operation or use of the account or the features or breach, non-performance or inadequate performance by the Accountholder of any of these terms or the acts, errors, representations, misrepresentations, misconduct or negligence of the Accountholder in performance of its obligations.
- 13) In line with the requirements of the Bank's policy, the Know Your Customer (KYC) documents along with other documentation need to be submitted at the time of opening a new account or as and when requested by the Bank. The Bank reserves a right to allow/restrict operations in a newly opened/existing accounts maintained with the Bank, if the customer is not able to satisfy the due diligence requirements in line with the Bank's policy.
- 15) In case of Joint accounts, we acknowledge that in the event of death, insolvency or withdrawal of any of the account holders, the Survivor/s of us shall have full control of any monies then and thereafter standing to our credit in our Account with you, and in that event the Survivor/s will have full powers to operate the Account and/or to close the Account.
- 16) In case of Proprietorship Accounts, the sole proprietor of the said concern is solely responsible for all the transactions entered into and obligations incurred with the Bank whether under the trade name or in his/her individual name or in conjunction with others till he/she informs in writing otherwise.
- 17) FATCA: (a)The information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with the Rules 114F to 114H of the Income Tax Rules, 1962. (b)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. (c) I/we permit / authorize the Bank to collect, store, communicate and process information relating to the Account and all trans actions therein, by the Bank and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities (including Central KYC Registry) in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign. (d) 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. (e) 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 authority designated by the Government of India 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.(f) 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. (g) It shall be my/our responsibilities to educate myself / ourself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder. (h) 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. (i) I / we shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.
- 18) CK YC: My personal / KYC details may be shared with the central KYC Registry. I hereby consent to receiving information from Central KYC Registry through SMS/ Email on the above registered number/ email address.

In case of thumb impression

Attestor Name _____	<i>Signature / thumb impression of Primary applicant</i>	<i>affix photo of Primary applicant</i>
Attestor A/c No. _____	<i>Signature / thumb impression of Joint applicant 1</i>	
Attestor Address _____	<i>Signature / thumb impression of Joint applicant 2</i>	
<i>Signature of attestor with date</i>		

BANK USE ONLY:

	ID Proof	Address Proof	Photo	KYC done and customer signed in my presence	
Primary applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Joint applicant 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Joint applicant 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Risk Categorization	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High		

We have verified the list of _____
 _____ as per RBI circular No. _____
 date _____ and this name is not included in this list.

Branch Stamp With Date

Officer
Br. Manager

FATCA/CRS* (Self certification as per Foreign Account Tax Compliance Act/Common Reporting Standard)

For Tax purpose I am a resident in a country / territory outside India Y N

If No; I have submitted my identity and address proof to the satisfaction of the bank. I have submitted a copy of my PAN Card / Form 60 / 61

If Yes; the following are my details in this regard:

Passport No. Tax identification no.

TIN issuing country Country of tax residency

Applicant should provide the documentary evidence of "Certificate of Tax Residence and TIN"

Validity of documentary evidence Father's Name

Inside India Use as mailing address

Outside India Use as mailing address

Address*

Town/City/Village*

State*

Country* Pin code*

Phone No*

If the applicant is a tax resident of more than 1 country then he/she should provide the requisite details by a separate annexure along with appropriate documentary evidence. Since US taxes the global income of it's citizen, every US citizen whatever nationality, is also a resident for tax purpose in USA. If TIN has not been issued by the jurisdiction, "Functional Equivalent" like Social Security Number may be reported.

MINOR DECLARATION (In case of minor less than 10 years/account operated by legal guardian)

Type of Guardian: Father Mother Other _____

Title: Guardian Name (in full) _____

I hereby declare that I will represent the said Minor as Natural guardian/Guardian appointed by the Court vide its order dated

(copy enclosed) in all future transactions of any description in the above account until the said minor attains majority. I shall indemnify the Bank against the claim of the above Minor for any withdrawal / transactions made by me in his/her account. Further I declare that the money withdrawn from the account by me will be utilized for the benefit of the minor only.

KYC / ID Proof No. Date Signature of Guardian

Form 60/61 (To be filled by those who do not have PAN)

1. Father's Name

2. Particulars of Transaction

3. Amount of the Transaction 4. Are you assessed to tax? Y N

5. If Yes, (i) Details of Ward/Circle/Range where the last return of income was filed

(ii) Reasons for not having PAN

6. If No, I hereby declare that my source of income is from agriculture and I am not required to pay income-tax on any other income, if any.

BANK USE ONLY:

Risk Categorization Low Medium High

KYC done and customer signed in my presence

Signature of attestor with date

Signature / thumb impression of applicant

Affix photo here

We have verified the list of _____ as per RBI circular No. _____ date _____ and this name is not included in this list.

AAO Br. Manager