

ONLINE ACCOUNT OPENING / APPLICANT INFORMATION FORM FOR RESIDENT INDIVIDUALS

Reference No. 2102022128253470 Customer ID. Account No. Account Scheme SBGEN Purpose of Account Online Account Account Type Lead Id

1. Applicant Details:

Title Full Name Mr. Sagar Sharma Father's Name Babu Lal Sharma Mother's Name Santosh Devi Date of Birth 11/04/1998 Gender Male Married Single Spouse Name Maiden Name Ex-service Man Y PAN No. KGCPS8918D Residential Status RESIDENT INDIAN Place of Birth Delhi Country of Birth INDIA Physically/visually handicapped Y Aadhaar No. 417818502665 Occupation INFORMATION TECHNOLOGY Code SR105 Education Nationality INDIAN Religion HINDU Caste GENERAL Village Code Name of Employer / Profession / Nature of Business / Industry

2. Communication / Residence Address:

I 90 Gali No 14 Nangloi Delhi Shiv Ram Park Gali No 14 City/District NEW DELHI State DELHI Country INDIA Pin 110041 Phone No. Mobile No. 9354860982 E-mail ID sagarharshsharma12345@gmail.com

3. Permanent Address:

I 90 Gali No 14 Nangloi Delhi Shiv Ram Park Gali No 14 City/District NEW DELHI State DELHI Country INDIA Pin 110041 Phone No. Mobile No.

4. Know Your Customer (KYC) Details:

KYC Number (If any)

Attach the copies of the documents opted for and produce the original copies of these documents for verification.

	Code	Document Identification No.	Date of Expiry	Issuing Authority	Place of Issue
Identity Proof:	ID108	417818502665			

	Code	Document Identification No.	Date of Expiry	Issuing Authority	Place of Issue
Residence Proof:	RP204	101684490526			

Annual Family Income Source of Income

Net Worth

5. Information on Credit Facilities Available:

I Sagar Sharma further undertake that:

☐ I do not enjoy credit(Fund based/Non fund based) facility with Union Bank/other Bank/s OR

☐ I enjoy credit facility/have current accounts with Union Bank/other Bank/s and the details are as under

☐ Vehicle loan ☐ Housing loan ☐ Consumer loan ☐ Educational loan ☐ Business loan ☐ Credit Card

Name of the Bank & Branch	Account No.	Facility	Amount

6. Facilities Required:

☐ Please tick in the respective boxes if you wish to avail the following facilities

Account Type ☐ Regular ☐ Gold ☐ Platinum ☐ Privilege

☒ Y Cheque Book ☒ Y Collect from Branch ☐ Dispatch to my communication address

☐ Statement by E-Mail ☐ Mobile Banking ☒ Y Debit Card ☒ Y Nomination Required ☐ SMS Alerts Required

☐ Sweep-in-facility: Please clear my Cheque/allow withdrawal by transferring funds from my Saving/Current A/C No.

☐ Foreign Remittances expected Country Code No.

7. Information details required under Tax Laws:

If the individual is tax resident in more than one country then below information may be repeated for all such countries

S.No.	Date of document collected	Country of Residency for Tax purposes	Tax Identification Number(TIN)/ or functional equivalent	TIN issuing country

