



THE JALGAON PEOPLES CO-OP. BANK LTD.

(Multi-State Scheduled Bank)

since 1933

Registered Office : 152, Polan Peth, Dana Bazar. Jalgaon 425 001. www.jpcbank.com

JPCB/AOF/CA/ PROP -01

CURRENT ACCOUNT OPENING FORM - SOLE PROPRIETORSHIP CONCERN

Client ID	<input type="text"/>	Account No.	<input type="text"/>
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Membership No.

To,
The Branch Manager

Date : ____/____/20____

Branch _____

Please open my Current account in your books in the under noted name. I tender herewith initial deposit of Rs. _____/- (in words Rs. _____)

Name of Entity		
Address in full		
Line of activity		
Name of the Proprietor & Residential address		Age: ____ Years & Months ____

- I confirm having read and understood the account rules and hereby agree to be bound by the same. I declare that the transactions in the account will be made from my legitimate sources and the account will not be used for any purpose contrary to law. I agree that the bank may at its absolute discretion discontinue any of its services completely or partially without any notice to me.
- At present I am having following accounts with your Bank : Name of the Branch _____
Type of Account & No. _____
- I am not enjoying credit facility with any other Bank/any other branch of your Bank in personal / Firm's name and undertake to inform you, in writing, as soon as any credit facility is availed by me.
- Please furnish me with cheque book containing ____ leafs. I undertake that the cheque book issued to me for account operation will be kept under my custody. For any misuse in this matter, the Bank and its Officials will not be held responsible
- I/We will submit KYC details for updation, as per RBI norms, as and when required by the branch/Bank.
- Whenever any change occurs in constitution or address of the firm, I undertake to inform the Bank in writing about the same.
- I agree that the Bank may debit my account for service charges/incidental charges as applicable from time to time. I/We understand that the Bank may at its absolute discretion discontinue any of the services completely or partially and/or close the account without any notice to me in case of account operations are not satisfactory which include frequent dishonor of cheques etc.
- I certify that the information furnished above and also in 'Non-personal KYC' & 'personal KYC' are true and correct to the best of my knowledge. I authorize the Bank to verify the details given therein through any third party as necessary.

I opt for Cheque Book SMS alerts Mobile Banking Other facilities (specify _____)
e-mail statement: Daily Weekly Monthly on e-mail ID _____

- I hereby declare that I am the sole proprietor of the above said firm.
- I/We herewith authorized the Bank to download/upload my KYC related data/documents on any regulatory platform like CERSAI/CKYCR portal as and when required.
- **Nomination** : Do not wish to Nominate I wish to nominate, form enclosed.

Yours faithfully

(Signature with seal)

(Signature under individual capacity)

For the use of the Bank

<p>Eligible for : <input type="checkbox"/> Cheque Book <input type="checkbox"/> SMS Alerts</p> <p><input type="checkbox"/> Mobile Banking <input type="checkbox"/> Others (Specify _____)</p> <p>(Separate application forms for these services has to be obtained from customer)</p> <ul style="list-style-type: none">• Cheque book may be issued.• Received 'Non-personal KYC' of the firm & 'personal KYC' of the Prop along with self attested copies of ID and address proof and are duly verified from originals.	<p>Verified- Signatures & Documents with originals. Obtained Non-Individual KYC of Entity and Individual KYC of Proprietor.</p> <p>Permitted to open account under Risk Category : <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High</p> <p>Manager / Authorised Official Name : _____ Emp.Code : _____ Date : _____</p>
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A/c. opened by – User ID _____ Signature _____

Authorized by- User ID _____ Signature _____

(IMP Note: 'Non-personal KYC' of the firm & 'personal KYC' of the Prop. along with self attested copies of ID and address proof, duly verified from originals should be attached with opening form.)

Nomination Form DA-1 :-Nomination under Sec 45ZA of the Banking Regulation Act 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits.

I _____ (name of prop.) nominate the following person to whom in the event of my death, the amount of the deposit in the account may be returned by JPC Bank Branch. _____

Name and Address of the Nominee (one nominee) : _____

Relationship with Depositor if any : _____ Age ____ if Nominee is a minor his/her Date of Birth ____/____/ 20____

*As the nominee is a minor on this date. I appoint _____

_____ (Name, Address, Age & Relationship with

depositor if any) to receive the amount of the deposit on behalf of the nominee in the event of my death.

