



મુખ્ય શાખા : 'કુબેર', કાન્તા સ્ત્રી વિકાસ ગૃહ સામે, ઢેબર રોડ, રાજકોટ. ફોન : ૨૨૨૩૦૩૭ / ૨૨૩૪૨૮૩

તારીખ : / /

ખાતા નં.

ખાતાનો પ્રકાર ☐ ચાલુ ☐ સેવિંગઝ ☐ ફિક્સ ડીપોઝીટ ☐ રીકરીંગ ડીપોઝીટ ☐ અન્ય

વ્યક્તિગત ખાતા માટે

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PAN No. (૧)

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(જો પાન નં. ન હોય તો ફોર્મ નં. ૬૦-૬૧ અલગથી જોડ્યું)

કંપની/પેઢી/ટ્રસ્ટના કિસ્સામાં

PAN No.

સરનામાની વિગત

કાયમી સરનામું

પત્ર વ્યવહારનું સરનામું

મકાન/ફ્લેટ નામ	
શેરી / વોર્ડ નં.	
વિસ્તાર	
શહેર	પીન કોડ
તાલુકો	જિલ્લો
ફોન	મો.
ઈ-મેઈલ	

ખાતાનું બંધારણ

વ્યક્તિગત

સંયુક્ત

સગીરનું ખાતુ

HUF

પ્રોપ્રાઇટરશીપ

ભાગીદારી પેઢી

☐ પ્રા.લી. / લી.

એસોસીએશન

୮୨୮ / ୫୫୫

સોસાયટી

અન્ય

ખાતુ ચલાવવા અંગેની સૂચના

☐ પોતાની સહીથી

બે માંથી એક અથવા હયાતની સહીથી
(Either of Survivor)

સંયુક્ત સહીથી

વાલીની સહીથી

કુલમુખત્યારની સહીથી

HUF Karta

કોઈપણ એક અથવા હયાતની સહીથી

કોઈપણ એક/બે ભાગીદારની સહીથી

કોઈપણ એક/બે ડાયરેક્ટરની સહીથી

કોઈપણ બે હોદ્દાઓની સંયુક્ત સહીથી

ખાસ સૂચના સ્પષ્ટતા સાથે દર્શાવવું :

એક બૂક જોઈએ છે ?

8

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SMS Alerts

11

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ફિક્સ/રીકરીંગ ડીપોઝીટની વિગત

ખાતા નં.: _____

થાપણનો પ્રકાર : ☐ સાદી ☐ માસીક વ્યાજ ☐ ત્રિમાસીક વ્યાજ ☐ રી-ઇન્વેસ્ટમેન્ટ ☐ રીકરીંગ

ખાતેદારનું સ્વરૂપ ☐ જનરલ ☐ વરિષ્ઠ નાગરિક ☐ સ્ટાફ ☐ સભાસદ હોય તો નં.: _____

ફિક્સ/રીકરીંગ ડીપોઝીટ

રકમ રૂ. _____

મુદત : _____

વ્યાજનો દર : _____

વ્યાજની ચુકવણી

☐ મારા બેન્ક ખાતામાં જમા કરવા વિનંતી ખાતા નં. _____ શાખા _____

☐ પે ઓર્ડરથી ચુકવવા વિનંતી ☐ થાપણ પાકવા અંગે ચાટીપત્ર જોઈએ છે ? ☐ હા ☐ ના

FDR ની પાકતી મુદત અંગેની સૂચના

- ☐ Renew the deposit automatically for the same period under same scheme at the prevailing rate of interest on deposits.
- ☐ Renew the deposit for a further period of _____ with interest at prevailing rate of interest on deposits.
- ☐ Credit the proceeds to my / our SB/CA/CC Account No. _____ with your _____ Branch.

નોમીનેશન

હું/અમો _____ નીચે નણાવેલ વ્યક્તિને નોમીનેટ કરૂં છું / કરીએ છીએ કે જેમને મારા/અમારા/સગીરોના મૃત્યુ થવાના કિસ્સામાં નીચે દર્શાવેલ નોમીનીને ખાતાની રકમ વ્યાજ સાથે પરત ચૂકવી આપવી.

નોમીનીનું નામ અને સરનામું	ઉંમર	થાપણદાર સાથેનો સંબંધ	થાપણદાર(રો)ની સહી
			X
			X
			X

સગીર નોમીનીના કિસ્સામાં નીચેની વિગતો ભરવી.

મેનેજરશ્રી,

આજની (ખાતું ખોલાવ્યા) તારીખે નોમીની સગીર હોઈ હું/અમો, શ્રી/શ્રીમતી/કુમાર _____

ને નોમીની પતી, મારા/અમારા/સગીર નોમીનીના સગીરાવસ્થા દરમિયાન મૃત્યુ થવાના પ્રસંગે ખાતાની રકમ વ્યાજ સાથે પરત મેળવવા નિમણુંક કરૂં છું/કરીએ છીએ.

