



VASAI JANATA SAHAKARI BANK LTD., VASAI.

वसई जनता सहकारी बँक लिमिटेड , वसई .

Head office : 'Mrudgandh', Azad Road,
Parnaka, Tal. Vasai, Dist. Palghar - 401201.
Phone : 0250-238898, 2308327.
Email: ho@vjsbl.com

RISK PROFILE

H

☐

M

☐

L

☐

Manager / Senior Manager

Full Signature

BRANCH / शाखा

CURRENT ACCOUNT OPENING FORM

बँकेत चालू खाते उघडण्याचा अर्ज

Account No.

खाते क्रमांक

Date

दिनांक

Business Customer No.

व्यवसायाचा ग्राहक क्र.

Individual Customer No.

वैयक्तिक ग्राहक क्र.

(APPLICATION FORM TO BE FILLED IN BLOCK LETTERS ONLY) / अर्ज स्पष्ट अक्षरात भरावा .

Please tick(✓) type of Account Required. Please Open an Account as per details given below in your Bank :

कृपया कोणत्या प्रकारचे खाते उघडावयाचे आहे त्या योग्य चौकोनात (✓) टिक मार्क करा .

कृपया पुढील माहिती प्रमाणे आपल्या बँकेत खाते उघडावे :

☐ INDIVIDUAL
वैयक्तिक

☐ Proprietorship
स्वमालकी

☐ Partnership
भागीदारी

☐ Trust
ट्रस्ट

☐ Company
कंपनी

☐ LLP
एलएलपी

☐ HUF
हिंदू एकत्र कुटुंब

☐ Cheque Book
चेक बुक

☐ Debit Card
डेबिट कार्ड

☐ Mobile Banking
मोबाईल बँकिंग

☐ SMS Banking
एसएमएस बँकिंग

“We are aware that all the E Channel products like Rupay Debit Card/Mobile Banking / SMS Banking and any other products that may be offered by the bank are available to us. We hereby authorize the 1st Account Holder named herein to apply, receive / download the products / applications by accepting the terms & conditions and to operate the same individually.”

आम्हाला माहिती आहे की , रुपये डेबिट कार्ड/ मोबाईल बँकिंग/ एसएमएस बँकिंग यासारखी सर्व ई चॅनेल सुविधा आणि बँकेने देऊ केलेली इतर कोणतीही सुविधा आमच्यासाठी उपलब्ध आहेत. आम्ही याद्वारे येथे नावाच्या पहिल्या खातेदाराला नियम आणि अटी स्वीकारून अर्ज करण्यासाठी , सुविधा प्राप्त करण्यासाठी / डाऊनलोड करण्यासाठी आणि वैयक्तिकरित्या हाताळण्यासाठी अधिकृत केले आहे.

Linkage with /संलग्न खाते

SB/बचत खाते

☐

A/c.No.

खाते क्रमांक

FULL NAME (IN BLOCK LETTERS) /संपूर्ण नांव :

Title of Account:

खातेदाराचे नांव : Mr. / Mrs. / M/s.
श्री ./श्रीमती/मेसर्स

Sir , /महाशय ,

I/We wish to open Current Account with your Bank and request you to accept a sum of ₹. रु. मी/आम्ही आपल्या बँकेत चालू /मुदत /आवर्त ठेव खाते उघडण्याची विनंती करतो/ करते/ करीत आहोत . त्यासाठी मी/ आम्ही आपणाकडे

(Rupees) .
(रुपये) जमा करीत आहे/आहोत . त्याचा स्वीकार करावा .

I/We agree to abide by the Bank’s rules relating to the conduct of the above accounts / services / products.
मला/ आम्हाला वरील खात्याचे नियम माहित असून माझ्यावर / आम्हावर ते बंधनकारक राहतील .

Name of Authorised Signatory/ies अधिकृत स्वाक्षरीकर्ता / कर्त्याचे नांव			
Full Name संपूर्ण नांव	Designation पद	% of Stake भागभांडवल	
A/अ			
B/ब			
C/क			
D/ड			

A/अ	B/ब	C/क	D/ड
<div><div>Affix Passport Size Photo & Sign across</div><div>अर्जदाराने स्वतःचा पासपोर्ट साईजचा फोटो चिकटवून त्यावर सही करावी .</div></div>	<div><div>Affix Passport Size Photo & Sign across</div><div>अर्जदाराने स्वतःचा पासपोर्ट साईजचा फोटो चिकटवून त्यावर सही करावी .</div></div>	<div><div>Affix Passport Size Photo & Sign across</div><div>अर्जदाराने स्वतःचा पासपोर्ट साईजचा फोटो चिकटवून त्यावर सही करावी .</div></div>	<div><div>Affix Passport Size Photo & Sign across</div><div>अर्जदाराने स्वतःचा पासपोर्ट साईजचा फोटो चिकटवून त्यावर सही करावी .</div></div>
Specimen Signature - A नमुना सही - अ	Specimen Signature - B नमुना सही - ब	Specimen Signature - C नमुना सही - क	Specimen Signature - D नमुना सही - ड
Customer Number / ग्राहक क्रमांक	Customer Number / ग्राहक क्रमांक	Customer Number / ग्राहक क्रमांक	Customer Number / ग्राहक क्रमांक

TITLE OF ACCOUNT:

खातेदाराचे नांव :

M/s. मेसर्स

Name of Business /व्यवसायाचे नांव

Address Type/पत्ता :

☐ Ownership /मालकी

☐ Rental / भाडेतत्व

RESIDENTIAL / REGISTERED

ADDRESS : घरचा/रजिस्टर्ड पत्ता :

LANDMARK

CITY

DIST.

STATE

PIN CODE

शहर

जिल्हा

राज्य

पिन कोड

TEL. NO. :

MOBILE NO. :

EMAIL :

फोन नंबर :

मोबाईल नंबर :

ईमेल :

OFFICE / FACTORY ADDRESS :

ऑफिस/कंपनीचा पत्ता :

LANDMARK

CITY

DIST.

STATE

PIN CODE

शहर

जिल्हा

राज्य

पिन कोड

TEL. NO. :

MOBILE NO. :

EMAIL :

फोन नंबर :

मोबाईल नंबर :

ईमेल :

PAN No or Form 60/61 of Income Tax Rules

GST No

पॅन नंबर किंवा फॉर्म ६०/६१ आयकर नियमांप्रमाणे

जीएसटी नंबर

Registration No.

