Account Opening Form
खाता उघडण्याचा अर्ज

JIJAU COMMERCIAL CO-OPERATIVE BANK LTD;
जिजाऊ कमर्शियल को-ऑपरेटिव्ह बँक लि;
H. O. : "JIJAU" PLOT NO. 33, 34, WALCUT COMPOUND, AMRAVATI
☎ 2560057, 2570056, 2566156
E-mail : jijaubankamravati@yahoo.com

To/प्रती,
The Manager/प्रबंधक
Jijau Commercial Co-op. Bank Ltd. Amravati. Branch _____
जिजाऊ कमर्शियल को-ऑप. बँक लि; अमरावती. शाखा _____

Please Tick ✓ Where applicable
आवश्यक तेथे ✓ अशी खुण करावी.

Date दिनांक

TYPE OF ACCOUNT/ खाते प्रकार

☐ Saving बचत ☐ Term Deposit मुदती ठेव ☐ Current Account करंट खाते

CUSTOMER INFORMATION/ खातेदाराची माहिती

Mr. ☐ Mrs. ☐

Name नांव _____

Date of Birth जन्म दिनांक

Home/निवास

Address : Residence / निवास _____

Locality / नगर _____

City शहर _____ Pin Code पीन कोड

Office/कार्यालय

Phone फोन Resi./निवास Office/कार्यालय

Mobile मोबाईल

Designation/पदनाम

Email ई-मेल _____

Office Name / कार्यालयाचे नांव _____

PERSONAL INFORMATION वैयक्तिक माहिती

Education शिक्षण	Profession व्यवसाय	Occupation धंदा	Self Employed स्वत:चा व्यवसाय
☐ Under Graduate	☐ Engineer अभियंता	☐ Salaried	
☐ Graduate पदविधर	☐ Doctor डॉक्टर	☐ Self Employed	
☐ Post Graduate पदव्युत्तर	☐ Lawyer वकील	☐ Retired	
☐ Professional व्यावसायिक	☐ Service नोकरी	☐ Housewife	
☐ Others इतर	☐ Businessman उद्योजक	☐ Others	
	☐ Agriculture शेती		

A/C. OPERATION खाते व्यवहार

Signature Required स्वाक्षरी Single वैयक्तिक ☐ Joint संयुक्त ☐ Either or दोघांपैकी एक ☐ Other ☐

NOMINATION नामनिर्देशन

Nomination Required Yes / होय ☐ No / नाही ☐ स्वतंत्र फॉर्म क्र DA1 भरला आहे. Separate Nomination form enclosed ☐

JOINT APPLICANTS संयुक्त खाते

Name / नांव	जन्म दिनांक Birth Date
1.	
2.	
3.	

INTRODUCTION ओळख तपशिल

Introducer's Name ओळख देणाऱ्याचे नांव _____
Address पत्ता _____
Signature सही _____
A/c. No. खाते क्र ☐
Ph. No. फोन नं ☐

MEMBERSHIP
सभासदत्व

भागधारक / Member ☐ नाममात्र सभासद / Nominal Member ☐ इतर / Other ☐

A/C. STATEMENT DETAILS
खाते तपशिल

Cheque Book Required ☐
चेक बुक मागणी

In event of Closing A/c. I will return all balance cheque and I will be responsible for cheque issued but not uncashed.

*Statement required ☐
प्रपत्र आवश्यकता
* For C. C. A/c. holder

Monthly ☐ मासिक Quarterly ☐ त्रैमासिक By Mail ☐ मेल द्वारा

SELF INTRODUCTION
स्वत:चा ओळख तपशिल

Driving Licence ☐ ड्रायव्हिंग लायसन्स
Ration Card ☐ रेशन कार्ड
Pan Card ☐ पॅन कॉर्ड
Others ☐ इतर

Electoral I. D. Card ☐ निवडणूक ओळखपत्र
Telephone Bill ☐ टेलीफोन बिल
Electrical Bill ☐ इलेक्ट्रीक बिल

JCC BANK A/C.
जिजाऊ बँकेतील खाते

For accounts already maintained with JCC Bank / जिजाऊ बँकेचे पूर्वी खाते असल्यास त्याची माहिती.

	A/c. No. खाते क्रमांक	Type of A/c.खाते प्रकार	New A/c.नविन खाते
1.			
2.			

