

प्रति,

माननीय शाखाधिकारी,

संत सोपानकाका सहकारी बँक लि., सासवड

दिनांक : _____

शाखा _____

महोदय,

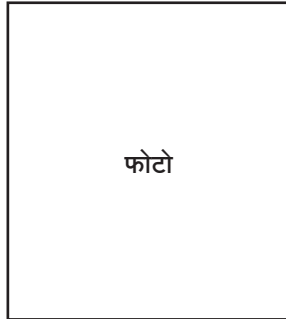
माझ्या / आमच्या नावावर बचत खाते उघडावे. बचत खात्याचे सध्याचे व बदल झाल्यास होणारे नियम माझ्यावर / आमच्यावर बंधनकारक राहतील

नाव	पत्ता	व्यवसाय
१)		
२)		
शिफारस करणाऱ्याचा दाखला मी वरील इसमास त्याचे पत्त्यानिशी ओळखत असून त्याचा व्यवसाय _____ हा आहे. नाव	ओळख सही तपासली खाते उघडावे	आपला / आपली विश्वासू १)
खाते क्र.	सही	अकॉउंट / मॅनेजर २)

नाव	नमूना सही : सहा
१)	
२)	

माझ्या / आमच्या पश्चात सदरहू खात्याची रकम बँकींग रेग्युलेशन कायदा १९४९ च्या सेक्शन ४५ (झेड)(ए) नुसार मिळण्यासाठी वारसदार म्हणून श्री. /सौ. /कु. _____

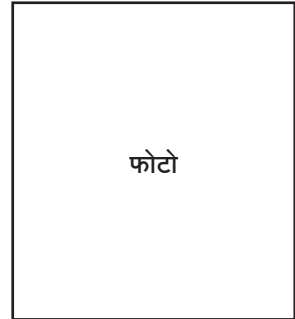
पत्ता _____ वय _____ अज्ञान असल्यास
जन्मतारीख _____ खातेदाराशी नाते _____ यांची सोबतच्या फॉर्मनुसार नेमणूक करित आहे.



फोटो

खातेदार अज्ञान असल्यास जन्मतारीख
खाते चालविण्याबाबत सूचना
व्यक्तिशः संयुक्त ! कोणी ही एक
वा उर्वरित भाग

खाते क्र.



फोटो



संत सोपानकाका सहकारी बँक लि., सासवड

(ला. नं. : यु.बी.डी./महाराष्ट्र/१४७१/पी. रजि. नं. : पी.एन.ए./बी.एन.के./१०७/१९९७)

मुख्य/प्रशासकीय कार्यालय : "सोपानकाका भवन", १०३९, शुक्रवार पेठ, टिळक रोड, पुणे ४११००२. फोन : ०२०-२४४४४००१ / २४४४४००२, फॅक्स : ०२०-२४४३३७०१

Email : headoffice@sopankakabank.com

Deposit Account Opening Form / ठेव खाते चालू करणेसाठी अर्ज

(PLEASE FILL UP THE FORM IN CAPITAL LETTERS ONLY)

प्रति,

मा. शाखाधिकारी,

संत सोपानकाका सहकारी बँक लि., सासवड

Date: / /20

Branch :

शाखा

UCIC:

ग्राहक क्र.

Account No.

खाते क्र.

Member No.

सभासद क्र.

1) Please Open a Saving/Pigmy Deposit Account as per details given below for which I/We deposit the amount in Cash Rs. _____/- (Rupees in words, _____)

ii) Please Open a Fixed Deposit / Recurrint Deposit Account as per details given below for which I/ We deposit the amount in Cash / Cheque Rs. _____/- (Rupees in words, _____)

Type of Account: Saving Account FD Account Monthly Recurring Account Daily Recurring Account
खात्याचा प्रकार बचत खाते मुदत ठेव खाते मासिक आवर्त ठेव खाते दैनंदिन आवर्त ठेव खाते

Mode of Operation: Self Joint Either of Survivor Former of Survivor Any one or Survivor
खाते वापरण्याविषयी सूचना स्वतः संयुक्त दोघांपैकी एक अथवा जिवीत प्रथम अथवा जिवीत एक अथवा जिवीत
 Jointly or Survivor Other (Please Specify) _____
 एकत्रित अथवा जिवीत अन्य (माहिती या)

In Case of Minor Account (Full Details of Minor) : _____

आवेदक अज्ञान असल्यास (तपशील) :

Minor's Date of Birth :

अज्ञानाची जन्मतारीख

The Minor's Account will be operated by Mr. / Mrs. _____

अज्ञानाची खाते चालविण्याचा अधिकार श्री. /सौ.

having relation with minor as Father / Mother / Legal Guardian,

अज्ञानाचे वडील / आई / कायदेशीर पालनकर्ता

Name of Account Holder / खातेदाराचे नाव

Surname / अडनाव

First Name / नाव

Middle Name / मधले नाव

First Applicant Name : Mr. / Mrs. /Smt. _____
पहिल्या अर्जदाराचे नाव श्री. / सौ. / श्रीमती