Date of establishment/ Incorporation

नोंदणी क्र.

व्यवसाय सुरु केल्याची तारीख

Udyog Aadhar No.

CIN No.

CKYC No.

उद्योग आधार क्र.

सीआयएन क्र.

सीकेवायसी नं.

Nature of Business:

☐ MFG

☐ Wholesale

☐ Retail

☐ Service

☐ Professional

☐ Real Estate

☐ Other

व्यवसायाचा प्रकार

उत्पादन

होलसेल

रिटेल

सेवा

व्यावसायिक

रियल इस्टेट

इतर

Annual Income

Annual Turnover

Networth

वार्षिक उत्पन्न

वार्षिक उलाढाल

पत

CONSTITUTION:

घटना:

Please tick(✓) / कृपया टिक मार्क (✓) करा.

☐ SOLE PROPRIETORSHIP

स्वमालकी

☐ PRIVATE / PUBLIC LTD. CO.

खाजगी/ सार्वजनिक मर्यादित संस्था

☐ CLUB/ASSOCIATION

क्लब/मंडळ

☐ HUF

हिन्दू एकत्र कुटुंब

☐ PRIVATE / PUBLIC TRUST

खाजगी/ सार्वजनिक न्यास

☐ PATNERSHIP FIRM

भागीदारी संस्था

☐ SOCIETY

सहकारी संस्था

☐ EDUCATIONAL INSTITUTION

शैक्षणिक संस्था

☐ Credit Society/Patpedhi

क्रेडिट सोसायटी / पतपेढी

☐ OTHER (Specify)

इतर (स्पष्ट करणे)

PERSONAL DETAILS (INDIVIDUAL/ PROPRIET OR/PARTNERS/DIRECTORS)

वैयक्तिक माहिती (वैयक्तिक/ मालक/ भागीदार / संचालक)

A) Name

अ) खातेदाराचे नांव :

Mr. / Mrs. श्री. /श्रीमती

(First Name/ पहिले नाव)

(Father or Husband Name /वडिल किंवा पतिचे नाव)

(Surname/आडनाव)

(Mother Name /आईचे नाव)

RESIDENTIAL / REGISTERED

ADDRESS : घरचा/रजिस्टर्ड पत्ता :

AREA

LANDMARK

ठिकाण

जवळची खूण

CITY

DIST.

STATE

PIN CODE

शहर

जिल्हा

राज्य

पिन कोड

TEL. NO. :

MOBILE NO. :

EMAIL :

फोन नंबर :

मोबाईल नंबर :

ईमेल :

Sex: Male/Female/ Third Gender/Other

Date of Birth :

Marital Status :

Date of Marriage

लिंग :पुरुष/स्त्री/तृतीयपंथी/इतर

जन्म तारीख :

वैवाहिक स्थिती :

लग्नाची तारीख :

Religion :

Caste :

Nationality :

NRI :

धर्म :

जात :

नागरिकत्व

अनिवासी :

Yes / No

होय / नाही

Educational Qualification

PAN No. / Form 60/61 of Income Tax Rules

शैक्षणिक पात्रता

पॅन नं. / फॉर्म ६०/६१ आयकर नियमांप्रमाणे

UID (Aadhar No.)

Passport No

Expiry Date

युआयडी (आधार क्र.)

पासपोर्ट नंबर :

मुदत संपण्याची दिनांक :

Voter ID No

Driving Licence No

Expiry Date

मतदार आयडी

वाहनचालवण्याचा परवाना

मुदत संपण्याची दिनांक :

CKYC No.

सी के वाय सी नंबर

Occupation : Service /Business/Profession/ Retired / Home Maker

Designation

व्यवसाय : नोकरी / धंदा / व्यवसाय /सेवानिवृत्ती / गृहीणी

हुद्दा

OFFICE / FACTORY ADDRESS :
ऑफिस/कंपनीचा त्ता :

AREA
ठिकाण

LANDMARK
जवळची खूण

CITY
शहर

DIST.
जिल्हा

STATE
राज्य

PIN CODE
पिन कोड

TEL. NO. :
फोन नंबर :

MOBILE NO. :
मोबाईल नंबर :

EMAIL :
ईमेल :

Annual Income :
वार्षिक उत्पन्न :

Other Sources :
इतर उत्पन्न :

Total Income :
एकूण उत्पन्न :

B) Name

ब) खातेदाराचे नांव : Mr. / Mrs.
श्री. / श्रीमती (First Name/ पहिले नाव) (Father or Husband Name / वडिल किंवा पतिचे नाव) (Surname/आडनाव) (Mother Name /आईचे नाव)

RESIDENTIAL / REGISTERED ADDRESS : घरचा/रजिस्टर्ड पत्ता :

AREA
ठिकाण

LANDMARK
जवळची खूण

CITY
शहर

DIST.
जिल्हा

STATE
राज्य

PIN CODE
पिन कोड

TEL. NO. :
फोन नंबर :

MOBILE NO. :
मोबाईल नंबर :

EMAIL :
ईमेल :

Sex: Male/Female/ Third Gender/Other
लिंग : पुरुष/स्त्री/तृतीयपंथी/इतर

Date of Birth :
जन्म तारीख :

Marital Status :
वैवाहिक स्थिती :

Date of Marriage
लग्नाची तारीख :

Religion :
धर्म :

Caste :
जात :

Nationality :
नागरिकत्व

NRI :
अनिवासी :

Yes / No
होय / नाही

Educational Qualification
शैक्षणिक पात्रता

PAN No. / Form 60/61 of Income Tax Rules
पॅन नं. / फॉर्म ६०/६१ आयकर नियमांप्रमाणे

UID (Aadhar No.)
युआयडी (आधार क्र.)

