



For Bank's Use only

[illegible]

To be filled in by the Applicant

The Name must match with the name as in PAN & Licenseds

(Please Select ✓)

Date of Establishment *	D	D	M	M	Y	Y	Y	Y	Registration No.															
PAN of the Entity*									Nature of Business															
GST Number															GSTN State									
Business Address * (Address Proof Required)											City/Town/Village													
	District *								State*				Country*				Pincode*							
Source of Funds											Expected/Existing Turnover in the Account per annum													

(Please Select ✓)

	Name	Designation	Signature in Account?
1			<input type="checkbox"/> Yes <input type="checkbox"/> No
2			<input type="checkbox"/> Yes <input type="checkbox"/> No
3			<input type="checkbox"/> Yes <input type="checkbox"/> No
4			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach Annequire-1 in case of more than four Partner's/Director/Authorized Signatories.

MODE OF OPERATION		<input type="checkbox"/> Self <input type="checkbox"/> Proprietor <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Any One Partner <input type="checkbox"/> Any One Trustee <input type="checkbox"/> Any Two <input type="checkbox"/> Any Three <input type="checkbox"/> All Jointly <input type="checkbox"/> Karta <input type="checkbox"/> Other (Specify)											
CHEQUE BOOK		Issue cheque book(s) with <input type="checkbox"/> 10 leaves <input type="checkbox"/> 25 leaves <input type="checkbox"/> 50 leaves No of Books: <input type="checkbox"/> Not Required											
MOBILE BANKING		<input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Mobile Banking user:									
Mobile Number of the user													
Personal Email ID of Mobile Banking user :													

SMS/EMAIL ALERTS	Transaction Alerts	A/c Balance Alerts	Inward Clearing Alerts	E-Statement (Select any one)
First Signatory	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Second Signatory	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Third Signatory	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

(Please Select ✓)

- I/we am/are not operating account with any other Bank
- I/we am/are operating a Current A/c No. with Bank at Branch but not enjoying any credit facility from them.
- I/we am/are enjoying credit facility(ies) from Bank at Branch.
- Nature of Credit Facility : A/c No : Limit

- (1) HUFs must submit separate HUF Declaration & Mandate in the prescribed format.
- (3) Proprietorship/Partnership declaration in the prescribed format must be resubmitted as the case may be.

- (2) Please submit separate Customer Details form for each Applicant/Signatory.
- (4) Please submit "Customer Details Form-Legal Entity".

DECLARATION & UNDERTAKING

I/We the undersigned have read the Terms & Conditions of Current Accounts on Bank's website and hereby certify/agree that:

- The information provided in the Account opening Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962. It shall be my/our responsibility to educate myself/ourselves and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder.
- The information provided by me/us in the Form, its supporting annexures as well as the documentary evidence provided by me/us are true, correct and complete and that I/we have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- I/We permit/authorize Shalini Sahakari Bank (herein after referred to as Bank), to collect, store, communicate and process information relating to the Account and all transactions therein by the Bank and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- I/We undertake to declare and disclose immediately but not later than 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence.
- I/We also agree that our failure to disclose any material fact known to us, now or in future may invalidate our application and the Bank would be within its right to put restrictions on the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India/RBI for the purpose or take any other action as may be deemed appropriate by the Bank if the deficiency is not remedied by us within the stipulated period. I/We agree that the Bank reserves the right to close or freeze the Account for non-compliance of KYC requirements, fraudulent activity in/through the Account, unsatisfactory/improper conduct of the Account.
- I/We hereby accept and acknowledge that the Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me/us to the Bank.
- I/We also agree to furnish such information and/or documents as the Bank may require from time to time on account of KYC requirement or of any change in law either in India or abroad in the subject matter herein. I/We agree that in case of my/failure to submit the documents within stipulated time. Bank may stop operation in the account.
- I/We shall indemnify the Bank and shall be responsible for any loss that may arise to the Bank on account of me/us providing incorrect or incomplete information to the Bank.
- I/We agree that charges in connection with the operation of the Account & Services would be levied at the rates as declared on Bank's Website from time to time, debited to the Account at such intervals as may be deemed fit by the Bank.
- I/We agree that the Bank will also have the right to set-off the service charges, dues owed by me/us to Bank, charges for non-maintenance of minimum balance or any wrong credit or late returns reported by the correspondent bank/counter party by debiting the Account, without requirement of providing further notice or seeking additional consent/authorisation.
- I/We agree that Bank reserves the right to close or freeze the Account for my/our indulging in anti-social activities and/or activities detrimental to Bank's reputation and functioning and / or on instructions from law enforcing authorities, courts and /or instructions by one or more of the Partners / Directors / Joint holder
- I/we agree to receive communication in the form of SMS/Call/Email regarding transaction alerts, products & services of the Bank, intimations regarding change of rules/schemes etc. I/we have read the terms & conditions of the account and accept the same.
- I/We agree that in case of my/our failure to submit Aadhaar number or PAN/Form 60 within 6 months of opening the Bank account, Bank may stop operation in the account.
- I/We shall take due care to safeguard the secrecy of Mobile Banking/ Netbanking login credentials/ cheque books and inform the Bank about any change in Managing Committee and authorized signatories if any, and submit request for disabling the Mobile Banking / Netbanking user IDs of such ex-Office Bearers. I/We understand that Bank will not be responsible for any transaction happening in the account through Mobile banking/Netbanking (and other channels) if no request/communication is received from the organization regarding change in management / office-bearers / authorized signatories.
- I/We shall not hold Bank and its officials responsible for any fraudulent/unauthorised transaction done in my/our account due to my/our negligence

Signature of 1st Authorised Signatory

Company Seal / Stamp & Signature

Name :

Designation

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Risk Category of the Entity :

☐ Low ☐ Medium ☐ High

Rationale for assigning the Risk Category

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KYC documents, signature and photo of the applicant(s) verified and found correct. The applicant's name is not found in Caution Lists published by various authorities. A/c is KYC compliant.

Emp. No. : _____

Signature of Bank Head / Officer

Date : _____

Name : _____

DESIGNATION : _____

Round Stamp

Emp. No. : _____

Signature of Bank Head

Date : _____

Name : _____

DESIGNATION : _____