X _____

ઓફિસર / મેનેજર

થાપણદાર(રો)ની સહી

DECLARATION

- ☐ બેંકને કોઈપણ ખાતું સંતોષકારક ચાલતું નથી તેમ જણાશે તો તે ખાતું બંધ કરવાની કે તે ખાતાની સેવાઓ આગોતરી જાણ કર્યા વગર અટકાવવાની બેંકને સત્તા રહેશે. હું / અમો બેંક દ્વારા અમારા ખાતામાં જુદી જુદી સેવાઓ અંગે સમયે સમયે નિયમ મુજબ જે કોઈપણ ચાર્જિસ ઉઘરાવવામાં આવશે તે અંગે સહમત છીએ.

હું/અમો આથી અમારા ખાતા વિશેની માહિતી બેંક દ્વારા અન્ય બેંક સાથે/નાણાંકીય સંસ્થાઓ/સરકારી સંસ્થાઓ સાથે આપ-લે કરવામાં આવે તો તે અંગે કોઈપણ જાતનો વાંધો લઈશું નહીં.

આથી જાહેર કરૂં છું/કરીએ છીએ કે બેંકના સેવિંગ/એફ.ડી./રીકરીંગ ખાતું ખોલવા માટે હાલમાં જે નિયમો અમલમાં છે તે મેં/અમોએ વાંચ્યા છે અને હવે પછી ભવિષ્યમાં તેમાં જે કંઈ સુધારા-વધારા થાય તે મુજબ વર્તવા હું/અમો કબૂલ મંજૂર છું/છીએ.

Letter of Declaration from Proprietorship Concern

- ☐ Dear Sir,
- Re : Opening of Above New Account
- We refer to the captioned account opened by you and declare as under :
- I, the undersigned, is the sole proprietor of the concern and am solely responsible for liabilities thereof. I shall advise you in writing of any charge that take place in the constitution of the concern and I will be liable to you for any obligation which may be standing in the name of concern in your books on the date of the receipt of such obligations shall have been liquidated.

Letter of Declaration from Partnership Concern

- ☐ Dear Sir,
- Re : Opening of Above New Account
- We refer to the captioned account opened by you and declare as under :
- We the undersigned, are the only partners in the firm and are jointly and severally responsible for liabilities thereof. We shall advise you in writing of any charge that take place in the partnership and, all the present partners will be liable to you on any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated. We declare that the Partnership is registered/Non registered.

ખાતેદાર/પ્રોપ્રાઈટર/ભાગીદારી/ડાયરેક્ટર/ટ્રસ્ટી/હોલ્ડિંગની નમૂનાની સહી
Specimen Signature of A/c Holder / Proprietor / Partner / Director / Trustee etc.

⊗ ૧.

⊗ ૪.

⊗ ૨.

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SHREE DHARATI CO-OPERATIVE BANK LTD.

ACCOUNT HOLDER NO. 1

CENTRAL KYC REGISTRY | Know Your customer (KYC) Application Form | Individual

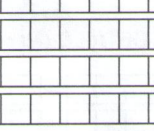
Important Instructions : (A) Fields marked with "*" are mandatory fields. (B) Please Fill the form in English and in BLOCK Letters. (C) Please fill the date in DD-MM-YYYY format. (D) Please read section wise detailed guidelines / instructions at the end. (E) List of State / U.T. code as per Indian Motor Vehicle Act, 1988 is available in the end. (F) List of Two character ISO-3166 country code are available at the end. (G) KYC number of applicant is mandatory for update application. (H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For Office use only

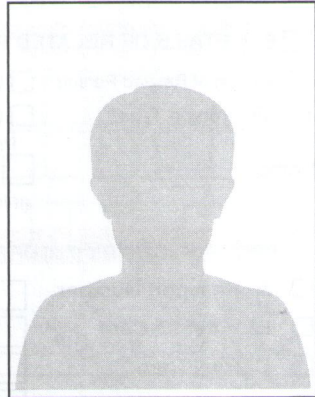
[illegible]

☐ 1. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
☐ Name* (Same as ID proof)				
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				
Date of Birth*				
Gender*	☐ Male	☐ Female	☐ Transgender	
Marital Status*	☐ Married	☐ Unmarried	☐ Others	
Citizenship*	☐ IN - Indian	☐ Other (ISO-3166 Country Code of Birth		
Residential Status*	☐ Resident Individual	☐ Non Resident Indian	☐ Foreign National	☐ Person of Indian Origin
Occupation Type*	☐ S - Service (☐ Private Sector ☐ Public Sector ☐ Government Sector)			
	☐ O - Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student)			
	☐ B - Business			
	☐ X - Not Categorized			



Service / Business Name & Address : _____



☐ 2. TICK IF APPLICABLE : ☐ Residence for Tax Purpose in Jurisdiction(s)
Outside India (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO-3166 country code of Jurisdiction Residence* :

