दि हिंदुस्थान
को-ऑपरेटिव्ह
बँक लि., मुंबई.

The Hindusthan Co-op. Bank Ltd., Mumbai.

H. O.: Horizon Tower, 1st & 2nd Floor, Jai Shashank Co-Op. Hsg. Society Ltd., Opp. ATI, V. N. Purav Marg, Chunabhatti, Mumbai - 400 022. ☎ 2405 2121 / 2424 / 2525 ✉ support@hindusthan.bank.in 🌐 www.hindusthan.bank.in

ACCOUNT OPENING FORM / बचत खाते उघडण्याचा अर्ज

Branch : शाखा : Date : दिनांक :

Instructions to Customer

- Feilds marked '*' are MANDATORY
- Please fill the form preferably in 'BLACK' ink only
- Please fill the form in CAPITAL LETTERS only
- Please write your NAME as it appears in Customer Registration Form

I/We request you to open my/our Saving Bank Account with you with Cash Deposit of ₹
मी/आम्ही अशी विनंती करतो की तुमच्या बँकेत माझे/आमचे बचत खाते उघडावे, यास्तव मी/आम्ही रोख
(Rupees _____)
(रुपये) जमा करीत आहे / आहोत.

☐ NEW ☐ UPDATE EXISTING A/C No*: (Mandatory if Existing)

☐ CKYC Number (Mandatory for KYC update request)

A. ACCOUNT HOLDERS DETAILS

Applicant	Customer ID* ग्राहक क्र.:	(Surname) आडनाव	(First Name) नाव	(Middle Name) मधले नाव
1st				
2nd				
3rd				
4th				

Customer No.: ग्राहक क्र.:	Customer No.: ग्राहक क्र.:	Customer No.: ग्राहक क्र.:	Customer No.: ग्राहक क्र.:
Latest Photo फोटो (1)	Latest Photo फोटो (2)	Latest Photo फोटो (3)	Latest Photo फोटो (4)
Signature / सही	Signature / सही	Signature / सही	Signature / सही

Operational Instructions / खात्यावर व्यवहार करण्याबाबत सूचना

☐ Self / स्वत: ☐ Either or Survivor / दोघांपैकी कोणीही एक किंवा उत्तरजिवी

☐ Jointly or Survivor / सर्व मिळून अथवा उत्तरजिवी ☐ All Jointly / एकत्रित

☐ Any one of us or any one of the survivor or the last survivor / आमच्यापैकी एक अथवा जीवितांपैकी एक किंवा शेवटचा जीवित

☐ Special Instructions / विशेष सूचना

Please Offer me : मला पुढील सेवा द्याव्यात : ☐ Cheque Book ☐ SMS Banking ☐ Rupay Debit Card ☐ FD Auto Renewal Facility ☐ Other - Please Specify _____

Registered Mobile Number (All Banking Services)

Form No.

PERSONAL DETAILS

Name* (Same as ID Proof):

Maiden Name* (If any):

Father/Spouse Name*:

Mother Name*:

Date of Birth*: Gender*: Male Female Transgender

Residential Status*: Resident Indian Non Resident Indian Foreign National Resident Indian

Marital Status*: Married Unmarried

Religion: Caste :

Blood Group: Form 60/61: Y/N

PROOF OF IDENTITY (PoI)* (One Certified Copy of any one of the following Proof of Identity (PoI) needs to be submitted)

PAN* UID (Aadhaar No.)* exept small Basic Saving (A/c.

Voter ID Card NREGA Job Card D D M M Y E A R

Passport Number Passport Issued Date D D M M Y E A R

Passport Expiry Date D D M M Y E A R

Driving Licence Driving Licence Issued Date D D M M Y E A R

Driving Licence Expiry Date D D M M Y E A R

Others (any documents notified by the central government)

PROOF OF ADDRESS (PoA)*

CURRENT/PERMANENT/OVERSEAS DETAILS
(One Certified Copy of any one of the following Proof of address (PoA) needs to be submitted

House/ Flat No. Building Society Name

Landmark / Street / Survey No.

