



Priyadarshani Nagari Sahakari Bank Ltd., JALNA.

प्रियदर्शनी नागरी सहकारी बँक लि. जालना

Head Office : 'Brahma Chaitanya', Deulgaon Raja Road, JALNA-431203 Ph. No.: (02482) 233346, 241107

www.priyadarshani.bank.in | Email : gm@priyabank.com

UCIC CREATION / ACCOUNT OPENING REQUEST FORM

Branch : _____

Date : _____

Individual / Firm / HUF / Societies / Company

Application Type : ☐ New ☐ Update Account Type* : ☐ SB ☐ CA ☐ Other

UCIC No. : _____

CKYC Number : _____

Account No. : _____
खाते क्र. : _____

Please tick (✓) type of account required Please open an account as per details below खालील माहिती प्रमाणे माझे खाते उघडण्यात यावे, ही विनंती.

ACCOUNT SCHEME

(सदर खाते स्किम नियमानुसार)

☐ Basic Saving

☐ Saving With Cheque Book & ATM

☐ Saving Regular

☐ INSTA Saving Account

☐ Saving With ECS

☐ Current Account

ENTITY DETAILS

Instructions : a) Fields marked with * are mandatory fields. b) Place fill the form in English and in BLOCK Letters. c) Please read underlines / detailed instructions overleaf

Surname आडनाव	_____
First Name स्वतःचे नाव	_____
Middle Name वडीलाचे नाव	_____
Father / Spouse Name* वडीलाचे/पतीचे नाव	_____
Mother Name* आईचे नाव	_____
Date of Birth* जन्म तारीख	____/____/____
PAN*	_____
Shop (Firm) Name दुकानाचे नाव	_____
Shop Address दुकानाचा पत्ता	_____
Shop Act Licence No.	_____
Udyam Aadhar/MSME	_____
Mobile	_____
Gender* Male Female Other	☐ ☐ ☐
Aadhar आधार	_____
Date of Incorporation	____/____/____
GST No.	_____
Email ID	_____

Name 1	Name 2	Name 3
Passport Size Photo here	Passport Size Photo here	Passport Size Photo here
① Signature / खातेदाराची सही	② Signature / खातेदाराची सही	③ Signature / खातेदाराची सही

MODE OF OPERATION

- ☐ Self / Single
☐ Eigher or Survivor
☐ Jointly
☐ Former or Survivor
☐ Any one of Survivor/s
☐ Any Two Jointly
☐ Any Three Jointly
☐ As per Board Resolution
☐ Other (Pl. Specify)

Married Status* : ☐ Married ☐ Unmarried **Nationality*** : ☐ Indian ☐ Other **Residential Status* रहिवासी :** ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin
Occupation* व्यवसाय : ☐ Private Sector Service ☐ Public Sector ☐ Government Sector ☐ Business ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Agri ☐ Student ☐ Other
Tick if application : Residence for Tax Purposes in jurisdiction(s) outside India
Constituion Type : ☐ Sole Proprietorship ☐ Public Limited Company ☐ Liquidator ☐ Partnership Firm ☐ Society ☐ Association of Person (AOP)/ Body of Individuals (BOI)
☐ HUF ☐ Artificial Juridical Person ☐ Private Limited Company ☐ Limited Liability partnership ☐ Trust ☐ Other

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* : I N

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

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

PROOF OF IDENTITY (PoI)* (One Certificate Copy of any one of the following proof of Identity (PoI) needs to be submitted)

Passport Number : Passport Expiry Date :
 Driving License : Driving License Expiry Date :
 Voter ID Card : NREGA Job Card :
 Others (any document notified by the central government) :

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 : I N
 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 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 Address, Please fill 'Annexure A1')

Line 1* :
 Line 2 :
 Line 3 : City/Town/Village :
 State/U.T* : Pin/Post Code : ISO-3166 Contry Code : I N

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 **FATCA** : ☐ Yes ☐ No
 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 (Pol)* (Mandatory if KYC number is not available One Certified Copy of any one of the following proof of identity (Pol) needs to be submitted)

PAN (or form 97/98) :

पॅन क्र.

Passport Number :

पारपत्र क्र.

Driving License :

वाहन चालकाचा परवाना

Voter ID Card :

मतदार ओळखपत्र

UID (Aadhaar No.) :

युआयडी आधार क्र.

Passport Expiry Date :

पारपत्र मुदत संपण्याची तारीख

Driving License Expiry Date :

वाहन चालक परवाना संपण्याची तारीख

NREGA Job Card No. :

मनरेगा जॉब कार्ड नं.

