

Signature's

THE JANATA CO-OPERATIVE BANK LTD. H.O: 32, Netaji Subhash Marg, Darya Ganj, New Delhi -110 002.

| Branch | A/c No. |
|--|--|
| cs7D, 195° | Customer ID |
| ear Sir, | L.F. No. |
| We request you to open an Account in my/our names in the books of the Bank | Date |
| | |
| | att Sman Deposit Smers |
| account title (Individual or firm name) | |
| AN No | |
| Name in Full (In capital) Designation | District Control of the Control of t |
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| 2. | Photo I Photo II |
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| 4. The base distribution of the control of the cont | I discount residual as and residualisation |
| thereof to the said joint account. We further authorise you to place all amounts credit of our said joint account and to deliver documents and securities jointly/either or survivor of us. | |
| | |
| M/s, of which firm 1 am the sole proprie | tor, hereby request you to open current Account, until written notice from me to the contrary, |
| M/s of which firm 1 am the sole propriet for me in the name of my firm M/s and Please regard me as the sole proprietor and honour my signature for operating to Partnership Account: We, the undersigned (Copy of partnership deed encount) | tor, hereby request you to open current Account I, until written notice from me to the contrary, he account. |
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| SANKLID. | 1st Applicant | IInd Applicant | IIIrd Applicant |
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| Permanent Address | N.S.J. | | mos and walk to |
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| E-mail: | | | 1 44 1 44 1 14 14 14 14 14 14 14 14 14 1 |
| SMS Facility Required: Yes | No Mobile No. | Clause | para di Partini nga |
| DE | CLARATION IN CASE OF A | MINOR ACCOUNT | |
| I hereby declare that the date of b natural guardian/lawful guardian said minor in all future transactio indemnify the Bank against the cla | appointed by the court order date of any description in the above | red (copy enclosed) | and I am his/he I shall represent th tains majority. I sha me in his/her account |
| Pittable of the form the to Heated to you | er's lawrence who can be stady or | Signature of Guardian | |
| Passport Copy ☐ Driving L PAN Card ☐ Voter ID 0 | | els var adment alla promitto plasi | |
| | | Signature ⊠ | |
| Introduction I know the applicant(s) persona application. I recommended that the | | ar/s and confirm his/her/their a | ddress stated in the |
| Introducer's | nelit u invental annun poss | | |
| Name | Account No. | Signature | STEAR PROPERTY OF |
| Address | | | |
| surering greatest and open particular | Signe | ed before me/introducer's signatu | re verified |
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| FOR BRANCH USE | TO SHARE THE PARTY OF THE PARTY | Profession States of Support | in a second |
| Letter of thanks sent to introducer/customer on_ | Verified by Name | Permitted to open | Account |
| | | The Jacobs Co Econolis | |
| | | Crotheogy (Fod | Moor internged) |
| | Officer | Manager | |

DECLARATION

- 1. I/we am / are citizen of India.
- 2. That I/we have read, understood and agree to all the "terms & conditions" as applicable to my/our Account/this Account.
- 3. That all the particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, complete and up to date in all respects and l/we have not withheld any information. I understand that certain particulars given by me are required by the operational guidelines governing banking companies. I undertake to keep THE JANATA COOPERATIVE BANK LTD, informed at all times of any change /alteration in these particulars and information as notified my me to JCBL and authorize JCBL to update any change /alteration in my particulars and information that JCBI. may be informed by me/us and /or is brought to the notice of JCBL and hereby authorize JCBL to contact me/us on such changed address.
- 4. I/we also undertake to provide any information /updated KYC documents that JCBL may require from time to time. I/we agree to indemnify JCBL against any fraud, loss or damage suffered by JCBL due to my providing of any incorrect information or failure to communicate any change in my/our particulars /information or provide true and updated documents.
- 5. That I have no insolvency proceedings initiated against me nor 1 have ever been adjudicated insolvent.
- 6. That in case of Minor A/c I declare that the Account shall be opened and transactions undertaken will be for the benefit of minor only.
- 7. I agree that in case of joint Account both applicant and joint applicant/s are singly and jointly liable for overdraft. if any. even if the Demand Promissory Note Is signed by the applicant alone.
- 8. I agree to provide Permanent Account Number (PAN) or Form 60/61 to the Bank I also agree and understand that Tax implications and documentation requirement is subject to change from time to time.
- 9. I declare, confirm and agree that the transactions undertaken from this account will comply with all FEMA/Anti money laundering rules, regulations and notifications.
- I agree that Bank reserves the right to close the account in case the Savings Account is used for business purpose as evinced by the transaction behavior.
- 11. I/we hereby authorize issuance of debit card /provision of internet banking. phone/mobile banking & SMS facility. I/we acknowledge that the issue & usage of any of the above services is governed by the terms & conditions, in force from time to time as set forth by the Janata cooperative Bank Ltd. & agree to abide by the same. I/we further unconditionally and irrevocably agree and authorize the JCBL to debit my/our account annually or otherwise with an amount equivalent to the fees and charges for the issue and use of the above services as decided by the Bank from time to time.
- 12. I/we have been guided about the schedule of charges. I have read and understood the contents of the brief schedule of charges and agree to abide by the same, subject to changes from time to time.
- 13. A cheque drawn by a customer suffering from "blindness" as defined under the persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation)Act, 1995 and bearing the thumb impression of the customer shall not be honored unless the thumb impression has been affixed by the customer in presence of a bank official and has been verified by him to have been done so.
- 14. I/we hereby authorize JCBL to exchange, share or part with all the information data provided herein including personal and business information with financial institutions /credit bureaus/agencies/statutory bodies/other such persons, in order to facilitate the Bank to comply with its obligations under various applicable laws, regulations & standards. I/we shall not hold JCBL or its agents/representatives liable for using / sharing information provided herein for the said purpose.