Village / City District

State Pincode

Proof of Address*: Passport Driving Licence Aadhaar Card Voter Identity Card

NREGA Card Others

CONTACT DETAILS (Communication will be done on provided Mobile No. and Email ID

Tel Off./ Resi. Mobile*:

Email ID*:

DECLARATION BY GUARDIAN

Type of Guardian : ☐ Father ☐ Mother ☐ Court Appointed

Name of Guardian : ☐ Mr. ☐ Ms.

I hereby declare that the date of birth of the minor who is my _____ is _____ /_____/_____ and I am his / her natural and lawful guardian /guardian appointed by court order, dated / / (copy enclosed). I Shall represnt the said minor in all future transaction of any description in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal / transactions made by me in his / her account.

Date : D D M M Y Y Y Y

Signature of Guardian :

EMPLOYMENT DETAILS

Employment*: ☐ Private Sector ☐ Public Sector ☐ Govt. Sector OTHERS : ☐ Retired ☐ House Wife ☐ Student

Name of the Employer :

Shop/Office No. Building/ Society Name

Landmark / Street / Survey No.

Village/City District

State Pincode

Employee No. : Designation : Dept. Sector

Service Period (No. of Years) : Date of Retirement (if applicable) : D D M M Y Y Y Y Tel No. (Off.) :

IF SELF EMPLOYED, PROFESSION*: CA ☐ Engineer ☐ Doctor ☐ Trader ☐ Lawyer ☐ Software ☐ Consultant ☐

IF IN BUSINESS*: Public Ltd. ☐ Pvt. Ltd. ☐ Partnership ☐ Proprietorship ☐ Trust ☐ Other Please Specify

Office Address :

City Pincode Tel No. (Off.)

ASSET OWNERSHIP

Vehicle Ownership : Car ☐ Two Wheeler ☐ Both ☐ None ☐

THER HOUSE YOU CURRENTLY LIVE IN : Rented ☐ Ownership ☐ Company Provided ☐ Purchased agains loan ☐

BANKING RELATION WITH OTHER BANK

Name of Bank

Branch

SB/C/A/c. No.

Debit/ Credit Card No.

OTHERS DETAILS

Income Range : ☐ Below 1 Lac ☐ 1 Lac to 5 Lac ☐ 5 Lac to 10 Lac ☐ 10 Lac to 25 Lac ☐ 25 Lac to 50 Lac ☐ 50 Lac to 1 Cr. ☐ Above 1 CR.

Net Worth (In INR) As on : D D M M Y E A R

Educational Qualification : ☐ illiterate ☐ Below SSC ☐ SSC ☐ HSC ☐ Graduate ☐ Masters ☐ Professional (CA,CS,CMA, Others)

Please Tick if Applicable : ☐ Polictically Exposed Person ☐ Related to Politically Exposed Person

Any Other Information :

Nomination Form - DA-1 / नॉमिनेशन (नामनिर्देशन) अर्ज – डीए–१

Nomination / नामनिर्देशन Required / हवे ☐ Not Required / हवे ☐

I / मी / We / आम्ही नामनिर्देशन :

Address / पत्ता

nominate following named person for may/our saving deposit as my/our nominee afted my/our death and is entitled legally to receive the money as per Section 56 and Section 45 (ZA) of Banking Regulation Act, 1949 of Co-operative Banks (Nomination), Rules 1985 2 (1)

माझ्या /आमच्या मृत्यूनंतर खालील व्यक्तीस कायदेशीररित्या पैसे मिळण्यास बँकिंग रेग्युलेशन ॲक्ट १९४९ चे कलम ५६ व कलम ४५ (ZA) तसेच सहकारी बँकांचे (नामनिर्देशन) नियम १९८५ चे कलम २(१) नुसार खालील व्यक्तीचे नामनिर्देशन करीत आहे/आहोत.

