



बारां नागरिक सहकारी बैंक लि.
Baran Nagrik Sahkari Bank Ltd.

Reg. No. 1395-R, 17 Feb. 1959

खाता खोलने का फार्म
ACCOUNT OPENING FORM

* Please Fill the form in CAPITAL LETTER and Black & Blue Ink only.

Date / दिनांक

D	D	M	M	Y	Y	Y	Y
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Branch / शाखा..... Account No. : / खाता संख्या:

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Account Type : Saving A/c - SB Term Deposit A/c [FD / RD / RI / FQ / FM] **Customer ID :**

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खाता प्रकार Current A/c - CD Loan / Limit A/c [CP / CH / CF / HL / AL / VL / Other]

Account Name :

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PAN NO.

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 GSTIN No.

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1ST APPLICANT/PROP/DIRECTOR/PARTNER	2ND APPLICANT/DIRECTOR/PARTNER	3RD APPLICANT/DIRECTOR/PARTNER																																								
First Name / प्रथम नाम	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
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FATHER'S/ SPOUSE NAME / पिता/पति का नाम

First Name / प्रथम नाम	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
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MOTHER'S NAME / माता का नाम

First Name / प्रथम नाम	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
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Aadhar No. / आधार नं.

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PAN No. / पेन नं.

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CKYC No. /

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Birth Date / जन्म तिथि

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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Relation with 1st Applicant / प्रथम खातेदार से रिश्ता

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Gender / लिंग Male/पु. Female/स्त्री. Other/अन्य Male/पु. Female/स्त्री. Other/अन्य Male/पु. Female/स्त्री. Other/अन्य

Permanent Address / स्थाई पता

Correspondence Address / पत्र व्यवहार का पता

Mobile No. / मो.नं.

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Phone No. / फोन नं.

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Email id. / ईमेल

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Services / सेवाओं Mobile Banking / मोबाईल बैंकिंग Cheque Book / चेक बुक Atm Card / एटीएम कार्ड SMS / एसएमएस सुविधा UPI /युपीआई Others /अन्य

1ST APPLICANT	2ND APPLICANT	3RD APPLICANT
PASTE RECENT PHOTO पासपोर्ट साईजके फोटो चिपकारें	PASTE RECENT PHOTO पासपोर्ट साईजके फोटो चिपकारें	PASTE RECENT PHOTO पासपोर्ट साईजके फोटो चिपकारें

Signature Of 1st Applicant / नमुना हस्ताक्षर

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 Signature Of 2nd Applicant / नमुना हस्ताक्षर

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 Signature Of 3rd Applicant / नमुना हस्ताक्षर

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Operating Instruction / परिचालन विधि Self/Prop/ स्वयं / प्रोप्राइटर Either Or Survivor / दोनों में से कोई एक Any Two Jointly / कोई भी दो All Jointly / संयुक्त रूप से Others /अन्य



Form DA 1 / फार्म डी ए १

Nomination under Section 45 ZA to 45 ZF of the Banking Regulation Act, 1949 and Rule 2(i) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits
I/We..... Name(s) & Address(es)

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

DEPOSIT / जमा

Nature of Account खाते का प्रकार	Distinguishing Account No./CIF No. विशिष्ट खाता क्र./ग्राहक पहचान सं.	Additional details, if any अन्य विवरण, यदि कोई हो

NOMINEE / नामिति

Name of Nominee / नामिती का नाम	Address / पता	Relationship with depositor / जमाकर्ता के साथ रिश्ता	Age/DOB / आयु	Nominee Sign. / नामिती की हस्ताक्षर

As the nominee is minor on this date, I/We appoint, Shri/Smt./Kum / आज के दिन नामिती अवयस्क है, अतः मैं / हम, श्री / श्रीमति / कुमारी.....
(Name, Address and age / नाम, पता और आयु) to received the amount of the deposit on behalf of the nominee, in the event of my/our/minor's death during the minority
of the nominee. / को नामिती की अवयस्कता के दौरान मेरे / हमारी / अवयस्क की मृत्यु होने पर उसकी ओर से जमा की राशि प्राप्त करने के लिये नियुक्त करता / करती हूँ / करते हैं (Strike out if nominee is
not a minor) (यदि नामिती अवयस्क न हो तो काट दें)