Others (any document notified by the central government) :

Form 97

I, residing at solemnly declare and affirm as follows: I do not have a Permanent Account Number The reason for not having a PAN is I am undertaking the following transaction for which PAN is required: I understand that providing false information is subject to penalties under the law.

Signature / खातेदाराची सही

For Form 98

(for senior citizens) :

I, a senior citizen residing at hereby declare and affirm as follows, I do not possess a Permanent Account Number The reason for not having a PAN is I am undertaking the following transaction for which PAN is required, I acknowledge that false statements may result in penalties under the law.

Signature / खातेदाराची सही

PARTICULARS OF INTRODUCTION/IDENTIFICATION (ओळख देणाऱ्याचे नांव खाते नंबर)

किती वर्षांपासून ओळखता

Name and Address of Introducer

Introducer's A/c. No.

(ओळख देणाऱ्याचा खातेक्र.)

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 सही)



Verifying Bank Officer (बँक अधिकाऱ्याची सही)

☐ As per RBI guideline Introducer is not Compulsory (RBI/DBR/2015-16/18 Master Direction DBR.AML.BC.No.81/14.01.001/2015-16 updated as on 17 Oct. 2023)**Facility**☐ ATM RuPay Debit Card (Separate Form to be filed) ☐ Mobile App Facility ☐ SMS Facility ☐ Aadhar subsidy ☐ PMJJY ☐ Cheque Book☐ ECS Mandate ☐ CTS Clearing ☐ Utility Bill payment (Separate Form to be filed)

Statement 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 ठेव		
Nature of स्वरूप	Account No. खाते नं.	Additional Detail, if any अतिरिक्त माहिती असेल तर
<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION घोषणापत्र

- I/We have read and understood the terms and conditions governing the opening of an account with Priyadarshani Nagari Sahakari Bank Maryadit, JALNA.
- I/We agree to abide by the Bank's Rules & Regulations relating to conduct & operations of the Bank Accounts which are in existence & which may be changed from time to time by the Board of Directors.
- I/We authorize the Bank to verify the details given herein through any means/person(s), as may be perceived necessary by the Bank.
- I/We hereby declare that the information furnished above is true and correct to the best of my/our knowledge.
- I/We undertake to maintain sufficient balance to meet the amount of cheques issued by me.
- I / We have read and understood Bank's terms and conditions regarding this deposit and agree to be bound by the said terms and conditions including changes as applicable made by Bank from time to time. In case of Fixed Deposit, I authorise bank to automatically renew the deposit with accrued interest for the same period on maturing date at the prevailing rate of interest unless otherwise informed by me.
- I / We authorise bank to debit my / our account for all withdrawals to made using the card and also to recover Bank's charges / fees as applicable from time to time.
- I / We have read and understood Bank's terms and conditions for ATM CARD facility and agree to be bound by the same terms & conditions including changes as applicable made by Bank from time to time.
- I hereby authorise Bank to send SMS alerts on given mobile number. In case of any change in the mobile number. I will ensure to deregister the earlier registered mobile number and register the changed mobile number. I authorise Bank to send SMS alerts for account transactions on given mobile number until further communication regarding the change in mobile number.
- I / We hereby declare that the details furnished above are true and correct to the best of my / our knowledge and belief and I / We 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 / We am / are aware that I / We may be held liable for it.
- My / Our personal KYC details may be shared with Central KYC Registry.
- I / We hereby consent to receiving information from Central KYC Registry through SMS / Email on the above registered number / email ID.
- I give consent for sharing of my personal information like PAN, Adhar, mobile no, address to CIC or any legal entity.

Date : Place : 

1 Signature of the Declarant खातेदाराची सही



2 Signature of the Declarant खातेदाराची सही



3 Signature of the Declarant खातेदाराची सही

ATTESTATION / FOR OFFICE USE ONLYDocuments Received : ☐ Self-Certified ☐ True Copies ☐ NotaryRisk Category : ☐ High ☐ Medium ☐ Low**IN PERSON VERIFICATIONS DETAILS**Identity Verification : ☐ DoneDate : Emp. Name : Emp. Code : Emp. Designation\ : Emp. Branch : Emp. Signature : **INSTITUTION DETAILS**Name : Code :

Stamp

Signature and Name of Verifying official

Officer/Assistant /अधिकारी सही

Stamp

Branch Manager/व्यवस्थापक सही