| Signature | |
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| | |

Nomination Form DA-1

(TO BE FILLED ONLY IF THIS FACILITY IS REQUIRED BY THE DEPOSITOR)

| Nomination | under Section 4 | 5ZA of the Banking Re | gulation Act. 194 | 9 and Rule 2(1) o | f the B | anking Companies |
|--|---------------------------------------|---|--|--|-------------------|--|
| I/We | | | | | (Na | me/s and Address/es |
| Charles and the state of the state of | | to whom in the event of e returned. | of my/our/minor's | death the amoun | | |
| Nature of A/c | Account No. | Name of Nominee | Address | Relationship | Age | Date of Birth (if nominee is minor) |
| SAIS Facility Re- glas sonim to stop | a jalesky domi. ali adrod sa liw | ent drugg god telep fo u karebau eestreenad ka | different sen tantage a benngo sel Hede tes | botain in sanjaeco nocas mandania | 13 (201 5 Lavi | Annormalist of the same of the |
| ** As the nominee in the e | nominee is | a minor as on (Name, Addre | this date I/w ess, Age) to receiv minority of the no | e the amount of | hri/Sm the de | t./Kuposit on behalf of the) |
| Place | drad security and | | ath seas oil missions | Signature/Thumb | Impre | ession/s of depositor/s |
| | on & SAS facility wee from time to | | of Emilia to some | ***Witness | | |
| nisonize the ACDL to | | | | Witness | | and troops made to a |
| Name | OR ODERL SHI SAFER | grana bux and om, or mah | A THE PROPERTY OF 1 | Name | ETHINE . | |
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| ** Where depos behalf of the | it is made in the minor. | name of minor, the nor | nination should be | e signed by a pers | on law | rfully entitled to act on |
| ** Strike out if | nominee is not n | ninor | | | | |
| *** Thumb impre | ession(s) shell be | e attested by two witnes | ses. | | | |
| Nomination acce | nted and registe | red vide Regn. No. | | | | |
| | prod and registe. | red vide Regil. 140. | | | | |
| Dated | ignature 🗵 | | | | | |
| | | ACKNOWLEDGM | IENT FOR NO | MINATION | | - |
| Received on Nom 1985 in respect A/c No. | of Bank Depos | ection45ZA of BR Act | | | ompai | nies Nomination/Rules |
| Shri/Smt | | has | been nominated b | y the account ho | lder as | nominee |
| | | | | Branch 1 | Manaş | |



THE JANATA CO-OPERATIVE BANK LTD. H.O: 32, Netaji Subhash Marg, Darya Ganj, New Delhi -110 002.

KYC INFORMATION FORM

A/C No.

Photograph

Profile Sheet of Customer

Please fill all the details in case of joint account separate form to be filled by all Account Holder

| Please IIII all the details, in cas | se of joint t | account b | eparate ross | | | | | |
|--|-----------------|------------------------|--|---------|----------------------------|-------------|--------------|---------|
| Applicant's Name | | | | | Marital Sta | tus Single | Married | |
| Father's/Husband's Name | | | | | Gender | Male | Female | |
| Mother's Maiden Name | | | | | Category | Gen SC [| ST OBC | Other _ |
| Date of Birth | | 1 | 1 | | Nationality | Indian / | | |
| PAN No (Please Attach photocopy) | | | | | Ph./M. No. | | Form 60 F | orm 61 |
| UID (Please Attach photocopy) | | | | | Email ID | | | |
| Communication Address | | | | | | | | |
| Permanent Address | | | | | | | | |
| Address Proof submitted (Please Attach photocopy) | Passport UID | | Driving Lice Electricity E | | Voter Other | r ID Card [| Telephone | Bill |
| ID Proof submitted (Please Attach photocopy) | Passport | Driv | ving Licence | Vo | ter ID Card | UID | Pan Card Ot | hers 🗌 |
| Residence | Own | ☐ Lea | sed/Rented | | Ancestral / Pa | arental | Any other | |
| Other Assets | Car | ☐ Sc | ooter Co | omputer | Other | r | | |
| Education | Undergr | aduate | Gradu | ate | Post | Graduate [| Professiona | 1 🔲 |
| Occupation: | Salaried | Self | Employed [| Bus | iness Ho | usewife [| Student Otl | ners 🗌 |
| If salaried: Name of the Employer Office Address & Phone No. | | | | | | | | |
| If Business : Nature of Business | | | | | | | | |
| Self Employed : Industry: Type of Business | | | | | | | | |
| Income p.a. | Rs Rs | .1,00,000 .5,00,000 | o Rs. 1,00,00 to Rs. 5,00,0 to Rs. 10,00 0 to Above | 000 | Source of F (Please Spe | und | ness Investm | ent 🔲 |
| If joint account relationship with the joint account holder | 100 | | | | | | | |
| Reference with contact details Name of introducer (in case of new account) | | | | | | | | |
| Date : | | For | Office use | only | | Sign | nature | |
| Classification of account | | w risk | | Mediu | m risk | Hig | h risk | |
| Observation of the official ope of account | ening | | | | | | | |

