



# KRISHNA SAHAKARI BANK LTD; RETHARE BK.

Head Office : Malkapur (Karad)

Branch : शाखा-मलकापुर

System ID : शाखा-मलकापुर

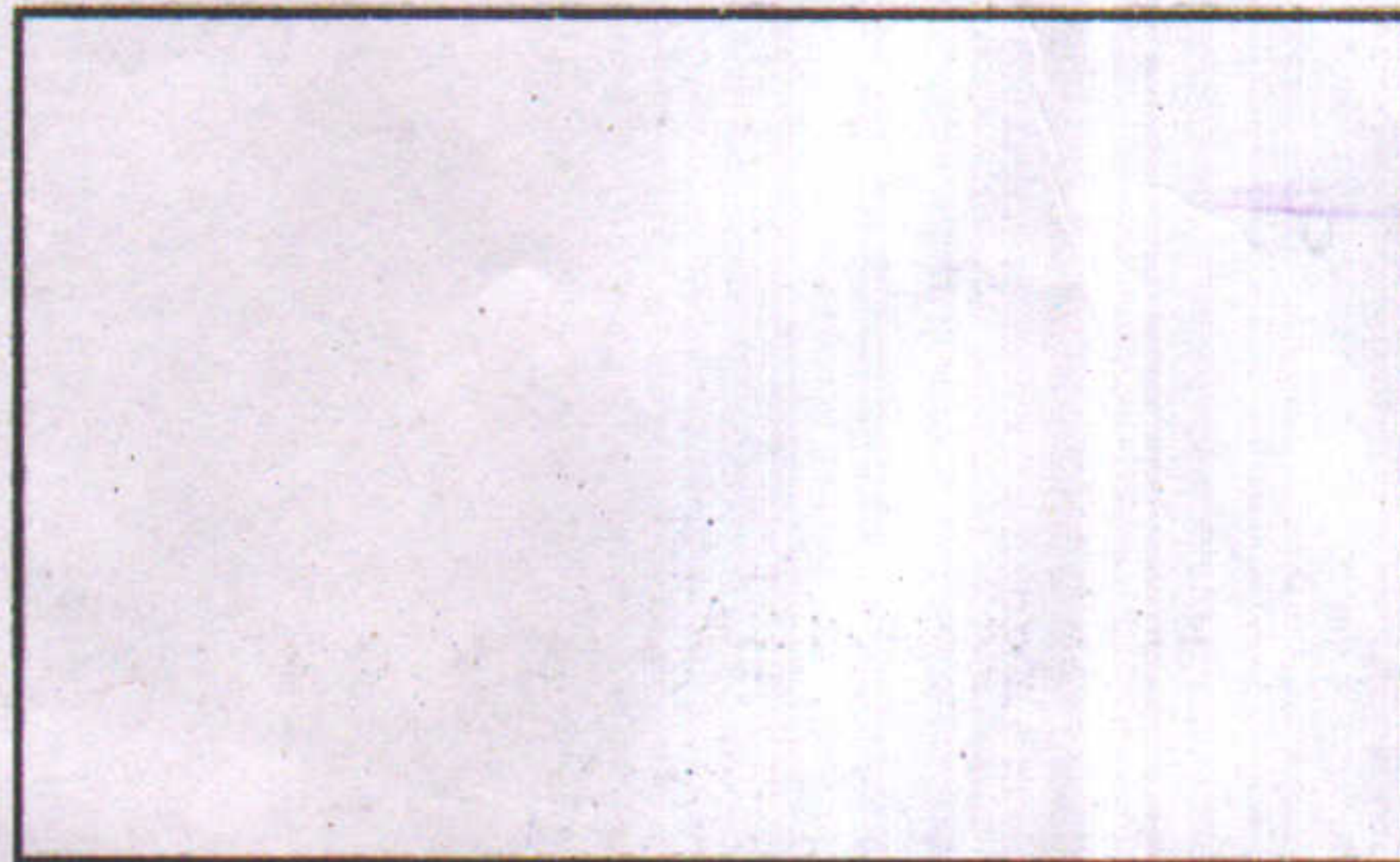
A/c No. \_\_\_\_\_

Name of A/c. : \_\_\_\_\_

Signatures of : \_\_\_\_\_

Mode of  
Operation

Specimen  
Signatures



Scanning Status

Authorised Officer

Date :





# KRISHNA SAHAKARI BANK LTD., RETHARE BK.

HEAD OFFICE - MALKAPUR (KARAD)  
TAL - KARAD, DIST - SATARA.

Branch \_\_\_\_\_

PLEASE PASTE  
PASSPORT SIZE  
PHOTOGRAPH

## Saving Bank Account Opening Form

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I/We wish to open in your Bank Savings Bank Account

Customer No. :- \_\_\_\_\_

Account No. :- \_\_\_\_\_

GIR / PAN :- \_\_\_\_\_

Surname (In Capital letters) आडनांव	Name नांव	Middle Name वडिलांचे नांव	Occupation	Specimen Signature (s) नमुन्याच्या सहया
1 _____	_____	_____	_____	1 _____
2 _____	_____	_____	_____	2 _____
3 _____	_____	_____	_____	3 _____
4 _____	_____	_____	_____	4 _____

Address in Full \_\_\_\_\_

पूर्ण पत्ता \_\_\_\_\_  
PIN \_\_\_\_\_

Date of Birth (In case of Minor)

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Phone (Res.) \_\_\_\_\_ (Off.) \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Operating Instruction :- (व्यवहाराच्या सुचना)

1. Either or Survivor
2. Jointly or Survivor
3. Former or Survivor
4. Any one of us or any one of the survivor of us or the last survivor

I/We declare that the rules of Savings Bank account of the bank have been read by ME/US and read to ME/US and that I/WE accept them as binding upon ME/US.