8. Declaration/Undertaking:

1. I Sagar Sharma certify that I have declared my status as per the applicable FATCA/CRS rules in India as notified by Government of India (GOI) /Central Board of Direct taxes (CBDT) /Reserve Bank of India (RBI)/in this regard.
2. I certify that the information stated in the account opening form and the supporting documentary evidence provided by me is, to the best of my knowledge and belief true, correct and complete and that I have not withheld any material information/document, that may affect the assessment/categorization of the account at a US Reportable account/Other Reportable account or otherwise.
3. I undertake the responsibility to declare, disclose and recertify within 30 days any changes that may take place in the information provided in the account opening form, and signed by me as well as in the documentary evidence provided by me or if any certification becomes incorrect.
4. I also agree that our failure to disclose any material fact known to me, now or in future, may invalidate my application and Union Bank of India would be within its right to put restrictions in the operations of my account or take appropriate action permissible under the Indian regulations for the purpose or take any other action as may deemed appropriate if the deficiency is not updated/rectified by me within the stipulated period.
5. I agree to furnish any particulars/information that is called upon me by Union Bank of India on account of any change in law either in India or abroad in the subject matter herein.
6. In the event there is any tax demand (including interest (if any)) raised due to non-disclosure/inaccurate disclosure of information/document on my/our part, I undertake to pay the demand forthwith and provide the Bank with all information/documents that may be necessary for any proceedings before GOI/RBI/Income-tax Authorities.
7. I permit/authorize 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 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 confirm having received, read and understood the accounts rules and hereby agree to be bound by the terms and conditions outlined in these rules which govern the account(s) which I am opening with Union Bank of India and amendments there to made from time to time will be binding on me/us when displayed by the bank on its notice board or on its website and those relating to various services offered by the bank including but not limited to International debit card/ Internet banking/ SMS banking /Mobile banking / Tele - banking and other facilities listed in this form. I am aware that the usage of these facilities is governed by the terms and conditions which are displayed on <https://www.unionbankonline.co.in>, the site maintained by Union Bank of India and I have reviewed the contents of the same. I understand that the bank may at its absolute discretion discontinue any of the services completely or partially without any notice to me. I agree that the bank may debit my account for service charges as applicable from time to time. I declare that the transactions in the account will be made from legitimate sources only the account will not be used for any purpose contrary to law. I declare that the information furnished above is true and correct to the best of my knowledge.

Account Number

Name of Applicant

Branch

Mode of Operation of Account

Date

Place

Paste your passport size photograph and sign across the photograph and also in the box provided below

For Bank Use Only

9. CUSTOMER DUE DILIGENCE:

Income tax paid during the last two years ☐ < Rs. 10,000 ☐ Rs. 10,000 - 50,000 ☐ Rs. 50,000 - 1 Lac ☐ > Rs. 1 Lac

Comments:

☐ PAN Verification from www.incometaxindia.gov.in

☐ Nomination Form Received

☐ Applicant's name checked with Suspicious entities list

☐ KYC Documents verified with originals

The applicant is KYC compliant

Politically Exposed

No. of enclosures: ____
I hereby declare that this account opening form is complete in all respects and relevant documents have been obtained, verified with originals and signature is obtained in physical presence of the applicant.

Name: _____

Emp. No. : _____

Date : _____ Signature: _____

I _____ (Name of Branch Head/Operations Head),
Employee No.: _____ hereby authorized/permitted to open the account.
P.A. No.: _____

Date : _____ Signature: _____

NOMINATION (NOMINATION FORM DA-1):

Nomination under sec. 45 ZA of the Banking Regulation Act, 1949 and rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits.

I nominate the following person to whom in the event of my death the amount in the above account, may be returned by Union Bank of India DELHI-MEERABAGH Branch.

Nature of Deposit Account No.

Name of nominee

Title Full Name

Relationship with depositor Age

Whether name of the nominee to be printed on Pass Book /Statement of Account/Deposit Receipt

Address

City/District State Country

Pin Phone No. Mobile No.

E-mail ID

Date of Birth in case of minor @

@ As the nominee is minor on this date I/We appoint

Title Full Name

to recieve the amount of deposit on behalf of nominee in the event of my/our minor's death during the minority of the nominee.

Insurance (Death due to accident)

☐ Nomination for Primary Debit Card

Name	Relation	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text" value="DD"/>

☐ Nomination for Add-on Debit Card

Name	Relation	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text" value="DD"/>

***Signature / thumb Impression of Depositor**

Name of Primary Depositor

Name of Witness/es

Name & Address of Witness 1

Name & Address of Witness 2

Date

Place

Signature of Witness1

Signature of Witness2

*Thumb impression(s) shall be attested by two Witnesses

Acknowledgement for Nomination

Recieved on _____ nomination form DA-1 for making nomination from Sagar Sharma in respect of saving bank account.

Deposit Account No.

Nomination Registration No.

Date

For Union Bank of India

Authorised Signatory