



# Sahakarmaharshi Bhausaheb Thorat Amrutvahini Sah. Bank Ltd.,

GHULEWADI TAL. Sangamner Dist. : Ahmednagar - 422608

E-Mail : sbtbank@yahoo.in Website : www.sbtbank.in

Phone : (02425) 222713, Fax 225526



## CENTRAL KYC REGISTER / Know Your Customer (KYC) Application form / Individual / Annexure A1 for Local Address

Instructions :

- A) Fields marked with \* are mandatory fields.  
 B) Place Fill the form in English and in BLOCK Letters.  
 C) Please read Underlines / detailed Instruction overleaf

Application Type :  New  Update | Account Type\* :  Normal  Small

CKYC Number :

Customer No. :

UCIC No. :

Account No. :

Please tick (✓) type of account required

Please open an account as per details below खालील माहिती प्रमाणे माझे खाते उघडण्यात यावे ही विनंती

(सदर बचत/ Saving खाते स्ट्रिम नियमानुसार)

### SAVING ACCOUNT SCHEME

- Saving With Cheque Book  Basic Savings Account  Saving With Cheque Book & ATM  Saving Regular  
 INSTA Saving Account  Saving With ECS  Current Account

### ENTITY DETAILS

Name (Same as ID proof)

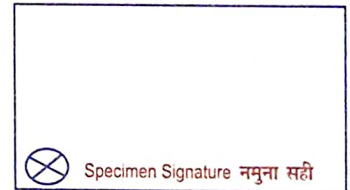
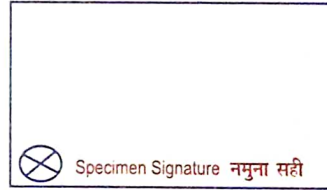
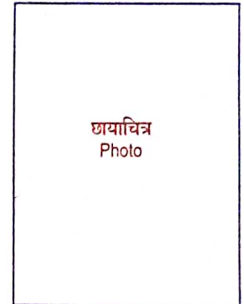
Surname :

First Name :

Middle Name :

Father / Spouse Name\* :

Mother Name\* :



Date of Birth\* :

Gender\* :  Male  Female  Transgender

Shop (Firm) Name :

Shop Address :

Shop Act Licence No. :

Married Status\* :  Married  Unmarried Nationality\* :  Indian  Other

Residential Status\* :  Resident Individual  Non Resident Indian  Foreign National  Person of Indian Origin

Occupation\* :  Private Sector Service  Public Sector  Government Sector  Business  Professional  
 Self Employed  Retired  Housewife  Agri  Student  Other

Tick if application :  Residence for Tax Puropses in jurisdiction(s) outside India

**ADDITIONAL DETAILS REQUIRED\*** (if Application is resident outside India for Tax purposes)

Please read guidelines / details for Jurisdiction of Residence and Tax Identification Number)

ISO - 3166 Country Code of Jurisdiction of Residence\* :

Tax Identification Number or equivalent (If issued by Jurisdiction)\* :

Place / City of Birth\* :  ISO-3166 Country Code of Birth\* :

**PROOF OF ADDRESS (PoI)\*** (One Certified Copy of any one of the following Proof of Identity {PoI} needs to be submitted)

<input type="checkbox"/> PAN : <input type="text"/>	<input type="checkbox"/> Voter ID Card : <input type="text"/>
<input type="checkbox"/> Passport Number : <input type="text"/>	<input type="checkbox"/> Passport Expiry Date : <input type="text"/>
<input type="checkbox"/> Driving License : <input type="text"/>	<input type="checkbox"/> Driving License Expiry Date : <input type="text"/>
<input type="checkbox"/> UID (Aadhaar) : <input type="text"/>	<input type="checkbox"/> NREGA Job Card : <input type="text"/>
<input type="checkbox"/> Other (any document notified by the central government): <input type="text"/>	<input type="text"/>

**PROOF OF ADDRESS (PoA)**

**CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS** (One Certified Copy of any one of the following proof of Address [POA] needs to be submitted)

Line 1\* :

Line 2 :

Line 3 :  City/Town/Village

State/U.T\* :  Pin/Post Code  ISO-3166 Contry Code :

Proof of Address\* :  Passport  Driving License  Aadhaar Card  Voter Identity Card  NREGA CARD  Others \_\_\_\_\_

**CORRESPONDENCE / LOCAL ADDRESS DETAILS** (In case the PoA is not the local address of address where the customer is currently residing. To be declared only and no PoA is required)

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

Line 1\* :

Line 2 :

Line 3 :  City/Town/Village

State/U.T\* :  Pin/Post Code  ISO-3166 Contry Code :

**CONTACT DETAILS** (Communications will be done on provided Mobile no. and Email-ID)

Tel. (Off) :   Tel. (Res) :

Mobile :  Email ID :

**MODE OF OPERATION**

स्वतः / Self Only  फॉर्मर/सर्वावर / Former or Survivor  ऐदर / सर्वावर / Either or Survivor  कोणीही एक/ सर्वावर / Any one or Survivor  संयुक्त / Jointly  Other \_\_\_\_\_

1. I/We agree to abide by the abnk's rules relating to the conduct of the above Account/Services / Products. 2. I/We authorize the Bank / their representative to verify the details given herein for STD/TDR/MODS Account unless you receive a demand for payment or instruction to the contrary on or before the date of maturity please renew/continue to renew the deposit for similar period(s) at the then prevailing rate of interest. 3. Mode of operation specified by us (depositors) would also be applicable for premature payments / withdrawis of deposit as security and closure of the account.