Passport No
पासपोर्ट नंबर :

Expiry Date
मुदत संपण्याची दिनांक:

Voter ID No
मतदार आयडी

Driving Licence No
वाहनचालवण्याचा परवाना

Expiry Date
मुदत संपण्याची दिनांक:

CKYC No.
सी के वाय सी नंबर

Occupation : Service /Business/Profession/ Retired / Home Maker
व्यवसाय : नोकरी / धंदा / व्यवसाय /सेवानिवृत्ती / गृहीणी

Designation
हुद्दा

OFFICE / FACTORY ADDRESS :
ऑफिस/कंपनीचा त्ता :

AREA
ठिकाण

LANDMARK
जवळची खूण

CITY
शहर

DIST.
जिल्हा

STATE
राज्य

PIN CODE
पिन कोड

TEL. NO. :
फोन नंबर :

MOBILE NO. :
मोबाईल नंबर :

EMAIL :
ईमेल :

Annual Income :
वार्षिक उत्पन्न :

Other Sources :
इतर उत्पन्न :

Total Income :
एकूण उत्पन्न :

C) Name

क) खातेदाराचे नांव : Mr. / Mrs.
श्री. / श्रीमती (First Name/ पहिले नाव) (Father or Husband Name / वडिल किंवा पतिचे नाव) (Surname/आडनाव) (Mother Name /आईचे नाव)

RESIDENTIAL / REGISTERED ADDRESS : घरचा/रजिस्टर्ड पत्ता :

AREA
ठिकाण

LANDMARK
जवळची खूण

CITY
शहर

DIST.
जिल्हा

STATE
राज्य

PIN CODE
पिन कोड

TEL. NO. :
फोन नंबर :

MOBILE NO. :
मोबाईल नंबर :

EMAIL :
ईमेल :

Sex: Male/Female/ Third Gender/Other
लिंग : पुरुष/स्त्री/तृतीयपंथी/इतर

Date of Birth :
जन्म तारीख :

Marital Status :
वैवाहिक स्थिती :

Date of Marriage
लग्नाची तारीख :

Religion :
धर्म :

Caste :
जात :

Nationality :
नागरिकत्व

NRI :
अनिवासी :

Yes / No
होय / नाही

Educational Qualification
शैक्षणिक पात्रता

PAN No. / Form 60/61 of Income Tax Rules
पॅन नं. / फॉर्म ६०/६१ आयकर नियमांप्रमाणे

UID (Aadhar No.)
युआयडी (आधार क्र.)

Passport No
पासपोर्ट नंबर :

Expiry Date
मुदत संपण्याची दिनांक:

Voter ID No
मतदार आयडी

Driving Licence No
वाहनचालवण्याचा परवाना

Expiry Date
मुदत संपण्याची दिनांक:

CKYC No.
सी के वाय सी नंबर

Occupation : Service /Business/Profession/ Retired / Home Maker
व्यवसाय : नोकरी / धंदा / व्यवसाय /सेवानिवृत्ती / गृहीणी

Designation
हुद्दा

OFFICE / FACTORY ADDRESS : _____
ऑफिस/कंपनीचा त्ता : _____

AREA
ठिकाण

LANDMARK
जवळची खूण

CITY
शहर

DIST.
जिल्हा

STATE
राज्य

PIN CODE
पिन कोड

TEL. NO. :
फोन नंबर :

MOBILE NO. :
मोबाईल नंबर :

EMAIL :
ईमेल :

Annual Income :
वार्षिक उत्पन्न :

Other Sources :
इतर उत्पन्न :

Total Income :
एकूण उत्पन्न :

D) Name

ड) खातेदाराचे नांव :Mr. / Mrs.
श्री. /श्रीमती (First Name/ पहिले नाव) (Father or Husband Name / वडिल किंवा पतिचे नाव) (Surname/आडनाव) (Mother Name /आईचे नाव)

RESIDENTIAL / REGISTERED ADDRESS : घरचा/रजिस्टर्ड पत्ता : _____

AREA
ठिकाण

LANDMARK
जवळची खूण

CITY
शहर

DIST.
जिल्हा

STATE
राज्य

PIN CODE
पिन कोड

TEL. NO. :
फोन नंबर :

MOBILE NO. :
मोबाईल नंबर :

EMAIL :
ईमेल :

Sex: Male/Female/ Third Gender/Other
लिंग:पुरुष/स्त्री/तृतीयपंथी/इतर

Date of Birth :
जन्म तारीख :

Marital Status :
वैवाहिक स्थिती :

Date of Marriage
लग्नाची तारीख :

Religion :
धर्म :

Caste :
जात :

Nationality :
नागरिकत्व

NRI :
अनिवासी :

Yes / No
होय / नाही

Educational Qualification
शैक्षणिक पात्रता

PAN No. / Form 60/61 of Income Tax Rules
पॅन नं./ फॉर्म ६०/६१ आयकर नियमांप्रमाणे

UID (Aadhar No.)
युआयडी (आधार क्र.)

Passport No
पासपोर्ट नंबर :

Expiry Date
मुदत संपण्याची दिनांक:

Voter ID No
मतदार आयडी

Driving Licence No
वाहनचालवण्याचा परवाना

Expiry Date
मुदत संपण्याची दिनांक:

CKYC No. _____
सी के वाय सी नंबर

Occupation : Service /Business/Profession/ Retired / Home Maker _____ Designation _____
व्यवसाय : नोकरी / धंदा / व्यवसाय /सेवानिवृत्ती / गृहीणी हुद्दा

OFFICE / FACTORY ADDRESS : _____
ऑफिस/कंपनीचा त्ता : _____

AREA
ठिकाण

LANDMARK
जवळची खूण

CITY
शहर

DIST.
जिल्हा

STATE
राज्य

PIN CODE
पिन कोड

TEL. NO. :
फोन नंबर :

MOBILE NO. :
मोबाईल नंबर :

EMAIL :
ईमेल :

Annual Income :
वार्षिक उत्पन्न :

Other Sources :
इतर उत्पन्न :

Total Income :
एकूण उत्पन्न :

MODE OF OPERATION/ खात्यावरील व्यवहारासाठी सूचना

Account will be operated and can be close by : Please tick (✓) / खात्यावरील व्यवहार करण्यास किंवा बंद करण्यासाठी :कृपया (✓) अशी खुण करा.