TERM DEPOSIT
मुदती ठेवी

Amount रक्कम Rs. Period कालावधी * Days/Month/Year * दिवस/महिने/वर्ष ☐ Interest व्याज दर ☐ per annum / प्रतिवर्ष

Rs. in words / अक्षरी रूपये _____

Regular ☐ नियमित Interest Refund ☐ व्याज राशी देणे Monthly ☐ मासिक Quarterly ☐ त्रैमासिक Half Yearly ☐ अर्धवार्षिक

Cumulative ☐ संचलीत Auto convertion ☐ स्वयंचलित By credit to A/c. ☐ खात्यामध्ये जमा Pay Order ☐ रोख जमा

FACILITY
सुविधा

Home Banking ☐ घरपोच Telebanking ☐ दूरध्वनी द्वारे DD Home / Office delivery ☐ ड्राफ्ट सेवा निवास/ऑफीस

Bill Payments देयक जमा करणे Water ☐ पाणी Telephone ☐ दूरध्वनी Tax ☐ कर Electric ☐ विद्युत

* I assured to deduct all facility charges from my account as decided by bank.
* सदर सुविधा मिळण्याकरीता मी/आम्ही बँकेने आकरलेले शुल्क देण्यास तयार असुन माझे खात्यामधुन सदर शुल्क बँकेस कापुन घेण्याचे अधिकार प्रदान करतो.

PERSONAL PHOTOGRAPH
स्वत:चा फोटो

Please Affix Recent Passport Size Photo Copy
कृपया स्वत:चा सद्याचा पासपोर्ट फोटो येथे लावावा.

Please Affix Recent Passport Size Photo Copy
कृपया स्वत:चा सद्याचा पासपोर्ट फोटो येथे लावावा.

Please Affix Recent Passport Size Photo Copy
कृपया स्वत:चा सद्याचा पासपोर्ट फोटो येथे लावावा.

DECLARATION
प्रतिज्ञापत्र

Rule & Regulation framed time to time by Board of Director & RBI / Co-op. Department are accepted & abide to me. All information is true. Any change will be communicated to bank if occured.
बँकेचे संपूर्ण नियम वाचुन समजून घेतले आहे. मला वेळोवेळी संचालक मंडळाने / बँकेने / सहकारखात्याने केलेले नियम मला / आम्हाला बंधनकारक राहतील. मी दिलेली माहिती खरी असून एखादा बदल झाल्यास मी बँकेत माहिती देईल.

AMOUNT DETAILS
जमा रक्कम तपशील

Cash Rs. रोख रक्कम रु ☐ Cheque No. चेक नं. ☐ drawn ☐

A/C.HOLDER SIGNATURE
खातेदाराची नमुना स्वाक्षरी

For Bank Use Only Data Input by _____ Data Input & Checked by _____ Manager _____

CUSTOMER REGISTRATION FORM

A) Field marks with * are mandatory,
B) Self attestation of KYC document is mandatory,
C) Please counter sign in full for any overwriting/alteration.
D) CKYC number of applicant is mandatory for updating application.

Jijau Commercial Co-Op Bank Ltd.,Amravati
"Jijau" Plot 33,34, Walcut compound, Amravati
Ph No:- 2560057,2570056,Fax (0721) 2566156
WebSite:-www.jijaubank.org.in email:- itm@jijaubank.org.in

For Office Use only

Staff ☐
Individual ☐
Non individual/Institutional

CKYC No.* (Mandatory for KYC update)
Customer No.* (Mandatory if existing)

1. ENTITY NAME

2. PERSONAL DETAILS

APPLICANT	TITLE	(Lastname)	FULL NAME (First Name)	(Middle Name)
Name* (Same as ID Prroof)				
Maiden Name* (If any)				
Father's Name*				
Mother's Name*				
Spouse's Name* (If applicable)				

Gender* ☐ Male ☐ Female ☐ Transgender Marital Status* ☐ Married ☐ Unmarried ☐ Other

Date of Birth* D D - M M - Y Y Y Y

Nationality Indian ☐ Others

Residential Resident ☐ Non Resident ☐ Foreign ☐

Occupation* Type
Service ☐ Public Sector ☐ Private Sector ☐ Government Sector ☐ Student ☐ House Wife ☐
Other ☐ Professional ☐ Self employed ☐ Retired ☐

Business

Non Categorised

Religion / Cast

Photo

Signature

(Kindly fill in details of all countries of Tax Residence, If more than one)

3. DECLARATION OF TAX RESIDENCY / CITIZENSHIP

For the purpose of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/ functional equivalent in each country is listed below:

Country of Tax Residence*	Tax Identification Number (TIN) or equivalent* (Documentary evidence required for each TIN OR EQUIVALENT)	TIN issuing Country* Code	Expiry Date
			D D - M M - Y Y Y Y
			D D - M M - Y Y Y Y
			D D - M M - Y Y Y Y

GST Registration No.