Name & Address of Nominee नामनिर्देशित व्यक्तीचे नाव व पत्ता	Age वय	Date of Birth (if minor) जन्मतारीख (अज्ञान असल्यास)	Relation with Depositor खातेदाराशी नाते	%
1.				
2.				
3.				
4.				

Address / पत्ता _____

*As the nominee is a minor on this date, I/We appoint Shri./Smt./Miss / *आजच्या घडीला नामनिर्देशित केलेली व्यक्ती अज्ञान आहे. म्हणून माझ्या / आमच्या मृत्यूच्या वेळी मी/आम्ही श्री/श्रीमती/कुमारी

Address / पत्ता

to receive the amount of the deposit behalf of the nomine in the event of my/our death during the minority of the nominee. / *या व्यक्तीची अज्ञान व्यक्तीचे वाली म्हणून नेमणूक करतो. नामनिर्देशित केलेली व्यक्ती माझे / आमचे मृत्यूचे वेळी अज्ञान असल्यास ह्या व्यक्तीला रक्कम मिळावी.

Signature(s) & Address of Witness (es)/
साक्षीदारांच्या स्वाक्षरी व पत्ता

1. _____
2. _____

Signature (s) Thumb (s) Depositor (s)/
खातेदारांच्या स्वाक्षरी व अंगठा

1.
2.

*Notes / *सूचना

1) Only Four persons can be nominated per account. / एका खात्यासाठी फक्त चार व्यक्तीचे नामनिर्देशन होऊ शकते.
2) Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor / ठेवी अज्ञानाच्या नाव असल्यास नामनिर्देशन पत्रावर फक्त कायदेशीर व्यक्तीला अज्ञानातर्फे सही करता येईल.
3) If depositor is an illeterate, thumb impression shall be attested by two witnesses. / जर खातेदार अशिक्षित असेल तर अंगठ्याचा ठसा दोन साक्षीदारांनी प्रमाणित करावा.
4) If the nominee is literate, (*) Please don not fill / नामनिर्देशित व्यक्ती सज्ञान असल्यास (*)भरु नये.

☐ I/we do not want to nominate any person in this account / मी/आम्ही या खात्यास कोणासही नामनिर्देशित करु इच्छीत नाही.

For Bank's Use Only / फक्त बँकच्या वापरासाठी

ACCOUNT TYPE : _____

*Risk Category : ☐ High ☐ Medium ☐ Low

SDN NAME SEARCH DONE ☐ YES ☐ NO

A/c. Opened on /खाते उघडण्याचा दिनांक :____/____/_____

Signature of Officer /अधिकारी स्वाक्षरी : _____

Signature of Clerk / लिपीक स्वाक्षरी : _____

Emp. No. / कर्मचारी क्र. : _____

*Jr. Officer/Branch Manager /ज्यु. ऑफिसर/ब्रँच मॅनेजर _____

Name / नाव _____

*(This form shound be signed by two confirm employees of the bank & Branch Manager / Jr. Officer's Signature is mandatory)

Terms and Conditions for Debit Card

1. **MEANING :** The term Bank referes to "THE HINDUSTHAN CO-OP BANK LTD." "ATM" Refers to the "Automated Teller Machine" installed at the branch of the Bank. Card Holder refers to Authorised User of ATM Card. "ATM Account" refers to the Account on which ATM Card will be issued. The "CIB" refers to CardIssuing Branch of the Bank. "EDP" refers to Electronic Data processing Cell at Head Office of the Bank. As the context may require, words herein denoting singular only shall be deemed to include the plural. Any notice there under to any such person shall be deemed effective notification to all such persons. If the person who signs and agrees to be bound by terms and conditions is female as the context may require, words herein denoting the male gender also shall be deemed to mean / include the female gender.