☐ 1. Any..... of us or Survivor/s
१. आमच्यापैकी कोणाही..... किंवा हयातव्यक्ति

☐ 2. Jointly by all of us
२. संयुक्तपणे

☐ 3. Either or Survivor
३. आमच्यापैकी कोणीही

☐ 4. Former or Survivor
४. पहिला किंवा हयात व्यक्ति

☐ 5. Any Other (Specify) / इतर कोणी (नमुद करावे) _____

I/We declare that : / मी/आम्ही असे जाहीर करतो की :

i. I/We do not enjoy any credit facilities with any bank. / मी/आम्ही अन्य कोणत्याही बँकेत कर्ज सवलत/ ती उपभोगत नाही/ नाहीत.

ii. I/We enjoy the following credit facilities with other banks at present./ मी/आम्ही अन्य बँकेत खालील कर्ज सवलत/ती उपभोगत आहे/आहोत.

Name of the Bank / बँकेचे नांव

Nature of facility/ उपभोगत असलेल्या सवलती

Amount (₹.) / रक्कम रुपये

1. _____

2. _____

3. _____

I/We agree to comply with and be bound by the Bank's Rules (as amended from time to time) for the conduct of such account. I/We authorised the Bank to collect bills, cheques etc. for and on behalf of me/us. I/We understand and accept that if there is no operation in this account for continuous period of two years, I/We authorize the Bank to close my/our account and undertake to abide by & be bound by the Terms & Conditions in this behalf, mentioned below :-

माझ्यावर/ आमच्यावर बँकेचे नियम(वेळोवेळी केलेल्या बदलांसह) खात्यावरील व्यवहारांसाठी बंधनकारक राहतील. मी/आम्ही माझ्या/ आमच्या नांवे असलेले धनादेश / बिले वटविण्याचे सर्व अधिकार बँकेस प्रदान करीत आहोत. जर माझ्या / आमच्या ह्या खात्यात सलग दोन वर्षे कोणतेही व्यवहार केले गेले नाहीत तर माझे/ आमचे खाते बंद करण्याचा अधिकार बँकेला असेल आणि ते मला/ आम्हाला मान्य आहे व त्या बाबतीतील सर्व नियम माझ्यावर/आमच्यावर बंधनकारक राहतील.

Signatures /सह्या : A/अ _____ B/ब _____

C/क _____ D/ड _____

FOR OFFICE USE ONLY कार्यालयीन उपयोगासाठी

- ☐ 1. Applicant (s) Interviewed and purpose ascertained (description) / अर्जदाराची मुलाखत घेतली व खाते उघडण्याचा हेतू पडताळला.
- Yes / No / होय / नाही
- ☐ 2. Applicants (s) signed in my presence. / अर्जदाराने / अर्जदाराची माझ्या समक्ष सही / सहाय्य केली / केल्या.
- Yes / No / होय / नाही
- ☐ 3. Photograph (s) has/have been affixed and signed in my presence. अर्जदाराचे आपल्या चिकटविलेल्या फोटोवर माझ्या समक्ष सही / सहाय्य केली / केल्या.
- Yes / No / होय / नाही
- ☐ 4. Address of the applicant (s) has been confirmed on the basis of following documents/Visit. अर्जदार/अर्जदारांचे पत्ते बरोबर असल्याची खात्री खालील कागदपत्रांच्या आधारे/ प्रत्यक्ष भेटीद्वारे करून घेतली.
- Yes / No / होय / नाही
- ☐ 5. Particulars of Identification of Applicant (s). (xerox copy of the documents obtained as follows) अर्जदाराने स्वतःची ओळख दाखविणाऱ्या कागदपत्रांच्या खालील छायाप्रती जोडल्या आहेत.
- Yes / No / होय / नाही
- ☐ 6. Applicany's Original Documents Verified अर्जदाराच्या मुळ कागदपत्रांची पडताळणी केली
- Yes / No / होय / नाही

DOCUMENTS ATTACHED/ जोडलेली कागदपत्रे

For All Types of Accounts : Photograph, Copy of PAN Card / Form 60., Proof of Identity (POI), Proof of Address (POA)

Proof of Identity (POI) (Certified /self attested copy of any One) : 1) Voter's ID Card 2) Driving Licence 3) Passport 4) UID (Aadhar) 5) NREGA Job card 6) Letter issued by national population Register Containing details of name & address.

Proof of Address (POA) - (Certified /self attested copy of any One) : 1) Voter's ID Card 2) Driving Licence 3) Passport 4) UID (Aadhar) 5) NREGA Job card 6) Letter issued by national population Register Containing details of name & address.

If the Proof of Address (POA) provided does not content current address. Please provide any of document below-(not more than 2 moths old) 1) UTILITY Bill 2) PPO/FPPO 3) Property or Municipal Tax Receipt with the undertaking to get address updated within 3 months.

Proof of Identity (POI) for Proprietorship/ Partnership/T rust/Company/LLP (Certified /self attested copy of any Two) : 1) Registration Certificate 2) PAN Card 3) TAN Certificate 4) Bye -Laws 5) Certificate of Incorporation/ Commencement 6) Memorandum/ Articles of association 7) Trust Deed 8) GST Certificate 9) Partnership Deed 10) CIN 11) Shop & Establishment License 12) Udyog Aadhar

Proof of Address (POA) for Proprietorship/ Partnership/T rust/Company/LLP (Certified /self attested copy of any One) : 1)Registration Certificate 2) Certificate of Incorporation/ Commencement 3) Utility Bill 4) Wealth/ITR (Full set) 5) Agreement / Maintenance Receipt 6) Other

Other Documents For HUF/ ASSOCIATION / SOCIETY :-

Certified Copy of : Resolution to open A/c. and authorisation for operation, Trust Deed, Bye-Laws, Registration Certificate, HUF letter signed by Karta and all major Co-parceners, Income tax exemption certificate in case of Trust.