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 | Tax Identification Number of equivalent (If issued by Jurisdiction) _____

Place / City of Birth* : _____ ISO-3166 Country Code of Birth* :

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☐ 4. PROOF OF IDENTITY (POI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

☐ A- Passport Number		Passport Expiry Date	
☐ B- Voter ID Card			
☐ C- PAN Card			
☐ 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	

3. PROOF OF ADDRESS (PoA)*

☐ 4.1 CUREENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address[PoA] needs to be submitted)

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	
Line 3	City / Town / Village*
District*	Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

9. ATTESTATION / FOR OFFICE USE ONLY						
Documents Received ☐ Certified Copies						
KYC VERIFICATION CARRIED OUT BY						
Date <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td style="width: 20px;">DD</td> <td style="width: 20px;">-</td> <td style="width: 20px;">MM</td> <td style="width: 20px;">-</td> <td style="width: 40px;">YYYY</td> </tr> </table>	DD	-	MM	-	YYYY	
DD	-	MM	-	YYYY		
Emp. Name	<table border="1" style="width: 100%; height: 25px;"></table>					
Emp. Code	<table border="1" style="width: 100%; height: 25px;"></table>					
Emp. Designation	<table border="1" style="width: 100%; height: 25px;"></table>					
Emp. Branch	<table border="1" style="width: 100%; height: 25px;"></table>					
[Employee Signature]						
INSTITUTION DETAILS						
Name	<table border="1" style="width: 100%; height: 25px;"></table>					
Code	<table border="1" style="width: 100%; height: 25px;"></table>					
Stamp						



SHREE DHARATI CO-OPERATIVE BANK LTD.

ACCOUNT HOLDER NO. 2

CENTRAL KYC REGISTRY | Know Your customer (KYC) Application Form | Individual

Important Instructions : (A) Fields marked with "*" are mandatory fields. (B) Please Fill the form in English and in BLOCK Letters. (C) Please fill the date in DD-MM-YYYY format. (D) Please read section wise detailed guidelines / instructions at the end. (E) List of State / U.T. code as per Indian Motor Vehicle Act, 1988 is available in the end. (F) List of Two character ISO-3166 country code are available at the end. (G) KYC number of applicant is mandatory for update application. (H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For Office use only

Applicatin Type : ☐ New ☐ Update
Account Type* : ☐ Normal ☐ Small ☐ Simplified
(for low risk customers)
KYC Number :

1. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
☐ Name* (Same as ID proof)				
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				
Date of Birth*				
Gender*	☐ Male	☐ Female	☐ Transgender	
Marital Status*	☐ Married	☐ Unmarried	☐ Others	
Citizenship*	☐ IN - Indian	☐ Other (ISO-3166 Country Code of Birth		
Residential Status*	☐ Resident Individual	☐ Non Resident Indian	☐ Foreign National	☐ Person of Indian Origin
Occupation Type*	☐ S - Service (☐ Private Sector ☐ Public Sector ☐ Government Sector)			
	☐ O - Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student)			
	☐ B - Business			
	☐ X - Not Categorised			

Service / Business Name & Address :

2. TICK IF APPLICABLE : ☐ Residence for Tax Purpose in Jurisdiction(s) Outside India (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO-3166 country code of Jurisdiction Residence* : Tax Identification Number of equivalent (If issued by Jurisdiction)

Place / City of Birth* : ISO-3166 Country Code of Birth* :

Signature / Thumb Impression

4. PROOF OF IDENTITY (POI)* (Please refer instruction C at the end)

(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			
☐ 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	

3. PROOF OF ADDRESS (PoA)*

4.1 CUREENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address[PoA] needs to be submitted)

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					
Line 3					
District*		Pin / Post Code*		State / U.T Code*	
				ISO 3166 Country Code*	

☐ 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)

☐ Same as Current / Permanent / Overseas Address details (In Case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*																		
Line 2																		
Line 3																		
District*					Pin / Post Code*					State / U.T Code*			ISO 3166 Country Code*					

☐ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Line 1*																		
Line 2																		
Line 3																		
State*					ZIP / Post Code*					City / Town / Village*					ISO 3166 Country Code*			

☐ 5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

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

☐ 6. DETAILS OF RELATED PERSON (In case of additional related person, please fill 'Annexure B1') (please refer instruction G at the end)

☐ 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, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

☐ A- Passport Number					Passport Expiry Date	DD-MM-YYYY			
☐ B- Voter ID Card									
☐ C- PAN Card									
☐ D- Driving Licence					Driving Licence Expiry Date	DD-MM-YYYY			
☐ 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				

☐ 7. REMARKS (If any)

8. 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 am aware that I may be held liable for it.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : DD-MM-YYYY Place :

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date	DD-MM-YYYY			
Emp. Name				
Emp. Code				
Emp. Designation				
Emp. Branch				

[Employee Signature]

INSTITUTION DETAILS

Name																
Code																

Stamp