Place / स्थान : Date / दिनांक : Name and address of the witness@ / साक्षी का नाम एवं पता :	Signature(s)/Thumb impression (s) of depositor(s) जमाकर्ता(ओं) के हस्ताक्षर/अंगूठा निशान
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*Where deposit is made in the name of the minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor @ जहा जमा किसी अवयस्क
व्यक्ति के नाम में हो, वहां ऐसे नामांकन पर उस व्यक्ति द्वारा हस्ताक्षर किये जाने चाहिये जो कानूनी रूप से उस अवयस्क की ओर से कार्य करने का हकदार हों। Thumb impression(s) should be witnessed by
two person. अंगूठा निशान दो साक्षियों द्वारा अनुप्रमाणित किये जाएंगे
3. If Nomination facility not required. यदि नामांकन सुविधा नहीं चाहिये.
I / we don't wish to avail nomination facility. मुझे / हमें नामांकन सुविधा नहीं चाहिये

INTRODUCTION DETAILS / परिचयकर्ता का विवरण

Introduction from an existing account holder (At least six months old satisfactorily conducted and KYC compliant account.)

Name / नाम :	Account No. / खाता नं. :
Address / पता:	Mobile No. / मो. नं. :

I/We certify that, Mr./Mrs./Ms..... is/are known to me/us personally since last
..... months/years and confirm the occupation and address stated in this application form for opening account are correct to the best of my/our knowledge
& belief.

Date:

(Signature of the Introducer)

FORM NO. 60 / 61 (to be filled by those who do not have PAN)

Form No. 60

Form of declaration to be filled by a person who does not have a Permanent Account Number (PAN) number and who enters into any transaction specified in rule
114B.

- 1 Full Name and address of the declarant :
- 2 Particulars of transaction : 3. Amount of transaction :
- 4 Are you assessed to tax ? Yes / No.
- 5 If yes, (i) Details of Ward/Circle/Range where the last return of income was filed ?
- (ii) Reasons for not having PAN?
- 6 Details of the document (s) being produced in support of address in Col.1

Form No. 61

Form of declaration to be filled by a person who has agriculture income and is not in receipt of any other income chargeable to income tax in respect of transaction
specified in rule 114B.

I hereby declare that my source of income is from agriculture and I am required to pay income tax on any other income if any.

VERIFICATION

I,..... do hereby declare that what is stated above is true to the best of my knowledge and belief, verified
today, the day of

Date :

Place :

Signature of the Declarant



FATCA-CRS Annexure for Individual Accounts (Including Sole Proprietor)

To be obtained with Form No. 401 and simplified AOF (Account Opening Form For Individuals)

Details under FATCA and CRS (see instructions)

(Please consult your professional tax advisor for further guidance on your tax residency, if required.)

Tax residence declaration - tick any one, as applicable to you: (if 'b' applicable then please provide all other information)

(a) I am a tax resident of India and not resident of any other country.

OR

(b) I am a tax resident of the country/ies mentioned in the below.

Country #	Tax Identification Number*	Identification Type (TIN or Other*, Please Specify)

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

FATCA-CRS Instructions :

Details under FATCA/ Foreign Tax Laws : Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any

change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, we may also 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. As may be required by domestic or overseas regulators / tax authorities, we may also be constrained to withhold an pay out any sums from your account or close or suspend your account(s).

If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (Commonly known as FATCA) are contained in the US Hire Act 2010.

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

I/We declare that the above information is true and correct to the best of my/our knowledge and belief.

Signature/s / हस्ताक्षर

FOR OFFICE USE

Sr.No.	Description	Name of Authorised staff	Signature
1.	Applicant interviewed & purpose ascertained by		
2.	Document(s) of identification/address proof listed above were verified with original by		
3.	Money Laundering Risk Classification [] Low [] Medium [] High		

KYC CERTIFICATION

I have met the account opener/s Mr./Ms.Mr./Ms.
Mr./Ms..... Mr./Ms.....in

person and hereby confirm that KYC Norms are fully complied with and further confirm that.

i) a) The introducer has visited the branch

OR

b) The introducer has not visited the branch but written confirmation obtained.

ii) The signature of the introducer is verified and his/her Account is more than six months old and KYC compliant.

Signature of Operator

Signature of Branch Manager/Officer

Date :