



VASAI JANATA SAHAKARI BANK LTD., 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

SAVING ACCOUNT OPENING FORM

बँकेत बचत खाते उघडण्याचा अर्ज

Account No.

खाते क्रमांक

Date

दिनांक

/ /

Customer ID No.

खातेदाराचा आयडी क्र.

BRANCH / शाखा

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

Please tick(✓) type of Account Required.

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

Please Open an Account as per details given below in your Bank :

कृपया पुढील माहिती प्रमाणे आपल्या बँकेत खाते उघडावे :

☐ INDIVIDUAL ☐ JOINT ☐ HUF ☐ TRUST/SOCIETY/ASSOCIATION ☐ Linkage with /संलग्न खाते ☐ A/c.No. ☐
वैयक्तिक संयुक्त हिंदू एकत्र कुटुंब ट्रस्ट/संस्था/मंडळ Current A/c. चालू खाते खाते क्रमांक

CUSTOMER TYPE : ☐ General ☐ Pensioner ☐ Senior Citizen ☐ Salaried ☐ Minor ☐ Staff ☐ HUF ☐ Registered Society ☐ Trust
ग्राहकाचा प्रकार : सामान्य निवृत्तीवेतधारक ज्येष्ठ नागरिक पगारदार अज्ञान कर्मचारी हिंदू एकत्र कुटुंब नोंदणीकृत संस्था ट्रस्ट

☐ Without Cheque Book ☐ With Cheque Book ☐ Debit Card ☐ Mobile Banking ☐ SMS Banking
चेक बुक नसलेले चेक बुक असलेले डेबिट कार्ड मोबाईल बँकिंग 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, रुपे 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.

FULL NAME (IN BLOCK LETTERS) / संपूर्ण नांव : (Mr./श्री. Mrs./श्रीमती Miss /कुमारी Society / सोसायटी, HUF/ हिंदू एकत्र कुटुंब)

Title of Account:

खातेदाराचे नांव :

(First Name/पहिले नाव) (Father or Husband Name /वडिल किंवा पतिचे नाव) (Surname/आडनाम) (Mother Name /आईचे नाव)

Sir,/ महाशय ,

I/We wish to open SAVINGS Bank Account with your bank and request you to accept a sum of

मी/आम्ही आपल्या बँकेत बचत खाते उघडण्याची विनंती करतो / करते / करीत आहोत. त्यासाठी मी / आम्ही आपणाकडे

Rs. (Rupees).

रु. (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.

In case account holder is minor, his/her Date of Birth _____ Age : _____ months/years.	
खातेदार अज्ञान असल्यास त्याची / तिची जन्म तारीख वय महिने / वर्ष.	
Name of person operating the account on behalf of minor and his/her relationship with minor.	
खातेदार अज्ञान असल्यास त्याच्या / तिच्या वतीने खात्यावर व्यवहार करणाऱ्या व्यक्तीचे नांव व अज्ञानाशी नाते.	
Name : _____	Relation : _____
व्यक्तिचे नांव :	अज्ञानाशी नाते

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

A) TITLE OF ACCOUNT :

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

RESIDENTIAL / REGISTERED ADDRESS : घरचा/रजिस्टर्ड पत्ता :

CITY _____ शहर		DIST. _____ जिल्हा	AREA _____ ठिकाण	LANDMARK _____ जवळची खूण
TEL. NO. : _____ फोन नंबर :		MOBILE NO. : _____ मोबाईल नंबर :	STATE _____ राज्य	PIN CODE _____ पिन कोड
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 :
Educational Qualification _____ शैक्षणिक पात्रता		PAN No. / Form 60/61 of Income Tax Rules _____ पॅन नं. / फॉर्म ६०/६१ आयकर नियमांप्रमाणे		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
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		Registration no. & date (for society / trust) _____ नोंदणीक्रमांक आणि दिनांक (संस्था/ ट्रस्ट)		
Occupation : Service /Business/Profession/ Retired / Home Maker _____ व्यवसाय : नोकरी / धंदा / व्यवसाय /सेवानिवृत्ती / गृहीणी			Designation _____ हुद्दा	

OFFICE / FACTORY ADDRESS : ऑफिस/कंपनीचा त्ता :

CITY _____ शहर		DIST. _____ जिल्हा	AREA _____ ठिकाण	LANDMARK _____ जवळची खूण
TEL. NO. : _____ फोन नंबर :		MOBILE NO. : _____ मोबाईल नंबर :	STATE _____ राज्य	PIN CODE _____ पिन कोड
Annual Income : _____ वार्षिक उत्पन्न :		Other Sources : _____ इतर उत्पन्न :	Total Income : _____ एकूण उत्पन्न :	

NATIVE PLACE ADDRESS : मूळ गावचा पत्ता :

CITY _____ शहर		DIST. _____ जिल्हा	AREA _____ ठिकाण	LANDMARK _____ जवळची खूण
TEL NO. : _____		TEL. NO. : _____ फोन नंबर :	STATE _____ राज्य	PIN CODE _____ पिन कोड

JOINT ACCOUNT HOLDER'S NAMES/ संयुक्त खातेदाराचे नांव :

B) FULL NAME(IN BLOCK LETTERS)/ ब) खातेदाराचे संपूर्ण नांव :

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

RESIDENTIAL ADDRESS : घरचा पत्ता :