Confirmed as above & submitted to Data Center for on boarding customer

Clerk / Asst. Manager / Dy. Manager/ Manager

Current Account Details

Account opened on (Date) _____ Opened by Clerk (Name) _____

Account No. _____ Authorised Official (Name) _____

Letter of thanks sent to customer on _____ Acknowledgement received from customer on _____

Nomination form entered in register & its serial NO. _____ Acknowledgement of Nomination given on _____

Clerk

Asst. Manager

Dy . Manager / Manager

FATCA DECLARATION FOR INDIVIDUAL ACCOUNT OPENING

CIF Number :		Account Number :	
Name of Customer :			
Country of Birth :		City of Birth/Place of Birth :	
Nationality :		Country of Citizenship :	
Multiple Tax Residency : Yes No	Additional Details for FATCA/CRS* (Is applicable if resident outside India for Tax Purpose)		
Tax Residency :	I am Tax Resident of India only		(Yes) (No)
If no, then furnish additional details below :			
Foreign Tin No. 1 :			
Tin 1 issuing country :			
Country 1 of Residency for TAX Purpose :			
Foreign Tin No. 2 :			
Tin 2 issuing country :			
Country 2 of Residency for Tax Purpose :			

Declaration for individuals (Under Section 285BA of the income Tax Act, 1961 and CKYCR)

I Certify that :

a) The information provide 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 are true, correct, 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

b) I/we permit/autuorise 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 (including Central KYC Registry) in end/or Outside India of any Confidential information for compliance with any law or regulation whether domestic or foreign.

c) I/we undertake the responsibility to declare and disclose within 30 days form 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 by us or if any certification becomes incorrect and to provide fresh self-certification along with the documentary evidence.

d) 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 restrications in the operation of my / our account or close it or report to any regulator and / or any authority designated by the government of India/Reserve Bank of India (RBI) for the purpose or take any other actions as may be deemed appropriate by the Bank if the deficiency is not remedied by us within the stipulated period.

e) 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 aborad in the subject matter herein.

f) It shall be my/our responsibilities to educate my self/our self and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with rules thereunder. I/We shall indemnify the Bank for any loss that may arise to the Bank of account of providing incorrect or incomplete information.

g) 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 Government Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common reporting Standards (CRS) and or any other similar arrangements.

h) My/Our Personal / KYC details may be shared with central KYc registry. I/We hereby consent receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

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/Mobile 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 Board/Web sites etc. I/We agree that the transactions and request executed in above mentioned Account through internet, Mobile and kiosk Banking under my/our user ID and password will be legally binding on me/us and 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 agree that Bank has got all the right to debit my/our account for any service charge or discontinue my/our account without any notice to me/us. I/We here by undertake to inform the Bank on any change in my/our communication address or constitution and I/We shall submit address proof in case of transfer of 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 were accounts are opened with Aadhaar)

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 any change 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 be held liable for it. My personal / KYC Details may be shared with Central KYC Registry.

Signature of Customer :

Date : Place :

.....

VASAI JANATA SAHAKARI BANK L TD., VASAI.

वसई जनता सहकारी बँक लिमिटेड, वसई

Head office : 'Mrudgandh', Azad Road, Parnaka, Tal. Vasai, Dist. Palghar - 401 201.
Phone : 0250-2308898, 2308327. | Email: ho@vjsbl.com

BRANCH / शाखा _____

FORM DA 1

फॉर्म डीए १

NOMINATION FORM FOR INDIVIDUAL/ PROPRIETOR / वारसाच्या नेमणूकीचा अर्ज (वैयक्तिक / मालक)

Nomination under Section 45 ZA read with Section 56 of the Banking Regulation Act, 1949 and Rule 2 (1) of the Co-operative Banks (Nomination) Rules, 1985 in respect of the Bank Deposit (s). / बँकिंग नियम कायदा १९४९ कलम ४५ झेड ए व कलम ५६ सह आणि सहकारी बँकेतील ठेवीदारांच्या वारसाबाबत नियम १९८५ मधील कलम २ (१) प्रमाणे वारसाची नेमणूक.

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 Vasai Janata Sahakari Bank Ltd., Vasai, _____ Branch.

मी/आम्ही _____ खालील व्यक्तिस वारस नेमत असून माझा/.आमचा/अज्ञानाचा मृत्यू झाल्यास
खाली नमूद केलेल्या खात्यातील शिल्लक रक्कम वसई जनता सहकारी बँक लि. _____ शाखेने मी/आम्ही नेमलेल्या वारसास द्यावी.

Details about Deposit and Nominee / ठेव व वारस याबाबत तपशील

Name of Deposit ठेव प्रकार	Distinguishing Account No. खात्याचा क्रमांक	Name & Address of Nominee वारसाचे नांव व पत्ता	Relationship with depositor खातेदाराशी नाते	Age वय	* If nominee is a minor his/her date of birth वारस अज्ञान असल्यास त्याची/ तिची जन्मतारीख

* As the nominee is a minor on this date, I/we appoint Shri/Smt./ Kum. _____

to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during minority of the nominee.

* आजच्या तारखेस वारस हा अज्ञान असल्याने आणि वारसाच्या अज्ञान कालावधीत माझे / आमचे/अज्ञानाचे निधन झाल्यास वारसाच्यावतीने ठेवीची रक्कम स्वीकारण्यासाठी मी/आम्ही श्री./ श्रीमती _____ याची नेमणूक करीत आहे / आहोत.

Place / ठिकाण : _____ Date / तारीख : _____

<u>Witness 1 / साक्षीदार १ : *</u> Name/ नांव : _____ Address/ पत्ता : _____ _____ _____ A/c. Type/ खात्याचा प्रकार : <input style="width: 80px; height: 25px;" type="text"/> A/c. No. / खाते क्रमांक : <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 25px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											<u>Witness 2 / साक्षीदार २ : *</u> Name/ नांव : _____ Address/ पत्ता : _____ _____ _____ A/c. Type/ खात्याचा प्रकार : <input style="width: 80px; height: 25px;" type="text"/> A/c. No. / खाते क्रमांक : <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 25px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											<div style="border: 1px solid black; height: 150px; margin-bottom: 10px;"></div> <div style="text-align: center;"> Signature (s) / Thumb Impression (s) of the Depositor (s) # खातेदाराची सही/ अंगठा # </div>

Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

ठेव अज्ञानाचे नांव असल्यास, वारस नियुक्तिच्या या अर्जावर जी व्यक्ति अज्ञानाचे वतीने बँकेच्या सर्व व्यावहारांसाठी कायदेशीररित्या सक्षम अधिकृत आहे, अशाच व्यक्तीने सही करावी.

* Thumb Impression shall be attested by two witnesses./ * खातेदाराचा अंगठ्याचा ठसा दोन व्यक्तींच्या सहीने साक्षांकित करावा.

VASAI JANATA SAHAKARI BANK L TD., VASAI.

Shri/Smt./Kum. _____

श्री./ श्रीमती/कु.