2. **ATM-ACCOUNT ELIGIBILITY :**
   a) A satisfactory conducted Saving or Current A/C as approved by the bank to be eligible for ATM Card Shall be referred to as "ATM Account".
   b) The cardholder shall give the reference of such account(s) held by him in writing on the application form for the issue of "ATM Card".
   c) A minor's account or an account in which is a joint account holder shall not be eligible for becoming "ATM Account".
   d) An account operated under joint signature shall not be eligible for becoming "ATM Account"

3. **JOINT ACCOUNTS :** In case of joint accounts, where only one card is issue to a joint account holder, the other joint account holders shall expressly agree with and give his unconditional consent on the application form for issue of ATM Card and having signed on the application one person signs and agrees to be bound, by terms and conditions, the obligations of such person thereunder shall be joint and several.

4. **ATM-PIN (PERSONAL IDENTIFICATION NUMBER & REGISTRATION OF FINGER IMPRESSION)**
   a) **PIN - SELECT :** Each ATM card holder shall select his or her "Personal Identification Number (PIN) "to gain access to the ATM services and to operate ATM account. The PIN shall under no circumstances be disclosed or open to any third party. The Card holder should keep memory of his/her PIN and maintain its secrecy to avoid any misuse and keep custody of ATM card safe and inaccessible. The card holder shall be solely responsible for consequences arising out of disclosure of his/her PIN and/or unauthorised use of ATM card and shall be liable for any increased liability which he/she may incur on account of unauthorised use of PIN & ATM card.
   b) **PIN CHANGE :** ATM card shall be issued to any account holder in respect of ATM Account by the BANK to enable him to operate the ATM.The card holder shall get the Card intially validated with the Personal Identification Number (PIN) on the machine installed for the purpose, at the EDP. If card holder forgets PIN, the same can be changed after consulting EDP Department ATM card cell. It is advisable for card holder.
      1. To change his/her PIN immediately after first access and also periodically.
      2. To change his/her PIN if he/she suspects it is no longer confidential.
      3. To select a non easily guess able PIN.
   c) **PIN SAFETY :** Any wrong PIN fed to ATM Machine for more than three occasions will retain the card in ATM itself after completion of transactions, if ATM card remains unretrieved, it is assumed having forgotten and ATM will safely retain it. In the above circumstances ATM Account holder should approach Branch Manager of the concerned Branch for its retrieval.
   d) **FINGER REGISTRATION :** Each ATM Card Holder shall register fingers impression of his/her left and right hand to gain access to operate ATM Account. Finger impression shall be used as a precautionary measure for safety of the use of ATM Card.

5. **ATM CARD SAFETY :** It is sole responsibility of card holder to preserve the card in good condition. Always ensure to keep ATM card safety in plastic pouch to prevent any physical damage to magnetic strip and not expose it to magnetic field, heat, water and dust any time. If the card is broken or readable it will be considered as invalid card and new card will be issued on receipt of a application form by the card holder alongwith surrender of such invalid card for cancellation.

6. **ATM FEATURES :** The facilities offered under ATM shall include.
   A. Withdrawals of cash by the card holder from his/her ATM Account up to certain limit as fixed by Bank from time to time during cycle of 24 hours.
   B. Any additional facilities made available by bank form time to time.

7. **MINIMUM BALANCE :** All the time Card holder shall have to maintain minimum balance of Rs. 1,000/- in saving account & Rs. 2,500/- in the current account (or as may be modified by the bank form time to time) The Bank has discretion to levy penal interest or service charges as per Bank's rules from time to time. If minimum balance is not maintained at any time, the bank shall discontinue ATM card facility without giving any further notice and / or without incurring any liability or responsibility whatsover by withdrawal of such facility.