Second Applicant Name: Mr. / Mrs. /Smt. _____
दुसऱ्या अर्जदाराचे नाव श्री. / सौ. / श्रीमती

Third Applicant Name Mr. / Mrs. /Smt. _____
तिसऱ्या अर्जदाराचे नाव श्री. / सौ. / श्रीमती

Deposit Details / मुदत ठेव

Term Deposit / मुदत ठेव Monthly Recurring Deposit / मासिक आवर्त ठेव खाते Dally Recurring Deposit / दैनंदिन ठेव खाते

Duration / कालावधी _____ Day/Month/Year दिवस/महिने / वर्ष _____ Rate of Interest व्याज दर
Deput Amount Rs. / ठेवीची रक्कम रु. _____ (In Words / अक्षरी _____)

Mode of Payment : Cash Transfer Cheque Cheque No. _____ Date: / /20
भरणा तपशील रोख ट्रान्सफर चेक चेक नं. _____



संत सौपानकाका सहकारी बँक लि., सासवड

(ला. नं. : यु.बी.डी./महाराष्ट्र/१४७१/पी. रजि. नं. : पी.एन.ए./बी.एन.के./१०७/१९९७)

मुख्य/प्रशासकीय कार्यालय : 'सौपानकाका भवन', १०३९, शुक्रवार पेठ, टिळक रोड, पुणे ४११००२.

फोन : ०२०-२४४४४००१ / २४४४४००२, फॅक्स: ०२०-२४४३३७०१ Email : headoffice@sopankakabank.com

FATCA/CRS Declaration Form (For Individuals) (Foreign Account Tax Compliance Act / Common Reporting Standard)

Customer ID:		Customer Name:		
Mobile No:	(Prefix with country code)	E-Mail:	Occupation:	
City of Birth:		Aadhaar No:	Date of Birth:	
PAN:		Spouse Name:		
Fathers' name:				

PART A	
Country of Residence	
Residence for Tax Purposes	
Country of Birth	
US Person* (YES/No)	

PART B	
If in any of the fields under "PART A", The 'Country' mentioned is other than 'INDIA' or if U.S. person Yes, than either fill the details in Part-B(i) below OR sign the self declaration in Part-B (ii)	
PART B (I)	

S.No. (1)	Country of Tax Residency# (2)	Tax Payer Identification Number (TIN)/ Functional Equivalent (3)	Issuing Country of TIN/Functional Equivalent (4)	Specify whether column (3) is TIN/Functional Equivalent (5)

to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA

Part B (i) (If Part B is applicable but Part B(i) has not been filled in, kindly provide information below)

I Confirm that I am neither a U.S. Person nor a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am Providing the following documents as proof of my citizenship and residency in India.

Passport Voter ID Aadhaar PAN Driving License Govt. ID

NREGA Job Card Document# _____

Signature

*Definition for the term 'U.S. Person' is available on the rear of this form

Declaration by customer:

1. I hereby certify that I have declared my status as per the rules applicable under section 285BA of the Income tax act, 1961 as notified by central Board of Direct Taxes (CBDT) vide notification no.8.0.2155(E) dated 7th August 2015 and RBI circular no RBI/2015-16/165. DBR AML BC.No.36/14.01.001/2015-16 dated 28th August 2015 in the regard.

2. I understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. shall seek advice from a professional tax advisor for clarification on my tax residency and its implication under FATCA/CRS

3. I understand and acknowledge that as per the provisions of Income Tax Act, Rules made thereunder and guidelines issued by the RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to Other Government Agencies to comply with the obligations as per the Inter-Governmental Agreements(IGA) and common Reporting Standards (CRS) and or any other similar arrangements.

4. I certify that the information provided by me above as applicable to me and signed by me as well as in the documentary evidence provided by me is, to the best of my knowledge and belief, true, correct and complete and that have not withheld any material information that may affect the assessment / categorization of my account as a U.S Reportable Account or other Reportable Account or otherwise. In case any of the above information is found to be false or untrue or misleading or misinterpreting, I am aware that I may be held liable for it.

5. I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided above, as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh and valid self-declaration along with documentary evidence.

6. agree to make good any loss that may be caused to Sant Sopankaka Sahakari Bank Ltd. Sasawad on account of providing incorrect or incomplete information by me.

Place :

Date :

Customer Signature

Note :

The term 'United States person' will be based on one or more of the following indicia:

1. An individual, being a citizen or resident of the United States of America.
2. Unambiguous indication of a US place of birth
3. Current US mailing/residence address (including a US post office box)/Current US telephone Number
4. Standing instructions to transfer funds to an account maintained in USA
5. Current effective power of attorney or signing authority granted to a person with a US address (or) An 'in-care-of or 'Hold mail address that is the sole address the Indian Financial Institution has on the file for the account holder.

Signature & Stamp of Branch Official

..... **Tear off portion**

Acknowledgement

Sant Sopankaka Sahakari Bank Ltd. Saswad, hereby confirms that the Bank has received FATCA / CRS declaration from Mr./Ms./Mrs. _____

on. _____

Signature & Stamp of Branch Official