Dear Sir/Madam./ महाशय , NOMINATION FACILITY

We acknowledge the receipt of nomination made by you in favour of Shri/Smt./Kum. _____
 aged _____ years in respect of your Account No. _____ of form D A 1 dated _____.
 श्री/श्रीमती/कु. _____ वय _____ वर्षे यांचे नांव आपण केलेली
 फॉर्म नं. डी.ए.१ नुसार वारस नियुक्ती आम्ही स्वीकारत आहोत. खाते नंबर _____ दिनांक _____ त्या बद्दल पोच पावती दिली.
 Yours faithfully, / आपला विश्वासू

Branch / शाखा: _____

Date / दिनांक: _____ BRANCH MANAGER / शाखा व्यवस्थापक



VASAI JANATA SAHAKARI BANK LTD., VASAI.

वसई जनता सहकारी बँक लिमिटेड , वसई.

Head office : 'Mrudgandh', Azad Road,Parnaka, Tal. Vasai, Dist. Palghar - 401201.

Phone : 0250-238898, 2308327. Email: ho@vjsbl.com

DECLARATION FOR PROPRIETORY CONCERN

Letter of declaration from Proprietorship Concern.

Date : _____

VASAI JANATA SAHAKARI BANK LTD., VASAI.

Place : _____

Branch _____

Dear Sir,

Re. : Opening of a new account in the name of _____

We refer to the captioned account opened by you and declare as under :

I, the undersigned, am the sole proprietor of the concern and am solely responsible for liabilities thereof. I shall advise you in writing of any change that take place in the constitution of the concern and I will be liable to you for any obligation which may be standing in the name of concern in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.

Your's faithfully,

Personal Signature : _____

Name : _____

Signature on behalf of the Concern.

DECLARATION FOR PARTNERSHIP / COMPANY / TRUST/ SOCIETY

Letter of declaration from Partnership/Company/Trust/Society (To be signed in individual Capacity)

Date : _____

VASAI JANATA SAHAKARI BANK LTD., VASAI.

Place : _____

Branch _____

Dear Sir,

Re. : Opening of a new account in the name of _____

We refer to the captioned account opened by you and declare as under :

We the undersigned, are the Partners/ Directors/Trustee of the said firm. We are jointly and severally responsible to the bank of the liabilities of the firm with the bank. The bank may recover its claims from the estate of any or all the partners/ Directors/Trustee of the firm. We declare that the firm is registered.

Full Name of all the Individual Partners / Directors / T rustee	Individual Signatures	Signature on behalf of the Firm with stamp
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESOLUTION FOR COMPANY / SOCIETY / TRUST

Resolution of a Company / Society / T rust etc. for opening a Bank Account.

Date : _____

A certified copy of the Extract from the minutes of the meeting of the Board of Directors / Committee of Management of the Society / Trust of _____ duly convened, at which a proper quorum was present held on _____ at _____. We hereby certify tha the following resolution of the Board of Directors / the Committee of Management of the Society / Trust _____ was passed at the meeting of the Board / the Committee held on _____ and has been duly recorded in the minute book of the said _____.

Resolved that an account for the Company / Society / Trust be opened with the Vasai Janata Sahakari Bank Ltd., Vasai _____ Branch and that the said Bank be and is hereby authorised to honour Cheque / Draft / any Mandate drawn by Company / Society / Trust and to act upon any instructions so given relating to the account whether the same be overdrawn or not relating to the transactions of the Company/Society/Trust.

CERTIFIED TRUE COPY

SECRETARY

CHAIRMAN OF THE MEETING



वसई जनता सहकारी बँक लि
Vasai Janata Sahakari Bank Ltd.

FATCA / CRS DECLARATION FOR NON-INDIVIDUAL ACCOUNTS

Note: The information is being collected of new account opening procedures in order to comply with Foreign Account Tax Compliance Act (FATCA) requirements pursuant to amendments made to Income-tax Act, 1961 read with Income-tax Rules, 1962:

(Please refer instructions to fill up the form properly / Please also seek advice from tax professional on any FATCA aspects)

Customer ID :

Entity name :

Entity Address:

1. Entity Constitution Type:

A – Partnership Firm	B – Limited Liability Partnership (LLP)	C – Private Limited Company
D – Public Limited Company	E – HUF	F – Society
G – Trust	H – AOP/BOI (Association/SHG/Club)	I – Liquidator
J – Artificial Juridical Person	K – Others	X – Not Categorized

2. Nature of business (Refer Table 7):

3. Identification Type (tick as applicable):

Tax Identification Number (TIN):	Company Identification Number(CIN):
Global Entity Identification Number:	GIIN:
Other (Please specify) Refer Table 8):	Trust (Provide Registration No.):
Identification Number:	
Identification Issuing Country:	
Place of Incorporation:	
Country of Incorporation:	

4. Country of Tax residence: (If tax residency is only India then skip this section. Else, fill in the following):

Please indicate the Entity's country of tax residence (if resident in more than one country please detail all countries and associated tax identification number and TIN issuing country).

Country/ies of Tax Residency	Tax Identification number (TIN)/ Functional Equivalent number	TIN/Functional Equivalent number Issuing Country	Documentary Evidence enclosed for country of tax residence and TIN	Validity of Documentary Evidence (if available)

If USA, then is it a Specified US Person?	Yes or No	If NO, provide exclusion No. from Table 1	
If Other than India and USA, then is it an Other Reportable Person?	Yes or No	If NO, provide exclusion No. from Table 2	

(Documentary evidence to be provided for foreign country of tax residence and TIN)

5. Classification of Entity:

(A) Is it a Financial Institution?

