

Special Note

1. Savings account having no account operations initiated by customer for more than two years will be treated as Inoperative Account as per RBI guidelines.
2. Balance in the account having no credit or debit transactions for 10 years will be transferred to DEAF account as per RBI guidelines.

Declaration & Undertaking

1. I/We confirm having read and understood the account rules and hereby agree to be bound by the terms & conditions, outlined in these rules which govern the above selected services and amendments there to be made from time to time will be binding on me/us and those relating to various services offer by the bank when displayed by the bank on its notice board or on its website. I/We declare that the transaction in the account will be made from my/our legitimate sources and the account will not be used for any purpose contrary to law. I/We agree that the bank may at its absolute discretion discontinue any of its services completely or partially without any notice to me/us.
2. At present I/We am/are having following accounts with your bank: Name of the Branch _____
Type of Account & No. _____ Credit Facility (if any) _____
3. I/We will submit KYC details for updation, as per Reserve Bank of India norms, as and when required by the branch.
4. I/We will inform Bank about change of address, mobile number & email ID within 15 days.
5. I/We agree that the Bank may debit my/our 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/us in case of account operations are not satisfactory which include frequent dishonor of cheques etc. In the event of death, insolvency or any securities held by you in our account be at the disposal of survivor or survivors of us.
6. I/We certify that the information furnished above is true and correct to the best of my/our knowledge. I/We authorize the Bank to verify the details given therein through any third party as necessary. I/We also authorize issuance ATM/SMS alerts/e-mail statement facility and/or other bank facilities with linkage to the account. I/We undertake to ratify and confirm the transactions that the user/s do/es or cause/s to do through any of the above mention multiple delivery channels. This authority shall be in force until any one of us revokes by a notice in writing delivered to the Bank and duly acknowledged by the Bank.
7. I/We undertake that the cheque book issued to me/us for account operation will be kept under my/our custody. For any misuse in this matter, The Bank and its Officials will not be held responsible.
8. 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.
9. Staff: I am an employee of The Jalgaon Peoples Co-op. Bank Ltd. Jalgaon, I declare that, the amount so deposited in the account is solely out of my earnings and I have not deposited amount of my relatives or friends in my name. Whatever amount I deposit in account from time to time will be out of my earnings only.

Signature of the Applicant/Guardian

Name	Signature
Date :	Place :

For the use of the Branch

Received Opening and Individual CKYC Form/s, Verified from originals :

PAN No. PAN Acknowledgment Form No.60 Proof of Identity Proof of Address Aadhar No.

Duly filled up application form/s for required services are obtained and are enclosed. He/they are eligible for Cheque book ATM/Debit Card SMS Alerts Mobile Banking Insta Card Aadhar Linking Others (Specify) _____

All the forms are signed by the applicant/s in my presence. Recommended for opening of account.

Signature of the verifying Officer. Name : _____ **Emp. Code :** _____

As recommended, permitted to open SB Account, under Risk Category : Low Medium High

Signature of BM/ ABM/Authorized Signatory

Name :

Date :

Emp. Code :

For the use of opening of account in System (for CAOC Use)

Signature: _____ Journal/Que No. _____ Signature: _____

A/c. opened by – Emp. Name: _____ Authorized by- Emp. Name : _____



THE JALGAON PEOPLES CO-OP. BANK LTD.

(Multi-State Scheduled Bank)

since 1933

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

FATCA / CRS Declaration Form - (Non-Individual)

Self-Certification Form (Entity) for Foreign Account Tax Compliance Act ("FATCA") and Common Reporting Standards (CRS)

Section 1 : Entity information

Name of the Entity	
Customer ID (if existing)	
Entity Constitution Type	
Entity Identification type	<input type="checkbox"/> Tax identification Number (TIN) <input type="checkbox"/> U.S.GIIN <input type="checkbox"/> Company Identification Number <input type="checkbox"/> Global Entity Identification Number (EIN) <input type="checkbox"/> Other
Entity Identification No.	
Entity Identification issuing Country	
Country of Residence for tax Purpose	
PAN No.	
TIN No.	

Customer Declaration

(I) Under penalty of perjury, I/We certify that :

- The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District or any other states of the U.S.
(ii) an estate, the income of which is subject to U.S. Federal Income tax regardless of the source thereof, or (This clause is applicable only if the account holder is identified as a U.S. person)
- The applicant is taxable as a tax resident under the laws of the country outside India (This clause is applicable only if the account holder is a tax resident outside of India)

(II) I/We understand that The Jalgaon Peoples Co-op. Bank Ltd. is relying on this information for the purpose of determining the status of the applicant 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 applicant. I/We should seek advice from professional tax advisor for any tax questions.

(III) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.

(IV) I/We agree that as may be required by regulatory authorities, The Jalgaon Peoples Co-op. Bank Ltd. may also be required to report, reportable details to CBDT or close or suspend my account.

(V) I/We certify that I/We provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct and complete including the taxpayer identification number of the applicant.

Name of the Entity

Signature 1 _____ Signature 2 _____

Signature 3 _____

Date : _____