

VISHWAS CO-OP. BANK LTD; NASHIK

Admin. Office: Vishwavishwas Park Swatantryaveer Savarkar Nagar Gangapur Road, Nashik-422013, (Maharashtra State) INDIA.



संचयात् समृद्धी:

विश्वास को-ऑप. बैंक लि, नाशिक

प्रशासकीय कार्यालय : विश्वविश्वास पार्क स्वा. सावरकर नगर गंगापूर रोड, नाशिक-422013. (महाराष्ट्र राज्य) भारत.

Telefax : (0253) 2305600 to 603 E-mail : vishwasbank@gmail.com Website : www.vishwasbank.com www.facebook.com/vishwasbank 9130020888

CUSTOMER PROFILE (INDIVIDUAL)

Saving A/c Opening Form

(Please Fill up the Form in CAPITAL LETTERS Only) Form No. :

(Tick If Applicable Fields*marked with are mandatory fields.)

Branch : Branch SOL ID :

KYC Identifier : Date : [DDMMYYYY]

Cust. ID : A/c No. [XXXXXXXXXXXXXXXXXXXX]

Customer Profile to filled in by Account /Joint A/c holder/ Guardian

(This information will be kept strictly confidential)

Signature

1. CUSTOMER PROFILE (INDIVIDUAL)

Name* (Same as ID proof) Miden Name (If any*) Father/Spouse Name* Mother Name* Date of Birth* Gender Marital Status* Citizenship* Residential status* Religion* Occupation Type* Business/Office Name & Address Designation* Annual Income (Aprox.)* Nature of Organisation

2. CONTACT DETAILS

Tel. (Off) FAX Tel. (Res.) Email ID Mobile

3. MODE OF OPERATION

Single Jointly Any one from us Either or Survivor Guardian Any other (Specify)

4. TICK IF APPLICABLE Residence for Tax Purposes in Jurisdiction(s) Outside India

ADDITIONAL DETAILS REQUIRED* (Mandatory only if "Option 4" is ticked)

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*

5. PROOF OF IDENTITY (POI)*

(Certified copy of any one of the following Proof of Identity (POI) needs to be submitted)

A-Passport Number B-Voter ID Card C- PAN Card D-Driving Licence E-UID (Aadhaar) F-NREGA Job Card Z - Others Identification Number S - Simplified Measures Account - Document Type code Identification Number

6. PROOF OF ADDRESS (PoA)*

6.1 CURRENT/PERMANENT/OVERSEAS ADDRESS DETAILS
Address Type* Residential/Business Residential Business Registered Office Unspecified
Proof of Address* Passport Driving Licence UID (Aadhaar)
 Voter Identity Card NREGA Job Card Others
 Simplified Measures Account-Document Type code
Address
Line 1*
Line 2* City/Town/Village*
District* Pin/Post Code* State/U.T. Code* ISO 3166 Country Code*

6.2 CORRESPONDENCE/LOCAL ADDRESS DETAILS*
 Same as Current / Permanent / overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')
Line 1*
Line 2* City/Town/Village*
District* Pin/Post Code* State/U.T. Code* ISO 3166 Country Code*

6.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (APPLICABLE IF SECTION 4 IS TICKED)
 Same as Current / Permanent / overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')
Line 1*
Line 2* City/Town/Village*
District* Pin/Post Code* State/U.T. Code* ISO 3166 Country Code*

7. DETAILS OF RELATED PERSON

Addition of Related Person Deletion of Related Person KYC Number of Related person (If available*)
Related Person Type* Guardian of Minor Assignee Authorized Representative
Name* Prefix First Name Middle Name Last Name
(If KYC number and name are provided, details of section 6 optional) PROOF OF IDENTITY (PoI) OF RELATED PERSON*
(Certified copy of any one of the following Proof of Identity (PoI) needs to be submitted)
A-Passport Number Passport Expiry Date
B-Voter ID Card
C- PAN Card Form 60 Yes No.
D-Driving Licence Driving Licence Expiry Date
E-UID (Aadhaar)
F-NREGA Job Card
Z - Others (any document notified by the central government) Identification Number
S - Simplified Measures Account - Document Type code Identification Number

8. NOMINATION

Form D A 1 - Nomination under Section 45 Z A read with section 56 of the B.R. Act 1949 and rule 2 (1) of the Co-operative Banks (Nomination) Rules 1985 in respect of the Bank deposit.
I/We nominate the following person to whom in the event of my/our/minor's death, amount of the deposit may be returned by Vishwas Co-op. Bank Ltd., Nashik
Name of the Nominee* Prefix First Name Middle Name Last Name
Date of Birth Age Relation
If Nominee is Minor (Guardian) Prefix First Name Middle Name Last Name
Nominee Address
Line 1*
Line 2* City/Town/Village*
District* Pin/Post Code* State/U.T. Code* ISO 3166 Country Code*

9. INTRODUCTION DETAILS

Introducers Name First Name Middle Name Last Name
Customer No. Account No./A/c Opening Date
Date: Sign. Verified Signature of Officer Name & Signature
Signature of Introducers

10. APPLICANT DECLARATION

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/We am/are aware that I/We may be held liable for it. My personal/KYC details may be shared with Central KYC Registry. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.
9.1 Please offer me following services Cheque Book/ SMS/ATM Card/ Core Banking
Date: Place
Signature of Declarant

11. FOR OFFICE USE ONLY

Documents Received Self - Certified True Copies Notary
Emp. Name
Emp. Code
Documents Verification Done Date
Risk Category High Medium Low
Emp. Designation
Emp. Branch
Signature
Seal