Yes / No

If No then skip this section. Else, fill in the following

Reporting Financial Institution? (Refer Guidelines)	Yes/No	If Yes Provide GIIN	
Non-reporting financial Institution? (Refer Table- 3)	Yes/No	If Yes provide category from Table-3	
Sponsored Investment Entity / Trustee Documented Trust?	Yes/No	If Yes: Name of the Sponsor / Trustee: GIIN of the Sponsor / Trustee	
Non- Participating Financial Institution?	Yes/No		
Owner documented Financial Institution? (Refer Guidelines)	Yes/No	If yes, each controlling person of the institutions should fill details in Annexure-II	

(B) Non-Financial Entity (NFE):

1. Is it an Active NFE?	Yes / No	If No then skip this section. Else, fill in the following (Refer Table 4)
Provide category from Table-4		
If listed Company, Name of the stock exchange on which listed:		
If related entity of listed Company, name of the company and name of the stock exchange on which listed:		

2. Is it a Passive NFE?	Yes / No	If No then skip this section. Else, fill in the following (Refer Table 5)
Provide category from Table-5		
Each controlling person of the Passive NFE should fill in Controlling Persons from Annexure II		

3. Is it a Direct Report NFE?	Yes / No	If No then skip this section. Else, fill in the following
GIIN		

Declaration and Undertakings

I / We certify that:

- a) the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with 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/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.
- 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 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.
- 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.
- j) I / We certify that I/we have the capacity to sign for the Entity as per CBDT rules/SEBI/RBI guidelines.

Authorised Signature(s):

Designation:

Name(s):

Date:

Seal & Stamp of the Entity

Instructions:

1. All the information mentioned above have to be mandatorily provided.
2. The above Annexure to the account opening form should be signed by all the Authorised Signatories.

Form to be filled in by each of the Controlling Person separately

1. Details of the Person:

Name			
Father's Name		Gender	Male Female Others
Aadhar No.		Nationality	
Place of Birth		Country of Birth	

2. Controlling Person Type (As per Table 6):

In case of legal person:	Ownership	Other means	Senior Managing Official		
In case of legal Arrangement – Trust:	Settlor	Trustee	Protector	Beneficiary	Others
In case of legal Arrangement – Others :	Settlor equivalent	Trustee equivalent	Protector equivalent	Beneficiary equivalent	Others equivalent
Unknown	Unknown				

Please indicate the Country of tax residence (if resident in more than one country please detail all countries and associated tax identification number and TIN issuing country). ***If tax residency is only India, then skip this section.***

Country/countries of tax residency	Tax Identification number (TIN)/ Functional Equivalent number	TIN/ Functional Equivalent number Issuing Country	Documentary Evidence enclosed for country of tax residence and TIN	Validity of Documentary evidence

Declaration and Undertakings

I / We certify that:

- k) the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income tax Rules, 1962.
- l) 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.
- m) I/We 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.
- n) 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.
- o) 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 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.
- p) 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.
- q) 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.
- r) 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.
- s) I/We shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.
- t) I / We certify that I/we have the capacity to sign for the Entity as per CBDT rules/SEBI/RBI guidelines.

Authorised Signature:

Designation:

Name:

Date:

Seal & Stamp of the Entity

Guidelines for filling up the Declaration Form:**Terms used in the Declaration Form:**

Reporting Financial Institution	a custodial institution, a depository institution, an investment entity, or a specified insurance company which is registered with US IRS and obtained a Global Intermediary Identification Number (GIIN).
Custodial Institution	any entity that holds, as a substantial portion of its business, financial assets for the account of others
Depository Institution	any entity that accepts deposits in the ordinary course of a banking or similar business
Investment Entity	any entity that: (A) primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer, namely:- (i) trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or (ii) individual and collective portfolio management; or (iii) otherwise investing, administering, or managing financial assets or money on behalf of other persons; (B) the gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a financial institution.
Specified Insurance Company	Any entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract
Owner Documented Financial Institution	It is a Financial Institution which does not report to the US IRS. Owner documented FI are generally small investment entities.
Direct Reporting Non-Financial Entity	It is a Passive NFE but will not share the details of the controlling persons with the financial institution it maintains accounts with but will report directly to US IRS and so its GIIN should be taken

TABLE 1**Exclusions from being treated as Specified US Persons:**

Sr. No.	Type of entity
1	a corporation the stock of which is regularly traded on one or more established securities markets;
2	a member of the same expanded affiliated group of the listed company,
3	the United States or any wholly owned agency or instrumentality thereof
4	US State or Territory, any political subdivision, or any wholly owned agency or instrumentality
5	501(a) Entity or 7701(a)(37) individual retirement plan
6	bank as defined in section 581 of the U.S. Internal Revenue Code;
7	real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code
8	regulated investment company or entity under the Investment Company Act of 1940
9	any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;
10	any tax exempt trust
11	a registered dealer in securities, commodities, or derivative financial instruments
12	a broker as defined in section 6045I of the U.S. Internal Revenue Code;
13	any tax-exempt trust under a plan that is described in section 403(b) or section 457(g)

TABLE 2**Exclusions from being treated as Other Reportable Accounts**

Sr. No.	Type of Entity
1	a corporation, the stock of which is regularly traded on one or more established securities markets
2	any corporation that is a related entity of a corporation mentioned in item 1.
3	a Governmental entity
4	an International organisation
5	a Central bank
6	a financial institution

TABLE 3**Non-reporting Financial Institution**

Sr. No.	Type of Entity
1	a Governmental entity, International Organisation or Central Bank, other than with respect to a payment that is derived from an obligation held in connection with a commercial financial activity of a type engaged in by a specified insurance company, custodial institution or depository institution.
2	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental entity, International Organization or Central Bank;
3	a non-public fund of the armed forces, Employees' State Insurance Fund, a gratuity fund or a provident fund;
4	an Indian investment entity held only by (1) to (3) above

5	a qualified credit card issuer;
6	specified Investment advisor or investment manager or executing broker
7	specified exempt collective investment vehicle
8	a financial institution with a local client base
9	a local bank*
10	a financial institution with only low-value accounts
11	sponsored investment entity and controlled foreign corporation
12	trustee documented trust
13	sponsored closely held investment vehicle, in case of any U.S. reportable account

*Regional Rural Banks constituted under the Regional Rural Bank Act 1976 (21 of 1976), Urban Cooperative Banks constituted under respective State Cooperative Societies Acts or Multi State Cooperative Societies Act, State Cooperative Banks or District Central Cooperative Banks constituted under respective State Cooperative Societies Act and Local Area Banks licensed under the Banking Regulations Act, 1949 (10 of 1949) and regulated and registered as public limited companies under the Companies Act, 1956 (1 of 1956) or Companies Act, 2013 (18 of 2013), that satisfy the requirement under sub-clause (iv) of Explanation (O) to Rule 114F(5) shall be treated as local bank.