| Total marked and "main all and marked procession of the marked proces | CENTRAL KYC REGISTRY Know Your Customer (KYC) Application F | orm Legal Entity | A STORY |
|--|--|--|-------------------------|
| Date of incorporation or Formation* Date of incorporation or Formation* Date of Commencement of Busines* Entity / Constitution Type* Date of Commencement of Busines* Date | Instructions: a) Fields marked with "are mandatory fields. b) Please Fill the form in English and in BLOCK Letters. c) Please read guidelines / detailed instructions overleaf | ion Type : New Update | CERSAI |
| Name dispersance prod prod | | | |
| Date of Commencement of Susiness Cinsty / Constitution Type* Doke Proprietorship Christ Limited Co Glockett Constitution Type* Doke Proprietorship Christ Limited Co Glockett Constitution Type* Doke Proprietorship Christ Limited Co Glockett Constitution Direct Limited Co Glockett Li | | | |
| Discharge Discharge Discharge Discharge Disphase Discharge Disphase Discharge Disphase Dis | Date of Incorporation or Formation* : DD - MM - Y Y Y | | |
| Control Cont | Entity / Constitution Type* : □Sole Proprietorship □Pr | ivate Limited Co Association FPI Category I | |
| Control Cont | | | |
| Tick If Applicable Recidence for Tax purposes Sol-366 Country Code of Jurisdiction Recidence* Tax identification Number or equivalent [if issued by jurisdiction]* | | The second secon | le I I I I I I I I |
| SO-3166 Country Code of Jurisdiction of Readence* : | | | BG)TY |
| Tax identification Number or equivalent (if issued by jurisdiction)? (Pite l'Applicable Number of controlling person) existent outside India for tax purposes: (Please provide details of cent Controlling person) existent outside India for tax purposes separately in Annexare C27) (PROF OF IDENTITY* (One Certified Copy of any one of the following Person resident outside India for tax purposes separately in Annexare C27) (PROF OF IDENTITY* (One Certified Copy of any one of the following Person resident outside India for tax purposes separately in Annexare C27) (PROF OF IDENTITY* (One Certified Copy of any one of the following Person resident outside India for tax purposes separately in Annexare C27) (PROF OF IDENTITY* (One Certified Copy of any one of the following Person resident of the Copy of any one of the following Person Resident of Person Annexare of Person Annexa | | The State of the Control of the Cont | |
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| PROOF OF IDENTITY* One Certified Copy of any one of the following Proof of Members 1 | Fill if Applicable : Number of controlling person(| s) resident outside India for tax purposes: | |
| DAN : | (Please provide details of each | Controlling Person resident outside India for Tax purposes separately in | 'Annexure C2') |
| DOCUMENTS SUBMITTED* Certification of Incorporation or Formation / Registration Certificate Memorandum and Articles of Association/ Partnership Deed/ Trust deed DROOF OF ADDRESS (Inc. carpited Copy of any one of the following Proof of Address Plan) meets to be submitted 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 | | | |
| Certification of Incorporation or Formation / Registration Certificate Resolution flostory / Managing Committee On the respect of person subtrivered to transpile Deedy Trust deed OND in respect of person subtrivered to transpile 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 State/U.T* Control of Control of Control of Control of Copy of any one of the following Proof of Address PoA) needs to be submitted. CORRESPONDENCE / LOCAL ADDRESS DETAILS (one Certified Copy of any one of the following Proof of Address PoA) needs to be submitted. Line 2 Line 3 State/U.T* Control of Contro | | N : | |
| Resolution of Board / Managing Committee | | ficate Memorandum and Articles of Association / Partnership De | ed/Trust deed |
| CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS One Certified Copy of any one of the following Proof of Address PedA needs to be submitted | | MBM - MBM | edy must deed |
| Line 1 : Line 3 : Lin | PROOF OF ADDRESS (One Certified Copy of any one of the following | Proof of Address [PoA] needs to be submitted) | |
| Line 2 State/U.T* | CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (One Certifie | d Copy of any one of the following Proof of Address [PoA] needs to be su | bmitted) |
| Line 3 : | | | |
| State U.1" | | C. /T ()(II) | |
| Proof of Address* Certification of Incorporation of Formation CORRESPONDENCE / LOCAL ADDRESS DETAILS In case the PA is not the local address conditions are set to the early is currently residently. To be decidend only and no PA is required) Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, Please Fill *Annexure A17 Line 1* Line 2 Line 3 City / Town / Village State/U.T* State/U.T* Pin / Post code Sto -3 la6C Country Code Sto -3 la6C Country Code Line 3 City / Town / Village State/U.T* Line 1* Line 1* Line 1* Line 2 City / Country Permanent / Overseas Address details Same as Correspondence / Local Address details Line 1* Line 2 City / Country Code Sto -3 la6C Country Code Line 3 City / Country Code Sto -3 la6C Country Code Line 3 City / Country Code Sto -3 la6C Country Code Line 3 City / Country Code Sto -3 la6C Country Code Line 3 City / Country Code Sto -3 la6C Country Code Line 3 City / Country Code Sto -3 la6C Country Code Line 3 City / Country Code Sto -3 la6C Country Code Line 4 City / Country Code Sto -3 la6C Country Code Line 5 City / Country Code Sto -3 la6C Country Code Line 6 City / Country Code Sto -3 la6C Country Code Line 7 City / Country Code Sto -3 la6C Country Code Line 8 City / Country Code City / Code City / Code City / Code City / Code | | | |