8. **ALL THE OPERATIONS :** through the ATM facility, on the card holder's ATM Account, can only be through the use of ATM Card on the Machine. The card holder(s) in all circumstances accept full responsibility and shall be liable for all transactions processed by using his/her ATM Card on whether or / not process with the Card Holder's knowledge or authority, express or implied. The printed output i.e. processed at the time of operation of the ATM are a record of the operation of the ATM and shall not be constructed as Bank's records. The banks record's of transactions shall be accepted by the card holder as conclusive and binding for all purpose.

9. **FEES :** All fees related to the ATM facility as determined by the BANK from time to time shall be payble forthwith on issuance of card and recovered debiting the Cardholders account if not paid in cash. In case of insufficient balance to debit account Bank has full right to stop the operation of ATM card and/or cease account or Bank shall withdrawal the ATM card facility.

10. **NON TRANSFERABILITY :** ATM card is non transferrable under any circumstances & shall be used only by card holder.

11. **OVERDRAFT :** If any transaction made using the ATM card result into an overdraft in the ATM account penal interest for the overdrawn amount shall be charged as per Bank's on prevailling interest rate structure and Bank may stop ATM facility.

12. **LOSS OF CARD :** In case of loss or theft of the ATM card the cardholder shall intimate issuing Branch immediately on same date in writing of loss / theft of ATM Card. The card holder shall, however be responsible and liable for all transactions effected by the use of the card till it is cancelled. Account holder will have to give in writing, application for issuance of new card alongwith copy of complaint with local police station. Another ATM Card will be issued to account holder in lieu of lost / stolen ATM card on payment of card fees / charges. Card Holder shall give undertaking to surrender the lost or stolan card, if found subsequently. Also stop payment instructions shall be given in writing.

13. **REFUSAL / TERMINATION / WITHDRAWL OF ATM CARD :** The Bank has sole discretion to refuse to issue or to renew or to cancel or to suspend or to call of or to with draw the facility in case of misuse, malfunction, tempering of ATM, non payment of account charges, interest dues etc. without assigning any reason therefore or giving prior notice.

14. **INDEMNIFICATION :** ATM card holder shall indemnify the Bank for the loss or damage caused, directly or indirectly by his/her act.of omission contrary to any of the terms and conditions, or even otherwise.

15. **CLOSURE / TERMINATION :** ATM cardholder if desire to close the ATM Account or terminate ATM facility can do so provided minimum seven working days prior written notice is given along with surrendering ATM card to issuing branch of the bank. The closure of such account will be allowed only on settlement of all dues in connection with ATM facility and surrender of ATM Card.

16. **ACCOUNT STATUS CHANGE :** Any change in the mode of operation, transfer or change of ATM card account shall not be allowed unless Bank's written permission, is obtained. For any change or transfer, ATM card will have to be surrendered to the bank and a fresh card will be issued on payment of fees /charges. The onus of informing such change and surrendering the card lies with card holder(s).

17. **THE BANK'S :** shall have the right of set-off lien irrespective of any other lien or charge, present as well as future of the deposits held in the card holder's primary account and / or secondary account or any other account, whether in single name or joint name (s), the extent of all outstanding dues, whatsoever, arising as a result of the HINDUSTAN BANK ATM CARD SERVICES extended to and or used by the card holder.

18. **AUTHORITY & RESPONSIBILITY :**
   a) The bank shall not be responsible for any loss or damages arising directly as a result of any malfunction/ failure of the ATM card or the ATM or for the temporary insufficiency of funds in such machine or otherwise whatsoever.
   b) The Bank reserves the right to limit the amount which may withdrawn by card holder daily any time without giving any prior notice. The Bank also reserves right to restrict the ATM to certain Hours of the day as may be notified and displayed from time to time.
   c) The bank reserves the right to amend, add or delete any of terms & conditions or rules without prior notices to ATM account holder.
   d) It is sole responsibility of the card holder for the transaction done by ATM card as with cardholder's knowledge or authority express or implied.
   e) The bank shall not be liable for any failure to provide any service or to perform any obligation under this facility where such failure is due to any malfunction of the ATM or the card, any dispute or the circumstances beyond its control.
   f) Bank shall, in no circumstances be held liable to card holder, If the ATM card is not honoured in desired manner, for whatsoever reason or if ATM services are disrupted and /or ATM is not functioning due to power failure, temporary insufficiency of cash in the ATM or any other reason the bank will not be liable for any consequential or indirect loss or damage arising therefrom.