Signature _____

(In case, nominee is account holder, please mention his customer ID)

<p>Customer ID No.....for Nomination purpose</p> <p>is opened. Nomination accepted and registered vide</p> <p>Registration No _____ Dated ____/____/____</p>	<p>Signature of Asst. Manager/Branch Manager</p>
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Branches to follow the under noted guidelines while opening the account :

<p>For Proprietor :</p> <p>1. A passport size photograph and an officially valid document (out of the extant officially valid documents specified for individual customers) in respect of the Proprietor who is also the sole beneficial owner AND</p>	
<p>For Proprietorship concern:</p> <p>2. ANY TWO of the following documents in the name of Proprietary concern for Proof of name, address & activity of the concern.</p>	
<p>Note: In cases where banks are satisfied that it is not possible to furnish two such documents for activity proof, Branch will have the discretion to accept ONLY ONE, but branch has to undertake contact point verification, collect such information required to establish the existence of firm, confirm, clarify and satisfy themselves that the business activity is available at the address.</p>	
	Registration certificate (in the case of a registered concern),
	Certificate / License issued by the Municipal authorities under Shops and Establishment Act,
	Central Sales Tax (CST) / Value Added Tax (VAT) Certificate,
	Certificate / registration document issued by Sales Tax / Service Tax / Professional Tax authorities,
	License issued by the registering authority like Certificate of Practice issued by the Institute of Chartered Accountants of India, Institute of Cost Accountants of India, Institute of Companies Secretaries of India, Indian Medical Council, Food and Drug Control Authorities,
	Certificate / registration licensing document issued in the name of proprietary concern by Central Government or State Government Authority/Department.
	IEC (Importer Exporter Code) issued to the proprietary concern by the office of the DGFT,
	The complete Sales tax returns (not just acknowledgement) duly authenticated / acknowledged by the Sales Tax authorities
	The complete Income Tax Return (not just the acknowledgement) in the name of the sole proprietor where firms income is reflected, duly authenticated/acknowledged by the Income Tax authorities
	Utility Bills such as electricity, water, and landline telephone bills in the name of proprietary concern.
	Any other License of Certificate of Practice issued in the name of proprietary concern by any professional body incorporated under a statute.
<p>3. PAN in the name of Proprietor (<i>As per Section 114(B) of IT Act, 1961, PAN should be quoted for opening of accounts</i>)</p>	
<p>4. Introduction by an existing account holder or by a person known to the branch</p>	
	<p>For Address Proof : In normal case the above documents may contain address of the proprietorship firm also. For local address, the firm may be asked to submit a declaration giving local address details. Option of personal visit by BM.</p>
	<p>For person/s who operate the account. : A passport size photograph and an officially valid document (out of the six officially valid documents specified for individual customers) in respect of the person holding an attorney to transact on its behalf.</p>



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152, Polan Peth, Dana Bazar, Jalgaon - 425001. Tel.: (0257) 2227711 to 16. Website : www.jpclub.com

FATCA – CRS Declaration form for Individual Accounts (including Sole Proprietor) (Please consult your professional tax advisor for further guidance on your tax residency, if required)

No.	Please fill the information below as requested	
1	Name of the Account Holder	
2	Customer ID	
3	Date of Birth (DD-MM-YYYY)	
4	Country of Birth	
5	Nationality (Please specify Indian or Other) (If National of more than one country, please mention all the countries separated by a comma)	
6	PAN	

7. Are you tax resident of any country other than India Yes No
If yes please fill Annexure 1 mentioned below

CERTIFICATION

Under penalty of perjury, I/We certify that :

- I understand that The Jalgaon Peoples Co-op. Bank Ltd. is relying on this information for the purpose of determining the status of the account holder named above in compliance with FATCA/CRS. The Jalgaon Peoples Co-op. Bank Ltd. is not able to offer any tax advice on FATCA or CRS or its impact on the account holder. I shall seek advice from professional tax advisor for any tax questions.
- I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- I agree that as may be required by domestic regulators / tax authorities The Jalgaon Peoples Co-op. Bank Ltd. may also be required to report, reportable details to CDBT or authorities/agencies or close or suspend my account as appropriate.
- I have understood the information requirements of this Form (read along with the FATCA / CRS instructions) and hereby confirm that the information provided by me on this Form including the taxpayer identification number is true, correct and complete. I also confirm that I have read and understood the FATCA/CRS Terms and Conditions below and hereby accept the same.

Signature of Account Holder

Date :

Place :

FATCA / CRS Terms and Conditions

The Central board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal tax and beneficial owner information and certain certifications and documentation from all our account holders. Towards compliance, we may be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Please note that you may receive more than one request for information if you have multiple relationships with the Bank or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA / CRS Instructions

If you have any questions about your tax residency, please contact your tax advisor. **If you are as US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number.**

*** It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers.** If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below :

Annexure I

Country/(ies) of Tax residency*	Tax Identification Number (TIN)	Identification Type (TIN or Other Please Specify)	Residence address for Tax purpose (including / City, State, Country and Pin Code)	Address Type 1-Residential or Business 2-Residential 3-Business 4-Registered Office.

* to also include USA where the individual is a citizen / green card holder of USA
In case Tax Identification Number is not available kindly provide functional equivalents

No.	Further details required if account holder is tax resident outside India.	
8.	City of Birth	
9.	Gender (Male, Female, Other)	
10.	Father's Name (mandatory in PAN not provided)	
11.	Adhar Number (optional)	
12.	Proof of Identity – Documents submitted (A-Passport* B-Election ID Card, C-PAN Card D-ID Card, E-Driving License', F-UIDAI Letter G-NREGA Job Card)	
13.	Identification No. – for the identification type mentioned above (mandatory if no PAN /Adhaar provided)	
14.	Occupation Type : • Service • Others • Business	
15.	Mobile / Telephone Number (Including ISD and STD Code)	