| CORRESPONDENCE / LOCAL ADDRESS DETAILS in case the Peak a not the beat dedices or address where the entity 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 addresses. Please fill / Annexure A17) Line 2 Line 2 Line 3 State/U.T* Pin / Post code City / Town / Village So - 3166 Country Code Same as Current / Permanent / Overseas Address details Same as Current / Permanent / Overseas Address details Same as Current / Permanent / Overseas Address details Same as Current / Permanent / Overseas Address details Same as Current / Permanent / Overseas Address details Same as Current / Permanent / Overseas Address details Same as Current / Permanent / Overseas Address details Same as Current / Permanent / Overseas Address details Same as Current / Permanent / Overseas Address details Same as Current / Permanent / Overseas Address details Same as Current / Permanent / Overseas Address details Same as Current / Permanent / Overseas Address details Same as Current / Permanent / Overseas Address details Same as Current / Permanent / Overseas Address details Same as Current / Permanent / Overseas Address details Same as Current / Permanent / Overseas Address details Same as Current / Permanent / Overseas Address details Same as Current / Overseas Addres | | | |
| Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, Please [II/ Annexure A1'] | | | and no PoA is required) |
| Line 2 Line 3 State/U.T* Pin / Post code | | | |
| City/Town/Village State/U.T* Pin / Post code Gity/Town/Village | | | |
| State/U.T* Pin / Post code SO-3166 Country Code ADDRESS IN THE JURISDICTION DETAILS WHERE ENTITY IS RESIDENT * (if entity is resident outside India for Tax purposes) | | | |
| ADDRESS IN THE JURISDICTION DETAILS WHERE ENTITY IS RESIDENT * (if entity is resident outside India for Tax purposes) Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details Line 2 | | | |
| Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details Line 1* Line 2 Line 3 City / Town / Village State/U.T* Pin / Post code ISO - 3166 Country Code CONTACT DETAILS (Communications will be done on provided Mobile no. and Email-ID) Tel. (Off)* SiD \times Details Communications will be done on provided Mobile no. and Email-ID Tel. (Off)* SiD \times Details Communications will be done on provided Mobile no. and Email-ID Tel. (Off)* SiD \times Details Communications will be done on provided Mobile no. and Email-ID Tel. (Off)* SiD \times Details Communications will be done on provided Mobile no. and Email-ID Tel. (Off)* SiD \times Details Communications will be done on provided Mobile no. and Email-ID Tel. (Off)* SiD \times Details Communications will be done on provided Mobile no. and Email-ID Tel. (Off)* SiD \times Details Communications will be done on provided Mobile no. and Email-ID Tel. (Off)* SiD \times Details Country Code Code Country Code Country Code Code Code Code Code Code Country Code | | | |
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| State/U.T* Pin / Post code ISO -3166 Country Code | | | |
| CONTACT DETAILS (Communications will be done on provided Mobile no. and Email-ID) Tel. (Off)*: STD_CODE | | | |
| Tel. (Off)*: SID-COPE | | | |
| Email ID* Emai | | Service and the service of the servi | |
| Addition of Related Person Deletion of Related Person KYC Number (if available) : | | | |
| Related Person Type* : Director Promoter Karta Trustee Partner Authorized Signatory Court Appointed Official PERSONAL DETAILS (Mandatory In case the KYC number of Related Person is not available) Name* : Peex First Name Nuiddle Name Last Name DIN : DIN : Tick if Applicable : DPolitically Exposed Person Related to Politically Exposed Person Related to Politically Exposed Person ADDRESS DETAILS (Mandatory In case the KYC number of Related Person is not available) Line 1* : Line 2 : Line 3 : State/ U.T* Pin / Post Code : Country : Signature OTHER DETAILS City/Town/Village* : Delated Din : | □ DETAILS OF RELATED PERSON (In case of additional related persons | , Please fill 'Annexure B2' form) | |
| PERSONAL DETAILS (Mandatory in case the KYC number of Related Person is not available) Name* : Prefix First Name Middle Name Lakt Name DIN : DIN : DIN : Tick if Applicable : Politically Exposed Person Related to Politically Exposed Person ADDRESS DETAILS (Mandatory in case the KYC number of Related Person is not available) Line 1* : Line 2 : Line 3 : City/Town/Village* Country: Signature OTHER DETAILS Pin / Post Code : Country: Signature OTHER DETAILS DIN Pin / Post Code : Country: Signature OTHER DETAILS As on : DIN Pin / Post Code : Signature Net Worth (In INR) As on : DIN Pin / Post Code : Signature APPLICANT DECLARATION As on : DIN Pin / Post Code : Solac and 1 CR Above 1 CR Pin / Post Code : Signature APPLICANT DECLARATION Documents Received Self-Certified True Copies Notary Interest Self-Certified True Copies Notary Self-Certified Documents Self-Certified Documents Self-Certified Se | | | |