CITY _____ शहर		DIST. _____ जिल्हा	AREA _____ ठिकाण	LANDMARK _____ जवळची खूण
TEL. NO. : _____ फोन नंबर :		MOBILE NO. : _____ मोबाईल नंबर :	STATE _____ राज्य	PIN CODE _____ पिन कोड
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 :
Educational Qualification _____ शैक्षणिक पात्रता		PAN No. / Form 60/61 of Income Tax Rules _____ पॅन नं. / फॉर्म ६०/६१ आयकर नियमांप्रमाणे		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
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 :

NATIVE PLACE ADDRESS :
मूळ गावचा पत्ता :

AREA
ठिकाण

LANDMARK
जवळची खूण

CITY
शहर

DIST.
जिल्हा

STATE
राज्य

PIN CODE
पिन कोड

TEL NO. :
फोन नंबर :

TEL. NO. :
फोन नंबर :

JOINT ACCOUNT HOLDER'S NAMES/ संयुक्त खातेदाराचे नांव :

C) FULL NAME(IN BLOCK LETTERS)/ क) खातेदाराचे संपूर्ण नांव:

Mr. / Mrs.
श्री./श्रीमती

(First Name/ पहिले नाव)

(Father or Husband Name / बडिल किंवा पतिचे नाव)

(Surname/आडनाव)

(Mother Name /आईचे नाव)

RESIDENTIAL ADDRESS :
घरचा 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 :

NATIVE PLACE ADDRESS :
मूळ गावचा पत्ता :

AREA
ठिकाण

LANDMARK
जवळची खूण

CITY
शहर

DIST.
जिल्हा

STATE
राज्य

PIN CODE
पिन कोड

TEL NO. :
फोन नंबर :

TEL. NO. :
फोन नंबर :

MODE OF OPERATION/ खात्यावरील व्यवहारासाठी सूचना

Account will be operated and can be closed by: Please tick (✓) / खात्यावरील व्यवहार करण्यास किंवा बंद करण्यासाठी :कृपया टिक मार्क (✓) करा.

☐ 1. Self Only / स्वतः

☐ 2. Jointly by all of us संयुक्तपणे

☐ 3. Any _____ of us or Survivor/s आमच्यापैकी कोणाही किंवा हयातव्यक्ति

☐ 4. Either or Survivor आमच्यापैकी कोणीही किंवा हयात व्यक्ति

☐ 5. Former or Survivor पहिला किंवा हयात व्यक्ति

☐ 6. Guardian पालक

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

CONSTITUTION : / घटना :

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

☐ Individual
वैयक्तिक

☐ Minor
अज्ञान

☐ Senior Citizen
ज्येष्ठनागरीक

☐ HUF
हिंदू एकत्र कुटुंब

☐ Club/Association
क्लब

☐ Society
सहकारी संस्था

☐ Staff
कर्मचारी

☐ Educational Institution
शैक्षणिक संस्था

☐ Registered Trust
नोंदणीकृत संस्था

☐ Registered Credit Society/Patpedhi
नोंदणीकृत क्रेडीट सोसायटी/ पतपेढी

☐ Other (Specify)
इतर (स्पष्ट करणे)

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 नावे 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 / सह्या 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 / सह्या 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.

Other Documents For HUF/ ASSOCIATION / SOCIETY :-

Certified Copy of : Resolution to open A/c. and authorisation for operation, Trust Deed, Bye-Laws, RegistrationCertificate, 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

Saving 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

FORM DA 1

फॉर्म डीए १

NOMINATION FORM / वारसाच्या नेमणूकीचा अर्ज

BRANCH / शाखा

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 करित आहे / आहोत.

Place / ठिकाण : _____

Date / तारीख : _____

<p>Witness 1 / साक्षीदार १ : *</p> <p>Name/नांव : _____</p> <p>Address/पत्ता : _____</p> <p>_____</p> <p>A/c. Type/खात्याचा प्रकार : <input type="text"/></p> <p>A/c. No. / खाते क्रमांक : <input type="text"/></p>	<p>Witness 2 / साक्षीदार २ : *</p> <p>Name/नांव : _____</p> <p>Address/पत्ता : _____</p> <p>_____</p> <p>A/c. Type/खात्याचा प्रकार : <input type="text"/></p> <p>A/c. No. / खाते क्रमांक : <input type="text"/></p>	<p>Signature (s) / Thumb Impression (s) of the Depositor (s) # खातेदाराची सही/ अंगठा #</p>
---	---	--

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 नावे असल्यास, वारस नियुक्त्या या अर्जावर जी व्यक्ति अज्ञानाचे वतीने बँकेच्या सर्व व्यावहारांसाठी कायदेशीररित्या सक्षम अधिकृत आहे, अशाच व्यक्तितेने सही करावी.

* Thumb Impression shall be attested by two witnesses./ * खातेदाराचा अंगठ्याचा ठसा दोन व्यक्तित्या सहीने साक्षात्कृत 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 नावे 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



Head Office : “Mrudgandha” Azad Road, Parnaka, Vasai, Dist: Palghar- 401201.
Phone : 0250 – 2308898 / 2308327 | Fax-2308371 | Email : - audit.ho@vjsbl.com, ho@vjsbl.com | Website: www.vjsbl.com

DECLARATION FOR TRUST/ SOCIETY

Letter of declaration from 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 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 Trustee of the firm. We declare that the firm is registered.

Full Name of all the Individual Trustee	Individual Signatures	Signature on behalf of the Firm with stamp
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESOLUTION FOR TRUST/SOCIETY

Resolution of a Trust / Society for opening a Bank Account

Date : _____

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

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

CERTIFIED TRUE COPY

SECRETARY

CHAIRMAN OF THE MEETING

**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)