UDIN/MSME

4. PROOF OF IDENTITY (PoI)* (Refer instruction C)

(Certified copy of any one of the following Proof of Identity [PoI] needed)

☐ Passport No.
☐ Passport Place of Issue
☐ Proof of Visa
☐ Voter ID Card PAN
☐ PAN No.
☐ Driving License
☐ UID (Aadhaar)
☐ NREGA Job Card

Passport Expiry Date D D - M M - Y Y Y Y
Passport Date of Issue Visa D D - M M - Y Y Y Y

☐
Expiry Date D D - M M - Y Y Y Y

Do You wish to link the Aadhar No to A/c for Subsidy?
Yes ☐ No ☐

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5. PROOF OF ADDRESS (PoA)*

CURRENT/PERMANENT (Certified copy of any of the following Proof of Address (PoA) needed)

Address Type* Residential/Business | Residential | Business | Registered Office | Unspecified

Proof of Address* Passport | Driving License | Aadhar | Deemed to be OVD | Voter Identity Card | NREGA CARD | Other

Room No.
Bldg Name
Road
No./Name
Landmark
Area
Village
City Pincode
District
State
Country

CORRESPONDENCE / LOCAL ADDRESS DETAILS

Same as Current / Permanent / Overseas details (In case of multiple correspondence / local address, Please fill 'Annexure A1')

Address Type* Residential/Business | Residential | Business | Registered Office | Unspecified

Proof of Address* Passport | Driving License | Aadhar | Deemed to be OVD | Document Type Code | Voter Identity Card | NREGA CARD | Other

Room No.
Bldg Name
Road
No./Name
Landmark
Area
Village
City Pincode
District
State
Country

6. CONTACT DETAILS* (Communication will be done on Mobile no./ Email ID provided)

Tel.(Off.) - Tel.(Res.) -

Fax - Mobileno. -

Email ID

You may convey promotional information through telephone/sms/e-mail/letters- Yes | No

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7. RELATED PERSONS

Related Person Type * ☐ Guardian of Minor ☐ Assignee ☐ Authorised Representative ☐ Director ☐ Promoter
☐ Karta ☐ Trustee ☐ Partner ☐ Beneficial Owner ☐ Authorised Signatory ☐ Court Appointed Official ☐ Beneficiary

8. OTHER DETAILS

Annual Income (₹) ☐ < 1 Lac ☐ 1 Lac < 5 Lac ☐ 5Lac < 15 Lac ☐ 15 Lac < 25 Lac ☐ 25 Lac & above

Net Worth (₹) _____ As on _____

Education ☐ below SSC ☐ SSC ☐ HSC ☐ Graduate ☐ Masters ☐ Professional (CA, CS others)

☐ Politically Exposed Person ☐ Related to Politically Exposed Person

Any Other Information _____

Signature of Applicant/Customer Signature

Applicant Declaration

Declaration and Undertakings:

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

My personal / KYC details may be shared with Central KYC Registry. I hereby give consent to receiving information from Central KYC Registry through SMS / Email on the above registered number / Email address. I hereby declare that I or any of my relatives have not been entrusted with prominent public functions in a foreign country e.g. Heads of States or Governments, senior politicians, senior government / judicial / military officers, senior executives of state owned corporations, important political party officials, etc. I hereby further declare that in case in the future, I or any of my relatives have been entrusted with prominent public functions in a foreign country as stated above, I will immediately notify the bank about the same.

Any change of address, mobile number, land line number, email ID, etc will be immediately updated in a separate customer registration form and provided to the Bank along with necessary documentary evidence where ever required.

I am aware that a booklet on the Banking Codes and Standard Board of India (BCSBI) posted on the website shall be provided to me on demand. I am aware that JIJAU COMMERCIAL CO-OP BANK LTD does not seek any information relating to login id / password in any form through e-mails from its customers. I agree and undertake that I shall never part with any sensitive information of my account especially through internet / email / phone medium. I further agree and confirm that JIJAU COMMERCIAL CO-OP BANK LTD. shall not be liable for any losses arising from my sharing / disclosing of login id, password, cards, card numbers or PIN (Personal Identification Number), cheque/s to anyone, nor shall make claims on the bank for any unauthorized use. I shall take all precautions to protect my account details so as to avoid any unauthorized use.

I certify that

a) The information provided by me in the form, its supporting Annexures as well as in the documentary evidence provided by me are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
b) I permit / authorize the Bank to collect, store, communicate and process information relating to the account and all transactions therein, by the Bank where ever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
c) I 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 me or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence.
d) I also agree that my 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 account or close it or report to any regulatory 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 me within the stipulated period.
e) I hereby accept and acknowledge that the Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the Bank.
f) It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285 BA of the Income tax Rules, 1962. Act read with the Rules thereunder.
g) I also agree to furnish such information and / or documents as the Bank may require from time to time on account of any changes in law either in India or abroad in the subject matter herein.
h) I shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.
I) The information provided in the form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 194N, 114F to 114H of the Income Tax Rules, 1962.