| Name* : PFefix First Name Niddle Name Last Name DIN : PAN : UID : UID : Tick if Applicable : Politically Exposed Person Related to Politically Exposed Person ADDRESS DETAILS (Mandatory In case the KYC number of Related Person is not available) Line 1* : Line 2 : Line 3 : City/Town/Village* : Signature OTHER DETAILS Income Range Below 1 Lac 5 Lac to 10 Lac 10 Lac to 25 Lac 25 Lac to 50 Lac 50 Lac and 1 CR Above 1 CR Net Worth (In INR) : As on : D M Y Y Y Any Other Information APPLICANT DECLARATION I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately, in case any of the above inform you of any changes therein, immediately, in case any of the above 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 ann/w are aware that I/w may be held liable for it. I would like to share my personal / KYC details with Central KYC Registry. [Signature / Stamp]] Signature / Stamp of Applicant [Employee Signature] | | | |
| PAN: Tick if Applicable: Politically Exposed Person Related to Politically Exposed Person ADDRESS DETAILS (Mandatory In case the KYC number of Related Person is not available) Line 1* Line 2: Line 3: Line 3: State/U.T*: Pin / Post Code: Country: Signature OTHER DETAILS | | | Photo |
| ADDRESS DETAILS (Mandatory in case the KYC number of Related Person is not available) Line 1* : Line 2 : Line 3 : City/Town/Village* : Signature] OTHER DETAILS Income Range : Below 1 Lac 5 Lac to 10 Lac 10 Lac to 25 Lac 25 Lac to 50 Lac 50 Lac and 1 CR Above 1 CR Net Worth (In INR) : As on : D M Y Y Y Y Any Other Information : Documents Received Self-Certified True Copies Institution Stamp] APPLICANT DECLARATION I hereby declare that the details furnished above are true and correct to the best of my/our 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 arr/we are aware that I/we may be held liable for it. I would like to share my personal / KYC details with Central KYC Registry. [Signature / Stamp]] Signature / Stamp of Applicant [Employee Signature] | - may be any beauty | | |
| Line 1* Line 2 : Line 3 : State/ U.T* : Pin / Post Code : Country: Signature OTHER DETAILS Income Range : Below 1 Lac 5 Lac to 10 Lac 10 Lac to 25 Lac 25 Lac to 50 Lac 50 Lac and 1 CR Above 1 CR Net Worth (In INR) : As on : D M N Y Y Y Y Any Other Information I hereby declare that the details furnished above are true and correct to the best of my/our 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 am/we are aware that I/we may be held liable for it. I would like to share my personal / KYC details with Central KYC Registry. Signature / Stamp] Signature / Stamp] Signature / Stamp of Applicant [Employee Signature] | Tick if Applicable : □Politically Exposed Person □Related to Politically | cally Exposed Person | |
| Line 2 Line 3: State/ U.T*: Pin / Post Code: Country: Signature OTHER DETAILS Income Range Below 1 Lac | | rson is not available) | |
| Line 3 : State/ U.T* : Pin / Post Code : Country: Signature OTHER DETAILS Income Range : Below 1 Lac 5 Lac to 10 Lac 10 Lac to 25 Lac 25 Lac to 50 Lac 50 Lac and 1 CR Above 1 CR Net Worth (In INR) : As on : D M Y Y Y Any Other Information : APPLICANT DECLARATION I hereby declare that the details furnished above are true and correct to the best of my/our 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 am/we are aware that I/we may be held liable for it. I would like to share my personal / KYC details with Central KYC Registry. Signature Signature Signature Signature Signature City/Town/Village* : Dountry Signature Signature Signature Signature S | | | |
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| As on: DD - MN - YYYY Any Other Information: As on: DD - MN - YYYY Any Other Information: ATTESTATION FOR OFFICE USE ONLY I hereby declare that the details furnished above are true and correct to the best of my/our 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 am/we are aware that I/we may be held liable for it. I would like to share my personal / KYC details with Central KYC Registry. Emp. Name Stamp Signature | ☐ OTHER DETAILS | | 7000000000000000000 |
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| Documents Received Self-Certified True Copies Notary IN PERSON VERIFICATION DETAILS INSTITUTION DE | | ATTESTATION / FOR OFFICE LISE ONLY | |
| IN PERSON VERIFICATION DETAILS therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. I would like to share my personal / KYC details with Central KYC Registry. Signature / Stamp of Applicant Place: INSTITUTION DETAILS INSTITUTION DETAILS Name: Code: Stamp: Emp. Name: Emp. Code: Emp. Code: Emp. Designation: Emp. Branch: Signature [Institution Stamp] [Institution Stamp] | | | * |
| or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. I would like to share my personal / KYC details with Central KYC Registry. [Signature / Stamp]] Signature / Stamp of Applicant Signature S | of my/our knowledge and belief and I undertake to inform you of any changes | | STITUTION DETAILS |
| be held liable for it. I would like to share my personal / KYC details with Central KYC Registry. [Signature / Stamp]] Signature / Stamp of Applicant Place: Emp. Name | | | |
| [Signature / Stamp]] Emp. Designation Emp. Branch Signature Signature [Institution Stamp] [Employee Signature] | | | |
| [Signature / Stamp]] Signature Signature Signature | I would like to share my personal / KYC details with Central KYC Registry. | Emp. Code : | |
| Signature Signat | | | |
| ☐ Signature / Stamp of Applicant [Employee Signature] Place : ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | [Signature / Stamp]] | Signature | Institution Stamp1 |
| Place : [Employee Signature] | ☐ Signature / Stamp of Applicant | | mountainp] |
| | | [Employee Signature] | |