TABLE 4
Active NFE (Non Financial Entity)

Sr. No.	Category of Active NFE (Indicative please see the rules for the comprehensive list)
(i)	less than 50 per cent of the entity's gross income for the preceding financial year is passive income and less than 50 per cent of the assets held by the entity during the preceding financial year are assets that produce or are held for the production of passive income; or
(ii)	the stock of the entity is regularly traded on an established securities market; or; the non-financial entity is a related entity of an entity the stock of which is regularly traded on an established securities market;
(iii)	the entity is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
(iv)	holding or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a financial institution
(v)	new non-operating entity (upto 24 months from the date of initial organisation) with the intent to operate a business other than that of a financial institution,
(vi)	non-financial entity in liquidation or is reorganizing;
(vii)	the Captive financing and hedging company for related entities that are not financial institutions,
(viii)	prescribed organisation in india for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or professional organization, business league, chamber of commerce, labour organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare satisfying prescribed conditions;
(ix)	an Investor Protection Fund referred to in clause (23EA) of section 10;
(x)	a Credit Guarantee Fund Trust for Small Industries referred to in clause (23EB) of section 10
(xi)	an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act

TABLE 5
Passive NFE (Non Financial Entity)

Sr. No.	Category of Passive NFE
1	any non-financial entity which is not an active non-financial entity
2	an investment entity described in sub-clause (B) of clause (c) of the Explanation to clause (3)
3	a withholding foreign partnership or withholding foreign trust

TABLE 6
Controlling Person Type

Controlling Persons as per RBI circular No RBI/2012-13/385 DBOD.AML.BC.No.71/14.01.001/2012-13 dt January 18, 2013.

- A. Where the client is a person other than an individual or trust, the banking company and financial institution, as the case may be, shall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the following information:
- The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest.
Explanation: Controlling ownership interest means ownership of/entitlement to more than 25 percent of shares or capital or profits of the juridical person, where the juridical person is a company; ownership of/entitlement to more than 15% of the capital or profits of the juridical person where the juridical person is a partnership; or, ownership of/entitlement to more than 15% of the property or capital or profits of the juridical person where the juridical person is an unincorporated association or body of individuals.
 - In cases where there exists doubt under (i) as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means.
Explanation: Control through other means can be exercised through voting rights, agreement, arrangements, etc.

iii. Where no natural person is identified under (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

B. Where the client is a trust, the banking company and financial institution, as the case may be, shall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

C. Where the client or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company, it is not necessary to identify and verify the identity of any shareholder or beneficial owner of such companies.

TABLE 7

Indicative List of Nature of Business

Sr. No.	Sector	Sub-sector	Code
1	Manufacturing Industry	Agro-based industries	0101
		Automobile and Auto parts	0102
		Cement	0103
		Diamond cutting	0104
		Drugs and Pharmaceuticals	0105
		Electronics including Computer Hardware	0106
		Engineering goods	0107
		Fertilizers, Chemicals, Paints	0108
		Flour & Rice Mills	0109
		Food Processing units	0110
		Marble & Granite	0111
		Paper	0112
		Petroleum and Petrochemicals	0113
		Power and energy	0114
		Printing & Publishing	0115
		Rubber	0116
		Steel	0117
		Sugar	0118
		Tea, Coffee	0119
		Textiles, handloom, Power looms	0120
		Tobacco	0121
		Tyre	0122
		Vanaspati & Edible Oils	0123
		Others	0124
2	Trading	Chain Stores	0201
		Retailers	0202
		Wholesalers	0203
		Others	0204
3	Commission Agents	General Commission Agents	0301
4	Builders	Builders	0401
		Estate Agents	0402
		Property Developers	0403
		Others	0404
5	Contractors	Civil Contractors	0501
		Excise Contractors	0502
		Forest Contractors	0503
		Mining Contractors	0504
		Others	0505
6	Professionals	Chartered Accountants, Companies Secretaries, etc	0601
		Fashion designers	0602
		Legal professionals	0603
		Medical professionals	0604
		Nursing Homes	0605
		Specialty hospitals	0606

		Others	0607
7	Service Sector	Advertisement agencies	0701
		Beauty Parlours	0702
		Consultancy services	0703
		Courier Agencies	0704
		Computer training/educational and coaching institutes	0705
		Forex Dealers	0706
		Hospitality services	0707
		Hotels	0708
		I.T. enabled services, BPO service providers	0709
		Security agencies	0710
		Software development agencies	0711
		Transporters	0712
		Travel agents, tour operators	0713
		Others	0714
8	Financial Service Sector	Banking Companies	0801
		Chit Funds	0802
		Financial Institutions	0803
		Financial service providers	0804
		Leasing Companies	0805
		Money Lenders	0806
		Non-Banking Finance Companies	0807
		Share Brokers, Sub-brokers, etc.	0808
		Others	0809
9	Entertainment Industry	Cable T.V. productions	0901
		Film distribution	0902
		Film laboratories	0903
		Motion Picture Producers	0904
		Television Channels	0905
		Others	0906

Table 8

Sr No	Particulars
1	Certificate of Incorporation/Formation
2	Registration Certificate / Trade License
3	Resolution of Board / Managing Committee
4	Memorandum & Article of Association / Partnership Deed / Trust Deed

**Declaration to be obtained from A/c Holder of Legal Entity
(Other than Individual & Proprietorship Firm) regarding Beneficiary Owner.**

To,
The Manager,
Vasai Janata Sahakari Bank Ltd.,
Branch :

Sub: **Beneficial Owner** of Accounts maintained with you in the name of
_____.

Dear Sir/Madam,

This is with reference to the extant RBI Guidelines regarding Beneficial Owner as defined vide RBI Master Direction - Know Your Customer (KYC) Direction, 2016 (RBI/DBR/2015-16/18 Master Direction DBR.AML.BC.No.81/14.01.001/2015-16 Updated as on January 04, 2024).

We hereby declare that the details of **Beneficial Owner** of Accounts of our Firm / Company / Trust / Association maintained with you in the name of
are as provided below :

NAME OF BENEFICIAL OWNER	ADDRESS	PAN NO	% OF STAKE

We certify that the above information is true and fair and the related documents regarding the same are provided herewith / Account opening documents.

Authorised Signatory
(All authorised signatory should sign with Rubber Stamp)