Your Faithfully

Signature of the Declarant  खानेदारयो मरी

**OTHER DETAILS**

Income Range :  Below 1 Lac  1 Lac to 5 Lac  5 Lac to 10 Lac  10 Lac to 15 Lac  15 Lac to 25 Lac  25 Lac and above

Net Worth (In INR) :  As on :

Educational Qualification :  Below SSC  SCC  HSC  Graduate  Masters  Professional (CA, CS, CMA, Others)

Please Tick If Applicable :  Politically Exposed Person  Related to Politically Exposed Person

Any Other Information :

**DETAILS OF RELATED PERSON** (In case of additional related person. Please fill Annexure B1 form)

Addition of Related Person

Deletion of Related Person KYC Number (if available) :

Related Person Type :  Guardian of Minor  Nominee  Assignee  Authorized Representative  Beneficial Owner  Beneficiary

Name :

**PROOF OF IDENTITY (PoI)\***

(Mandatory if KYC number is not available One Certified Copy of any one of the following proof of identity(PoI) needs to be submitted)

PAN :

Uid (Aadhaar) :

Passport Number :  Passport Expiry Date :

Driving License :  Driving License Expiry Date :

Voter ID Card :

NREGA Job Card :

Other(any document notified by the central government):

**APPLICANT DECLARATION**

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 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/we are aware that I/we may be held liable for it. I would like to share my personal / KYC Details with Central KYC Register.

Signature / thumb Impression of Applicant

Place :

Date :

**ATTESTATION / FOR OFFICE USE ONLY**

Documents Received :  Self-Certified  True Copies  Notary

Risk Category :  High  Medium  Low

**IN PERSON VERIFICATIONS DETAILS**

Identity Verification :  Done Name :

Date :

Emp. Name :

Emp. Code :

Emp. Designation :

Emp. Branch :

Signature :

(Employee Signature)

**INSTITUTION DETAILS**

Name :

Code :

Stamp

## PARTICULARS OF INTRODUCTION/IDENTIFICATION (A OR B)

(ओळख देणाऱ्याचे नांव खाते नंबर)

किती वर्षांमून ओळखता

## B Name and Address of Introducer

Introducer's A/c. No.

(ओळख देणाऱ्याचा खाते नं.)

Since

I certify that I have Known, Mr./Mrs./Miss \_\_\_\_\_ for the last \_\_\_\_\_ months/years and confirm his/her their occupation and address stated in his / her/ their application to open the account

Signature of the Introducer (ओळख देणाऱ्याची मही)

Verifying Bank Officer (बँक अधिकारीची मही)

## Facility

- ATM RuPay Debit Card (Separate Form to be filed)  Mobile App Facility (Separate Form to be filed)  SMS Facility  Aadhar subsidy  UPI
- PMJJY  Cheque Book  ECS Mandate  CTS Clearing  Utility Bill payment (Separate Form to be filed)
- Statment on E-mail :  Monthly  Quarterly  Half yearly  Yearly

## NOMINATION (वारसदार)

## FORM DA 1

Nomination under section 45 ZA of the Banking Regulation Act 1949 and Rule 2(1) of the Banking Companies (Nominations) Rule, 1985 in respect of Bank Deposits

I/We (खातेदाराचे नाव) \_\_\_\_\_

Address \_\_\_\_\_

Nominate the following person to whom in the event of my/our/monor's death the amount of the deposit, particulars whereof are given below, may be returned by,

Deposit द्वे		
Nature of स्वरूप	Account No. खाते नं.	Additional Detail, if any अतिरिक्त माहिती असेल तर

Nominee(s) वारस				
Name (वारसदाराचे नाव)	Address (पत्ता)	Relationship with depositor, if any नाते	Age वय	If nominee is a minor, his/her Date of Birth वारसदाराची जन्मतारीख

## DECLARATION घोषणापत्र

- I/We agree to comply with the bank's rules in force form time to time for conduct of the above account.
- I/We declare that we do not enjoy any credit facility / loan with any bank.
- I/We enjoy the credit /loan facilities with other bank/ institute, at present (as per details attached) (name of institute) / Bank Facility /Amount) I/We hereby read and understood and here by agree to the terms and condition in respect of above all products of bank account.
- I/We agree that the bank may debit may account for service charges as applicable form time to time.
- I/We here by declare that information furnished in this form is true to the best of my/Our Knowledge and belief.
- I Read Saving Account Minimum Balance Scheme Rules.
- My Our Personal KYC details may be shared with Central KYC Registry.
- in case of FDR / RD in joint name with mode of operation Either or Survivor any one can apply loan against the same and any one can also apply for payment on maturity
- Inereby consent to receiving information from Central KYC Registry through SMS/ Email on the above registered number / Email address.
- I/We hereby declare that in case of any credit facility is to be availed from any Banks/Fis in Future the same will be informed in advance (Applicable for Account)

Signature of the Declarant खातेदाराची मही

## Signature and Name of Verifying official

Branch Manager व्यवस्थापक मही

Officer/Assistant अधिकारी मही