Your's Faithfully,

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_

### Documents Required

Club/Trust/Society : Copy of Trust Deed/Bye laws & Resolution for Opening an account and Authorised Signatories  
H.U.F. : Declaration of Karta / Coparceners  
Firm : Certified Partnership Deed  
Ltd. Co. : Copy of Memorandum of Association/Article of Association & Resolution of Authorised Signatories

Introduced by :-

I/We know Mr./Mrs./Ms./M/s \_\_\_\_\_ for the last \_\_\_\_\_ years the addresses and the occupation disclosed on the Account Opening Form is correct to the best of my/our knowledge

Name :- \_\_\_\_\_ Branch :- \_\_\_\_\_

SB/CD/CC/OD A/c. \_\_\_\_\_ Phone (Res./Off.) \_\_\_\_\_

Introducer's Signature



Signature Verified by :-

Name :-

Employee Code :-

Designation :-

Signature :-

*Mark (✓) wherever applicable*

..... Nomination .....  
I/We nominate following name person as my/our nominee after my/our death and is entitled legally to receive the money as per Sec. 45 (ZA) of Banking Regulation Act, 1949 and u/s 56 of Co-Op. Society 1985 rule 2 (1)

DA - 1

Name & Address	Age	Date of Birth (If Minor)	Relation with Depositor

\* In case nominee is minor, signature of witnesses to be obtained

\*\* Signature of Depositor (s) (ठेवीदारांची सही)

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

Name & Address of Witness :- (साक्षीदारांचे नांव व पत्ता )

1. \_\_\_\_\_ 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\* If depositor is an illiterate, thumb impression should be attested by two witness.

**FOR BANK'S USE ONLY**

A/c Opened on \_\_\_\_\_ A/c No. \_\_\_\_\_

Enclosed Address Proof : *Certified copy of Ration Card/Passport/Pan Card/*

Signature of Clerk

Signature of Sr. Clerk/Office

\_\_\_\_\_  
Manager





# KRISHNA SAHAKARI BANK LTD, RETHARE BUDRUK.

## CENTRAL KYC REGISTRY /KYC APPLICATION FORM – INDIVIDUAL.



Branch Code

Branch Name

### Important instructions

1. Field marked "\*" are mandatory fields.
2. Please fill form in English and in BLOCK letters
3. Please fill the date in DD-MM-YYYY format.
4. KYC number of applicant is mandatory for update application
5. For particular section update, Please tick( ✓) in the box.

For Office use only (To be filled by officers only)	Application Type	<input type="checkbox"/> New	<input type="checkbox"/> Update .
Customer ID	<input type="text"/>		
KYC Number	<input type="text"/> (Mandatory for KYC update request)		

### 1. Personal Detail

	Prefix	First Name	Middle Name	Last Name
Name*(Same As ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Median Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father/Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M-Male	<input type="checkbox"/> F-Female	<input type="checkbox"/> T- Transgender .	(Photo Box)
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Other	
Residential Status*	<input type="checkbox"/> Residential Individual	<input type="checkbox"/> Non-Individual Indian.		
Occupation Type*	<input type="checkbox"/> Service ( <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)			
	<input type="checkbox"/> Other ( <input type="checkbox"/> Agricultural <input type="checkbox"/> Professional <input type="checkbox"/> Self <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)			
	<input type="checkbox"/> Business <input type="checkbox"/> Not categorized.			

### 2. Proof of Identity (PoI)\*

(Certified copy of any one of the following Proof of Identity (PoI) need to be submitted).

A- UID (Adhaar) No.*	<input type="text"/>	D-Voter ID No.	<input type="text"/>
B- PAN Card*	<input type="text"/>	E-Driving Licence No.	<input type="text"/>
C-.Passport Number	<input type="text"/>		

### 3. Current/Permanent Address

Address Type\*  Residential/Business  Residential  Business  Registered Office  Unspecified

Proof of Address\*  Ration Card  Driving Licence  Voter ID  Passport  Light Bill  Other



**Address**

Line1\*

Line2\*

Line3 City/Town/Village  PIN CODE

**4. Temporary Address (If any)**

Line1\*

Line2\*

Line3 City/Town/Village  PIN CODE

**6. Contact Detail**

Tele (Office)   Tele (Resi)

Fax   Mobile

Email

**7. Detail of Related Person**

Addition of Related Person  Deletion of Related Person

KYC No. Of Related Person

(If Available)

Prefix	First Name	Middle Name	Last Name
Name*(Same As ID proof) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**8. Mobile SMS Alert**

I authorized to bank sent SMS alerts  Yes  No.

If Yes Mobile No.

**9. Customer Details**

Member  Yes  No. Member No.  Anniversary Date

Religion  Hindu  Muslim  Christian  Buddhist  Parsi  Sheikh  other.

Caste  Open  S.C.  S.T.  O.B.C.  Others.

Edu. Qualification  NON SSC  SSC/HSC  Under Graduate  Graduate  Post Graduate  Professional  Other

Monthly/Yearly Income  upto Rs.25,000  Rs.25,001 to 1,00,000  Rs.1,00,001 to 5,00,000  Above Rs.5,00,000.

House  Ancestral  Owned  Rented  Company Provided  Other

Vehicle  Two Wheeler  Four Wheeler  Three Wheeler  Other

**10. Remark (If any)**