These terms and conditions shall be construed and governed by the law for the time being in force.

Declaration / Undertaking

I/We Confirm having received, read and understood the rules relating to the conduct of account and hererby agree to abide by the said rules and various services including but not limited to ATM Card / Tele banking.

I/We understand that the Bank may at its discretion discontinue any of the services completely or partially without any notice to me/us. I/We agree that the Bank may debit my account for different charges as applicable from time to time.

I/We confirm that I/We am / are resident of india.

I/We hereby declare that the information furnished above is true and correct to the best of my knowledge.

I authorize the bank to collect the cheques / draft etc., handed over to Bank for collection/negotiation as per rules of the Bank at our risk and responsibility and indemnify you for any loss sufffered by you in the matter due to any cause. I also authorize you to recover your commission, Debit balance in the account caused at our request or otherwise interest applicable rates and incidental chages.

In the event to death of my/us, Bank shall be at liberty to make payment of the deposit to the survivor/s without the concurrence of the legal heirs of the deceased.

I/We hereby declare that the amount deposited belongs to me/us absolutely and it has been deposited in joint names / minor's

I hereby declare that I an the sole proprietor / proprietress of the aforesaid concern.

Signature of Account Holder's :

1st Holder _____ **3rd Holder** _____

2nd Holder _____ **4th Holder** _____

Savings Bank - Rules & Regulations :