INSTRUCTIONS

Afghanistan

Important Points

- a) Application should be completed in ENGLISH and in BLOCK letters
- b) KYC Number is Mandatory for UPDATE Application.
- c) Tick '√' wherever applicable.

ISO 3166 Two Digit Country Code

- d) Tick '✓' in the respective section heading for updation
- Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the client.
- f) You are required to submit a Proof of Identity and Proof of Address for Current/Permanent/Overseas address provided by you.
- g) Name: Please state your name as Prefix (Mr/Mrs/Ms/Dr/etc.), First, Middle and Last Name in the space provided. This should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.

Dominican Republic

Italy

Jamaica

Japan

Jordan

Kenya

Kuwait

Latvia

Lebanon

Lesotho

Liberia

Kyrgyzstan

Kazakhstan

Korea, Republic of

Korea, Democratic People's Republic

Lao People's Democratic Republic

CG

CK

CR

CU

CW

DK

DJ

DM

- h) Pin/Post Code is not mandatory if country is other than India
- Please provide required additional details if Residence for Tax purposes outside India or No Residence for Tax purposes
-) For Legal Entity:

Country

- a. Please fill 'Annexure A2' for Multiple addresses Details.
- b. Please fill 'Annexure B2' for Related Person Details.

Country Code

Saint Pierre and Miguelon

United States

Vanuatu

Viet Nam

Zimbaby

Virgin Islands, British

Virgin Islands, U.S.

