## 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.  Branch / stress.  Account No.: / stress rises:  Account Type: Saving Alc - SB Term Deposit Arc [FD RD / RI / FQ / FM] Customer ID:  Strint Name   Customer ID:  STAPPLICANT PROPORDIZE (TORP)ARTHER  ***PAN NO.**  SSTAPPLICANT PROPORDIZE (TORP)ARTHER  ***PAN NO.**  **	* Please Fill the	601	m	in (	~/	A D	IT	41	l E	77	FE	2 21	nd	RI-	ck 8	P	luo	In	k 0	nh	,									ate	/ fa	देनां	क	D	D	M	M		Y	γ	Y	)
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3	Form DA	1 / फार्म डी	ए १			
Nomination under Section 45 ZA to 45 ZFof the	Banking Regulation Act, 1949 and Ru	ıle 2(i) of the Ba	nking Compar	nies (Non	nination) Rules, 1	985 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	e amount of th	e deposit, par	ticulars		
whereof are given below, may be returned by	BNSB B	Branch				
	DED00	017				
	The second of th	SIT / जमा				
Nature of Account खाते का प्रकार	Distinguishing Ao विशिष्ठ खाता क्र.	ccount No. ./ग्राहक पहचान	./CIF No. न सं.		Additional अन्य विवर	l details, if any एण, यदि कोई हो
	NOMINE	EE / नामिति	7			
Name of Nominee / नामिती का नाम	Address / पता		depositor / जमाकर्ता के	साथ विश्वा	Age/DOB / आयु	Nominee Sign. / नोमिनी की हस्ताक्षर
Name of Northinee ( allower of allower	Addices / All	relationship with	acpositor i sissessi s	dis ittu	1901DOD   0113	Hominee Sign. / Alland an exclusive
#As the nominee is minor on this date, I/We (Name, Address and age / नाम, पता और आयु) to of the nominee. / को नोमिनी की अवयस्कता के दौरान गं not a minor) (यदि नोमिनी अवयस्क न हो तो काट दें)	received the amount of the deposit	on behalf of th	ne nominee, ir	n the eve	ent of my/our/mir	or's death during the minority
Place / स्थान :						
Date / दिनांक :						
Name and address						
of the witness@ / साक्षी का नाम एवं पता	:	Sig	nature(s)/T	humb i	impression (s	s) of depositor(s)
*Where deposit is made in the name of the m				2 2	के हस्ताक्षर/अंगूठ	
3. If Nomination facility not required. यदि नामांव I/we don't wish to avail nomination facility. Introduction from an existing acc	मुझे / हमें नामांकन सुविधा नहीं चाहिये  INTRODUCTION DET					compliant account.)
Name/नाम :			Account N	lo./खाता	नं. :	
Address/पता:		2.	Mobile No.			
I/We certify that, Mr./Mrs./Ms				iclor	o known to m	volus paragnallu sinas last
months/years and confirm the oc						(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
& belief.		арриосионто	annor openiin	ig accoun	incare correction	the best of my/our knowledge
Date:			<b>46</b>			
		-10710 - 10710 - 10710			of the Introduce	ž.
	D. 60 / 61 (to be filled b	by those	who do	not h	nave PAN)	
Form No. 60 Form of declaration to be filled by a person w	ha doos not have a Parmanant Assa	ount Number	/DANI) numba			
114B.	no does not have a Ferniahent Acco	ount Number	(PAIN) numbe	r and wn	io enters into an	y transaction specified in rule
1 Full Name and address of the declarant :						
2 Particulars of transaction:		3. Amount	of transaction	n :		
4 Are you assessed to tax? Yes / No.		wa.				
5 If yes, (i) Details of Ward/Circle/Range whe (ii) Reasons for not having PAN?						
6 Details of the document (s) being produced						
Form No. 61						
Form of declaration to be filled by a person wh	ho has agriculture income and is not	t in receipt of a	any other inco	me charç	geable to income	e tax in respect of transaction
specified in rule 114B. I hereby declare that my source of income is f	rom agriculture and Lam required to	nav income to	ax on any othe	er incom	e if any	
VERIFICATION	agrissina ana rannequirea (0	, pay mooning to	an on any out	or intodiffe	on any.	ž
l,	do hereby declar	e that what is	stated above i	is true to	the best of my kr	nowledge and belief, verified
today, the	day of					13
Date: Place:					01	
					Signati	ure of the Declarant

USTOMER NAME / नाम		1																		
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ducation भणिक योग्यता		Non Ma	itric		SSC	C / HS	SC	Gra	duate		Post	Grad	uate	)		Profes	siona	al		
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in service Name of Organization ावसायिक संस्था का नाम																				
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Business (✓) वसाय		Manufa	cturi	ing		Real	Estate		Service	Provi	ider	Tı	ade	r	Agr	iculture		Oth	ner	
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Date : Place :



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

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

п	etails und	er FATCA an	d CRS	(see instruct	tions)
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(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.

OF

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

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

#To also include USA, where the individual is a citizen/green card holder of USA

## **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.

FOR OFFICE USE

Signature/s / हस्ताक्षर

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		
have r	net the account opener/s Mr./Ms.Mr./Ms.		
Лr./Ms			in
erson	and hereby confirm that KYC Norms are fully complied with and further confirm that.		
)	a) The introducer has visited the branch		
	OR		
	b) The introducer has not visited the branch but written confirmation obtained.		
)	The signature of the introducer is verified and his/her Account is more than six months old an	d KVC compliant	

<sup>\*</sup> In case Tax Identification Number is not available, kindly provide functional equivalents