1. The Savings Banks Accounts should be used to route transactions of only non-business / non-commercial nature. In the event of occurrence of such transactions or any such transactions that may be constructed as dubious or undesirable, the Bank reserves the right to unilaterally freeze operations in such accounts and / or close the accounts.
2. Interest on the Savings Bank Deposit is calculated at a rate fixed by RBI from time to time. This interest will be paid at half yearly rests on the daily balance in the account.
3. The customer should maintain minimum balance as may be required from time to time in the account and communicated at the time of opening of the account. Changes in the bank / Service charges or minimum balance requirements are displayed on the Notice Board of the Branches. The non-maintenance of the adequate balance shall automatically entitle the Bank to levy the charges for non-maintenance of the minimum balance. In such an event, the Bank shall have the first right to set-off any available credit that may be available in the account including from amounts flowing into the said account from the collection proceeds or any deposit.
4. Notwithstanding the above, if the Bank is of the opinion that if the customer does not maintain the minimum balance and / or if the account remains a Zero balance account and / or the overall conduct of the account is not satisfactory, the Bank shall have a right to close the account by issuing fifteen days notice. In the event, if the said account is funded within fifteen days period the Bank may not exercise the said right of closure. If not, the Bank shall close the account without any further notice to the customer.
5. If there is no transaction in the account for 2 years the account automatically gets classified as a Dormant Account' whereupon further debit transactions are not permitted in the ordinary course, A request for activation of the account has to be made by the customer with fresh KYC Documents.
6. Satisfactory conduct of the account entails maintaining stipulated minimum balance as well as sufficient balance to honour cheques issued to third parties. If there are high incidences to the contrary, the Bank reserves the right to close the account under intimation to the customer.
7. Any special instructions, both financial and non-financial in nature, like standing instructions, stop payment instructions, issuance of cheque books, Demand Drafts, Pay Orders, request for hot listing ATM/DEBIT Cards, issuance of duplicate card / PIN must be communicated in writing. Otherwise, it shall not be binding on the Bank to comply with such instructions. Charges as applicable will be levieable to the customer.
8. The Savings Bank Account entitles free access to The Hindusthan Co-op. Bank Ltd. ATMs and Internet Banking unless otherwise stated.
9. Any change of address should be immediately communicated in writing to the Bank along with Address Proof.
10. I / We agree to maintain a minimum balance of Rs. _____ in the Regular Savings account failing which, the Bank may deduct charges as per rules prescribed schedule of charges.
11. ***The bank at its option but at the risk and responsibility of the account holder may*** 1) Collect proceeds of the instrument lodged by the account holder from time to time. 2) Appoint an agent/s to collect the proceeds of the instrument lodged by the account holder and as such agent's appointed shall be the agent/s of the account holder to collect such instrument. 3) Recover preceeds of instrument lodged by the account holder by way of bank draft / cheques or any other mandate in lieu of cash. 4) Take action / steps as deemed necessary to have proceeds of the instruments lodges. 5) The bank is hereby empowered to recover the various charges, if any by debiting the same to the account holder.
12. I / We agree to comply with and be bound by the Bank's Rules for the time being in force for the conduct of such account. I / We authorize the bank to collect bills, cheques, etc. for and on behalf of me / us and undertake to abide by and be bound by the Terms and Conditions in this behalf.
13. Spl. Instruction for Term Deposit: In the event of death of any of the joint depositors prior to maturity of the deposit, the Bank will be, at the request pf the surviving depositor or all surviving depositors at liberty though not bound and at its absolute discretion to add / delete any name or to repay the deposit before maturity or grant an advance against the security thereof, on such terms and conditions as the bank may decide and such payment before maturity shall constitute a valid discharge to the Bank.
14. Our deposits are insured under the Deposit Insurance and Credit Guarantee Corporation of India (DICGC) scheme.
15. ATM Card : The usage of the ATM Card issued to special categories of customers will be in accordance with the rules and regulations. The Bank reserves the rights to suspend the services of ATM card unilaterally without any prior notice or assigning any reason.
16. SMS Banking : The account holders are responsible for the registration of Mobile Banking for the Cell phone Number/s mentioned. The charges associated with these services will be as applicable. In case of mistake on part of the account holder or that of the mobile service provider in respect of these services, the Bank will not be responsible and the account holders agree that no claim will be made against the Bank.
17. "I hereby declare that I or any of my relatives have not been entrusted with prominent public functions in a foreign country e.g. Heads of States or Governments, senior politicians, senior government / Judicial / military officers, senior executives of state owned corporations, important political party officials, etc. I hereby further declare that in case in the future, I or any of my relatives have been entrusted with prominent public functions in a foreign country as stated above. I will immediately notify the bank about the same."

I/We agree to abide by existing Rules, Terms and Conditions of all the schemes / accounts and facilities enumerated above and changed from time to time.

Signature of the Applicant/s : _____ _____ _____ _____

Disclaimer :

I / We am / are aware that The Hindusthan Co-op. Bank Ltd. does not seek any information relating to login id / password in any form including through e-mails from its customers. I / We agree and undertake that I / We shall never part with any sensitive information of my / our account especially through internet / email / phone medium. I / We further agree and confirm that The Hindusthan Co-op. Bank Ltd. shall not be liable for any losses arising from my / our sharing / disclosing of login id, password, cards, card numbers or PIN (Personal Identification Number) to anyone, not shall make claims on the bank for any unauthorized use. I/We shall take all precautions to protect my / our account details so as to avoid any unauthorized use.

Date:- / /20

To,

The Branch Manager,

_____ Branch

Subject :- Consent letter to download KYC document from CKYCR

Dear Sir/Madam,

I/We the undersigned Mr./Mrs./Smt._____is/are opening account in your bank and providing the required KYC documents along with the Account Opening Form. Please note that, I/We have no objection for the said documents to be registered with CKYC and also to the downloading of my detail from CERSAI for verification if they are already registered with CKYC.