Wallis and Future

Western Sahara

PH

PL PT

PR

RO

RU

RW

SH

KN

LC

MF

United States Minor Outlying Islands

Venezuela, Bolivarian Republic of

US

UM

UY UZ

VU

VN

VG

WE

EH

ZW

c. Please fill 'Annexure C2' for Controlling Person Details

| Afghanistan | AF | Dominican Republic | DO | Libya | LY | Saint Pierre and Miquelon | PM |
|----------------------------------|-----|-----------------------------------|-----|--|-----|--|----|
| Aland Islands !Åland Islands | AX | Ecuador | EC | Liechtenstein | П | Saint Vincent and the Grenadines | VC |
| Albania | AL | Egypt | EG | Lithuania | LT | Samoa | WS |
| Algeria | DZ | El Salvador | SV | Luxembourg | LU | San Marino | SM |
| American Samoa | AS | Equatorial Guinea | GQ | Macao | MO | Sao Tome and Principe | ST |
| Andorra | AD | Eritrea | ER | Macedonia, the former Yugoslav Republic of | MK | Saudi Arabia | SA |
| Angola | AO | Estonia | EE | Madagascar | MG | Senegal | SN |
| Anguilla | Al | Ethiopia | ET | Malawi | MW | Serbia | RS |
| Antarctica | AQ | Falkland Islands (Malvinas) | FK | Malaysia | MY | Seychelles | SC |
| Antigua and Barbuda | AG | Faroe Islands | FO | Maldives | MV | Sierra Leone | SL |
| Argentina | AR | Fiji | FJ | Mali | ML | Singapore | SG |
| Armenia | AM | Finland | FI | Malta | MT | Sint Maarten (Dutch part) | SX |
| Aruba | AW | France | FR | Marshall Islands | MH | Slovakia | SK |
| Australia | AU | French Guiana | GF | Martinique | MQ | Slovenia | SI |
| Austria | AT | French Polynesia | PF | Mauritania | MR | Solomon Islands | SB |
| Azerbaijan | AZ | French Southern Territories | TF | Mauritius | MU | Somalia | SO |
| Bahamas | BS | Gabon | GA | Mayotte | YT | South Africa | ZA |
| Bahrain | ВН | Gambia | GM | Mexico | MX | South Georgia and the South Sandwich Islands | GS |
| Bangladesh | BD | Georgia | GE | Micronesia, Federated States of | FM | South Sudan | SS |
| Barbados | BB | Germany | DE | Moldova, Republic of | MD | Spain | ES |
| Belarus | BY | Ghana | GH | Monaco | MC | Sri Lanka | LK |
| Belgium | BE | Gibraltar | GI | Mongolia | MN | Sudan | SD |
| Belize | BZ | Greece | GR | Montenegro | ME | Suriname | SR |
| Benin | BJ | Greenland | GL | Montserrat | MS | Svalbard and Jan Mayen | SJ |
| Bermuda | BM | Grenada | GD | Morocco | MA | Swaziland | SZ |
| Bhutan | BT | Guadeloupe | GP | Mozambique | MZ | Sweden | SE |
| Bolivia. Plurinational State of | ВО | Guam | GU | Myanmar | MM | Switzerland | CH |
| Bonaire, Sint Eustatius and Saba | BQ | Guatemala | GT | Namibia | NA. | Syrian Arab Republic | SY |
| Bosnia and Herzegovina | BA | Guernsey | GG | Nauru | NR | Taiwan, Province of China | TW |
| Botswana | BW | Guinea | GN | Nepal | NP | Tajikistan | TJ |
| Bouvet Island | BV | Guinea-Bissau | GW | Netherlands | NL | Tanzania, United Republic of | TZ |
| Brazil | BR | Guyana | GY | New Caledonia | NC | Thailand | TH |
| British Indian Ocean Territory | 10 | Haiti | HT | New Zealand | NZ | Timor-Leste | TL |
| Brunei Darussalam | BN | Heard Island and McDonald Islands | HM | Nicaragua | NI | Togo | TG |
| Bulgaria | BG | Holy See (Vatican City State) | VA | Niger | NE | Tokelau | TK |
| Burkina Faso | BF | Honduras | HN | Nigeria | NG | Tonga | TO |
| Burundi | BI | Hong Kong | HK | Niue | NU | Trinidad and Tobago | TT |
| Cabo Verde | CV | Hungary | HU | Norfolk Island | NF | Tunisia | TN |
| Cambodia | KH | Iceland | IS | Northern Mariana Islands | MP | Turkey | TR |
| Cameroon | CM | India | IN | Norway | NO | Turkmenistan | TM |
| Canada | CA | Indonesia | ID | Oman | OM | Turks and Caicos Islands | TC |
| Cayman Islands | KY | Iran, Islamic Republic of | IR. | Pakistan | PK | Tuvalu | TV |
| Central African Republic | CF | Iraq | IQ | Palau | PW | Uganda | UG |
| Chad | TD | Ireland | IE | Palestine, State of | PS | Ukraine | UA |
| Chile | CL | Isle of Man | IM | Panama Panama | PA | United Arab Emirates | AE |
| China | CN | Israel | IL | Papua New Guinea | PG | United Arab Emirates United Kingdom | GB |
| China | CIV | Islaet | IL. | rapua ivew Guinea | PG | United kingdom | UB |

DO

Libva

Foot Notes

Christmas Island

Colombia

Comoros

Cook Islands

Curação !Curação

Costa Rica

Cuba

Cyprus Czech Republic

Denmark

Djibouti

Dominica

Cocos (Keeling) Islands

Congo Congo, the Democratic Republic

Cote d'Ivoire !Côte d'Ivoire

(A) Jurisdiction (s) of Residence: It may be mentioned that since US taxes the global income of its citizen, every US citizen if whatever nationality, is also a resident for tax purpose in USA.