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As per RBI directions, the Bank has to validate the mobile number before activation of the account. The customer should give missed call on the Bank's prescribed number from the registered mobile number for validation.

The customer should maintain minimum quarterly average balance as may be required from time to time in the account and communicated at the time of opening of the account as well as sufficient balance to honour cheques issued to third parties. Changes in the Bank / Service charges or minimum balance requirements are displayed on the Notice Board of the Branches and on the website. The non-maintenance of the adequate balance shall automatically entitle the Bank to levy the charges for non- maintenance of the average balance. If there is no transaction in the account for 2 years the account automatically gets classified as an 'inoperative account'. Spl. Instruction for Term Deposit : In the event of death of any of the joint depositors prior to maturity of the deposit or otherwise, the Bank will be, at the request of the surviving depositor or all surviving depositors will be at liberty though not bound and at its absolute discretion to add / delete any name, or to repay the deposit before maturity or grant an advance against the security thereof, on such terms and conditions as the bank may decide and such payment before maturity shall constitute a valid discharge to the Bank and all applicable agree to the above.
Auto renewal of term deposits: The Term Deposits would be automatically renewed under the Auto Renewal Process on the date of maturity, at a rate of interest prevailing on the date of renewal and for the same period for which the existing deposit was kept. In case any depositor wishes to alter the period of deposit confirmation advice /s or withdraw the proceeds of the confirmation advice /s renewed under Auto Renewal process, they may do so as per Bank's prevailing guidelines in this regard in the Bank's Deposit Policy on thewebsite.
Our deposits are insured under the Deposit Insurance and Credit Guarantee Corporation of India (DICGC) scheme

Signature of Applicant/Customer | Signature

Attestations / For Office Use

Documents received: ☐ Self Attested ☐ Verified from Original ☐ Verified by Indian Embassy/Banker Abroad/Notary Public Low

Risk category: ☐ High ☐ Medium ☐ Low

IN PERSON VERIFICATION DETAILS

Identity Verification: ☐ Done PAN Verification: ☐ Done Banned List Verification: ☐ Done

Employee Name : (Last Name) (First Name) (Middle Name)

Employee Code : Emp. Designation:

Emp Branch Name :

I certify that I have scanned all required documents as per our policy for registering the customer

FOR JIJAU COMMERCIAL CO-OP BANK LTD

IFSC CODE : IBKL0JCB

Place :

Date : D D - M M - Y Y Y Y

Signature of Employee | Signature

Bank / Branch Stamp & Seal

Account Open By .....

Account Authorise By .....

J. C. C. BANK

SIGNATURE CARD

DATE : D D M M Y Y Y Y

CUST. NO.

CONTACT TEL NO. : _____

ACCOUNT NUMBER

NAME : _____

Name 1. _____

Name 2. _____

(Please sign in the box above)

(Please sign in the box above)

SIGNATURE REQUIREMENT :

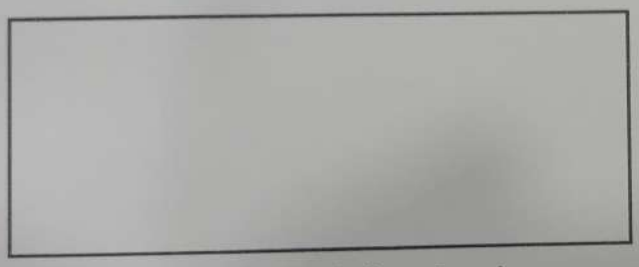
☐ SINGLE ☐ JOINT-Signing Jointly ☐ EITHER OR SURVIVOR ☐ OTHER (Please Specify)

Total Number of Signatories

FOR BANK USE ONLY

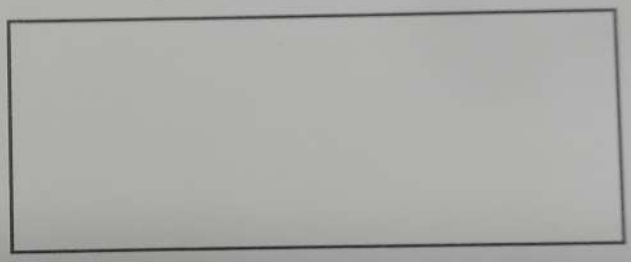
Signed in presence of | Signature Captured by | Verified by | Approved by

Name 1. _____



(Please sign in the box above)

Name 2. _____



(Please sign in the box above)