Yours Faithfully,

1. _____ 2. _____ 3. _____ 4._____

(Name) (Name) (Name) (Name)

Declaration

In accordance with the newly laid down, 'Know Your Customer' guidelines of Reserve Bank Of India.

I/We hereby declare /assure that no action has been taken against me under the Financial Action Task Force(FATF) Anti Money Laundering(AML) standards / Combating Financing of Terrorism(CFT).

Signature/ s

1. _____ 2. _____ 3. _____ 4._____

(Name) (Name) (Name) (Name)

Vernacular Declaration

The details of the Account Opening From have been over and explained to me/us In Marathi/Hindi /

(The Language In which the signatory is signing) and I/We have understood the contents thereof. I/We also agree to and accept the terms which too have been explained to me/us by _____

In Marathi/ Hindi/

Signature/ s

1. _____ 2. _____ 3. _____ 4._____

(Name) (Name) (Name) (Name)

FATCA - CRS Declaration Form for Individual containing Information for reporting requirement under section 285BA of the Income-tx Act, 1961

1. Customer Id : _____

2. Name of the Account Holder : _____

3. Country of tax residence (as per section 6 of the Income-tax Act, 1961)

(Please tick)

(a) Only India _____ (b) India and any other country / countries, Specify the countries of tax residence _____

(c) Any other country / countries, specify the country of tax residence _____

If (b) or (c) of above is applicable then please provide the doncumentary evidence of residence and TIN for all tha countries listed in the below table.

Country / countries of tax residency	Tax Identification Numbe (TIN)	TIN Issuing Country	Documents provided (copy of certificate of residence and copy of Tin)

Identification Number : _____ Date of Birth (DD/MM/YYYY): _____

Place of Birth Country of Birth Nationality :

Address Type :

(Residental cum Business / Residential / Business / Registered office / Unspecified)

Additional details of Address :

State / Province _____ Country : _____

Mailing Address (if different from above)

State / Province _____ Country : _____

Declaration and undertakings

I/We Certify that

a) The information provided in the form is in accordance with section 285BA of the Income Tax Act. 1961 read with Rules 114 F to 114 H the Income tax Rules, 1962.

b) The information provided in the Form, its supporting Annexure as well as in the documentaryevidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete and that I/We have not withheld any material information that may affect the assessment /categorization of the account as Reportable account for otherwise.

c) I/We permit / authorise the Bank to collect store communicate and process information relating to the Account and all transactions therein, by the Bank and any of its affiliates whereve situated including sharing transfer, and disclosure between them and to the authorities in and / or outside india of any conficential information for compliance with any law or regulation whether comestic or foreign, including Foreign Accounts Tax.

d) I/We undertake the responsibility to declare and disclose within 30 days from the date of change, any chages that may take place in the information provided in the Form, its supporting Annexures as well as in thae documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certtification along with documentary evidence.

e) I/We also agree that our failure to disclose any material lact known to us, now or in future, may invalidate our application and the bank would be within its right to put restriction in the operations of my/our account of close it or report to any regulator and/or any authority designated by the Government of India (GOI)/RBI for the purpose of take any other action as may be deemed approphate by the Bank if the Deficiency is not remedied by us within the stipulated period.

f) 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.

g) It shall be my/our responsibilities to educate myself/ourselves and to comply at all times with all the relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder.

h) I/We also agree to furnish such information and / or documents as the Bank ,au require from time to time on account of any change in law either in India or abroad in the subject matter herein.

i) I/We shall infemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.

Name : _____ Signature : _____

Date : (dd/mm/yyyy) _____ Place : _____

*Instruction for filing the Addendum :

1. If the individual is tax resident of only India then the other details are not required to be filled in, If however the individual is a tax resident of India and foreign country i.e. if option 3 (a) or 3(b) is applicable then all the other details are required to be filled manadaority and documentary proof should be attached for foreign TIN.
2. The Annexure to the form should be filled separately by each joint account holder.