

The Gujarat State Co-op. Bank Ltd. (Scheduled Apex Bank)

ACCOUNT OPENING FORM (Savings Bank and Current Account)

1 St Applicant CIF No.
3rd Applicant CIF No.
Application Type
INSTRUCTIONS 1. For opening solely operated account of Minor, Complete KYC Documents of the Minor will have to be provided. 2. Fields marked asteric(') are not mandatory. 3. In case of illiterate customers, Left Thumb impression (LTI) to be affixed and verified. SAVING GENERAL BSBDA-SMALL CURRENT GENERAL BSBDA-SMALL CURRENT PRIVILEGE FIXED DEPOSIT Rs. Period RECURRING DEPOSIT Rs. Period SI Date for Debit: D D M M Y Y Y Y No. of Applicants Self only Either or Survivor Former or Survivor Any one or Survivor Jointly Other, Self only Thave an account with GSC Bank & the account number is Personal Details Customer Type Public Staff Senior Citizen Minor HUF Residential Status Residential Individual Non Resident Indian Foreign National Person of Indian Origin Name: (Same as Officially Valid Documents) Mr. Ms. Mrs. Other PREFIX FRST NAME MDDLE NAME LAST NAME NAME NAME NAME NAME NAME NAME NAME
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Guardian's Name (In case of Minor) PREF X FIRST NAME M DDLE NAME LAST NAME LAST NAME
City of Birth
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Multiple Tax Residency: Yes No Additional Detials for FATCA/CRS *(If applicables resident outside India for TAX purpose)
Foreign TIN Number 1: Foreign TIN Number 2:
TIN 1 Issuing Country TIN 2 Issuing Country
Country 1 of Residence for TAX Purpose: Country 2 of Residence for TAX Purpose:
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: D D M M Y Y Y Y
VOTER'S IDENTITY CARD Issued by:
DRIVING LICENCE Issued at: Driving Licence Expiry Date: D D M M Y Y Y Y Y Y Y Y
AADHAR LETTER/CARD Issue Date: D D M M Y Y Y Y AADHAR Card No.:
NREGA CARD OTHER OFFICIALLY VALID DOCUMENTS
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Correspondence / Local Address details Same as Proof of Address										
Address type Residential or Business Residential Business Registered office Unspecified										
Address			7							
			i							
City/Village		PIN District	i							
			=							
Sub-District		State	_							
Country Name										
Address in the Jurisdiction de	tails where the applicant is	s Resident out side India for Tax purposes*								
Same as Current Addre	ess Permanent Address	Overseas Address Same as Correspondence / Local Address								
Address										
]							
City/Village		PIN District]							
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Country Name			_							
Additional Details										
Monthly Income:Rs.		Net Worth (approx value) Rs.	_							
Marital Status Marrie	<u> </u>	Others								
Religion*	<u> </u>	Christian Sikh Others								
Category* Gene	<u> </u>	SC ST								
	w SSC SSC	HSC Graduate Post Graduate Others	_							
Occupation Type S-Ser		ice Public Sector Government Sector Self employed Retired House Wife Student								
Busin		Occupation:								
*Organization's Name:		ation/Proffession: Nature of Business:	7							
		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 Guardia	an of Minor Nominee	Assignee Authorised Representative Karta	_							
Name			_							
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	ssued at: Ssue Date: D D M M	Driving Licence Expiry Date: D D M M Y Y Y Y Y Y Y AADHAR Card No.:	_							
NREGA CARD										
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OTHER OFFICIALLY VALID D	OOCUMENTS									
Remarks										
Services Required*										
1. ATM-CUM-RUPAY DEBIT CARE	D: Required Not	required OR PLATINUM RUPAY DEBIT CARD: Required Not required								
I/we have received Insta debit car	rd no Please	mention last 4 digit of debit card issued to customer)								
I/We understand that use of Debit	t Card is subject to applicable gu	uidelines issued by the Reserve Bank of India from time to time								
2. CHEQUE BOOK:	Required Not req	quired								
3. INTERNET BANKING:	Required Not req	quired								
	Required Not req									
	Required Not req									
	1.50100									

^{*}Refer our service charges schedule

FATCA & CRS Related Declaration cum undertaking

- 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 Gujarat State 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 Gujarat State Co-op. Bank Ltd. under the guidelines issued by CBDT/RB I 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 Gujarat State 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.
- I/We shall indemnify The Gujarat State Co-op. Bank Ltd. for any loss that may be caused to The Gujarat State 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^SMSBanking/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/email/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

"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 maybe 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) Paste a passport size Paste a passport size Paste a passport size photograph inside this box photograph inside this photograph inside this box box 1st Applicant 2nd Applicant 3rd Applicant Please sign in black Ink only. Please sign in black Ink only. Please sign in black Ink only. X X X Signature(s)/Thumb impressions(s) Sole/First Holder Signature(s)/Thurnb impressions(s) Second Holder Signature(s)/Thurnb impressions(s) Third Holder Place: Date:

Nomination		Nomination	, if required fill form DA-1, otherwise sign below
I/We do not want to nominate any person in this account	Sole/First Holder	X Second Holder	X Third Holder
Form DA-1 (Nomination For	n)		
I/We		1985 in respect of bank deposits on to whom in the event of my/our/minor's deal o. Bank Ltd. (Name and address of branch / offi	
Details of Deposit			
·			
Additional details, if any		Nominee CIF Number:	
Details of the Nominee		(For office use only)	
	EFIX FIRST NAME	I MIDDLE NAME	LAST NAME
		MIDDLE NAME	
Relationship with the depositor	Age	Date of Birth of nominee D D M M)	/ Y Y Y
Address			
City/Village	PIN	State	
As the nominee is a minor on this of Address	date, I/We appoint Shri/Smt	Age	years
to receive the amount of the depos	it on behalf of the nominee eath during the minority of the nominee.		Signature(s) / Thumb impression of first depositor
	of applicant is illiterate/minor and is affixing th	umb impression)	YYX
			Signature(s) / Thumb impression of second depositor
Signature / Thumb impression of Name :		e / Thumb impression of second witness	x
Address :	Address	:	Signature(s) / Thumb impression of third depositor
DECLARATION BY BRANC	Н		
Verified the copies with orig			
Applicant(s) interviewed ar	d purpose ascertained.		
3. Risk Categorisation	Low Medium High		
RBI (as amended from time to t	ime) and performed due diligence to verify		ed as per the KYC guidelines of the Bank and count may please be set up in CBS. Incase of a the Account.
Officer/ As	st. Manager	Bran	ch Manager / In-Charge
Officer/ As	st. Manager	Dian	chi Manager / In-Onarge
Full Name:		Full Name:	
Employee Code:		Employee Code:	
		Branch Name:	
GSC	Acknow	vledgement - DA 1	Date:
We acknowledge receipt of	nomination made by you in favour		
		Age	e: years.
with respect to your A/c. no	S		Yours faithfully,