Paraguay

Philippines

Peru

Poland

Portugal

Romania

Saint Lucia

Puerto Rico

Reunion !Réunion

Russian Federation

Saint Kitts and Nevis

Saint Martin (French part)

Saint Barthelemy Saint Barthélemy

Saint Helena, Ascension and Tristan da Cunha

JO

KE

KR

KW

KG

IV

LB

LS

LR

(B) Tax identification Number (TIN): In the footnote it may be mentioned that TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued by high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

In Case of Additional Related Persons, Please Fill This Form

| ise of Additional Related Fersons, Fredse Fill Till | | |
|--|--|--------------------|
| NTRAL KYC REGISTRY Know Your Customer (KYC) Application | n Form Legal Entity Annexure B2 for Related Person Details | Saw Inc. |
| nstructions: | | |
| Fields marked with '*'are mandatory fields. App | lication Type : 🗖 New 📮 Update | |
| DATE DESCRIPTION TO SEC | Number : | CERSAI |
| Please read guidelines / detailed instructions overleaf | | 1 |
| List of Two character ISO-3166 country codes are available overleaf | | |
| DETAILS OF RELATED PERSON | | |
| Addition of Related Person Deletion of Related Person | KYC Number (if available) : | |
| Related Person Type* : ☐ Director ☐ Promoter ☐ | ☐ Karta ☐ Trustee ☐ Partner ☐ Authorized Signatory ☐ Court | Appointed Official |
| PERSONAL DETAILS (Mandatory In case the KYC number of Rela | ited Person is not available) | Photo |
| Name* : Prefix First Name Middle Name | Last Name | |
| PAN: UID: | DIN | |
| Tick if Applicable : □Political Exposed Person □Related to Po | plitical Exposed Person | |
| ADDRESS DETAILS (Mandatory In case the KYC number of Relate | ed Person is not available) | |
| Line 1* : | | |
| Line 2 : | | |
| Line 3 : | City/Town/Village* : | |
| State/ U.T* : Pin / Post Code : | ISO -3166 Country Code : | |
| state, o.i | iso stoo country code . | Signature] |
| Addition of Related Person Deletion of Related Person | KYC Number (if available) : | |
| | | Appointed Official |
| PERSONAL DETAILS (Mandatory In case the KYC number of Rela | | Photo |
| Name* : Prefix First Name Middle Name | Last Name | Filoto |
| | | |
| PAN: UID: UID: | DIN DIN | |
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| Line 1* : | | |
| Line 2 : | | |
| Line 3 : | City/Town/Village* : | |
| State/ U.T* : Pin / Post Code : | ISO -3166 Country Code : | Signature] |
| | | |
| Addition of Related Person Deletion of Related Person | KYC Number (if available) : | |
| Related Person Type* : ☐ Director ☐ Promoter ☐ | ☐ Karta ☐ Trustee ☐ Partner ☐ Authorized Signatory ☐ Count | Appointed Official |
| PERSONAL DETAILS (Mandatory In case the KYC number of Rela | ated Person is not available) | Photo |
| Name* : Prefix First Name Middle Name | | |
| indiffe . Fletik Fletik | Last Name | |
| | | |
| PAN: UID: | DIN | |
| PAN : UID : UID : Tick if Applicable : □Political Exposed Person □Related to Political Exposed Person □Related Perso | Olitical Exposed Person | |
| PAN: Tick if Applicable: □Political Exposed Person □Related to Political Exposed Person □Related Political Exp | Olitical Exposed Person | |
| PAN: Tick if Applicable: □Political Exposed Person □Related to Political Exposed Person □Related Person □R | Olitical Exposed Person | |
| PAN: Tick if Applicable: □Political Exposed Person □Related to Political Exposed Per | Political Exposed Person and Person is not available) | |
| PAN: Tick if Applicable: □Political Exposed Person □Related to Political Exposed Per | Political Exposed Person and Person is not available) City/Town/Village*: | Simple 1 |
| PAN: Tick if Applicable: □Political Exposed Person □Related to Political Exposed Per | Political Exposed Person and Person is not available) | Signature] |
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| PAN: Tick if Applicable: □Political Exposed Person □Related to Political Exposed Person □Related Political Exposed Person □Rela | Olitical Exposed Person ed Person is not available) City/Town/Village*: ISO -3166 Country Code: ATTESTATION / FOR OFFICE USE ONLY | Signature] |
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| MS No. | SIGNATURE CARD | LF No. | | |
| NameS/o. W/o. | | 0/0 | | |
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| ACCOUNT OPERA | TION Single Either or Sur | rvivor Jointly Others | | |
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| NTRODUCTION BY | M.S. No |
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| NAME | (If Member of Bank) |
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AFFIDAVIT

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| having my business in the name & style of | |
| | • |
| I have not availed any loan facility from any f account with any other bank. | inancial institution/bank. Neither I am having any |
| That I shall comply and follow all the rule of THE any cheque without maintaining sufficient balance | JANATA CO-OPERATIVE BANK LTD & shall not issue to in the account. |
| I shall not deposit any cheque dated prior to the | account opening date. |
| I shall not ask the bank ECS (debit) facility if any | before six months of operation of account. |
| That I authorise bank to close the said account, if | operation is found unsatisfactory. |
| The above undertaking is irrevocable. | |
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| Verified at Delhi on this date | DEPONENT |
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