



## SAVINGS BANK ACCOUNT OPENING FORM

(For Resident Individuals &amp; NRE/NRO Customers)

(For Individuals)

For Bank's Use only

Date of opening	D	D	M	M	Y	Y	Y	Y	Account Number															
Branch Name									Scheme Code															Name of the Scheme
A/C Type	<input type="checkbox"/> Normal <input type="checkbox"/> Simplified <input type="checkbox"/> Small <input type="checkbox"/> OTP based E-KYC								Category	<input type="checkbox"/> Resident	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	Customer Type	<input type="checkbox"/> General	<input type="checkbox"/> Minor	<input type="checkbox"/> Senior Citizen	<input type="checkbox"/> Staff							

## ACCOUNT DETAILS

	Names(S) of the Applicant (S)*								CIF No.														
Applicant-1	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME																			
Applicant-2	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME																			
Applicant-3	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME																			
Applicant-4	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME																			
Mode of Operation	<input type="checkbox"/> Self <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Former or Survivor <input type="checkbox"/> Anyone pf Survivor <input type="checkbox"/> Jointly by All <input type="checkbox"/> Operated by Guardian (Guardian Related to Minor as: _____) <input type="checkbox"/> Others (specify)																						

## SERVICES

CHEQUE BOOK	<input type="checkbox"/> No <input type="checkbox"/> Yes Please issue cheque book(S) with <input type="checkbox"/> 10 leaves <input type="checkbox"/> 25 leaves <input type="checkbox"/> 50 leaves.																													
MOBILE BANKING	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Monile Banking user.																													
Mobile Number of the user Mobile Banking user.									Accounts of NRE, NRO, Minors & Premium Society will get view-only access.																					
Personal Email ID of the Mobile Banking user.																														
DEBIT CARD	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Card Type	<input type="checkbox"/> Domestic	<input type="checkbox"/> International	Facilities Required				<input type="checkbox"/> ATM	<input type="checkbox"/> POS	<input type="checkbox"/> Internet																		
Short Name to be printed on Debit card													<input type="checkbox"/> Debit Card Application Number To be written by Branch Officials																	
Please write Short Name in Max 19 CHARACTERS in CAPITAL letters.																														
Link Existing Account to Card													Preferred option for collection of Card				<input type="checkbox"/> At Branch	<input type="checkbox"/> By Courier												
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																	

## NOMINATION FORM DA-1

nomination u/s 45ZA of Banking Regulation Act (AACS), 1949 &amp; Rule 2(1) of the Co-operative Banks (Nomination) Rules 1985 in respect of Bank Deposits.

I/We, the applicant(S) for this account nominate the following person to whom in the event of my/our/minor's death, the credit balance in the accoung may be paid by Shalini Sahakari Bank Ltd., Mumbai.				EXISTING CIF OF THE NOMINEE
Name of the nominee			Relationship	PHOTOGRAPH of the nominee (Preferred)  If the Accountholder is illiterate, thumb Impression shall be attested by two witnesses.
Address of the Nominee			Date of Birth of the Nominee	
IF THE NOMINEE IS A MINOR, THE DETAILS OF THE APPOINTEE				
As the nominee is a minor on this date, I/We appoint _____ related to the minor as _____ and residing at _____ to receive the amount of the deposit on behalf of the nominee in the event of my/our/minot's death during the minority of the nominee.				
Signature of Applicant-1		Signature of Applicant-2		Signature of Applicant-3
				Signature of Applicant-4

Please submit separate Minor Account Declaration in the accounts of the Minors.

\* Please submit separate Customer Details form for each Applicant/Signatory.

Please submit separate application for Netbanking facility.

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

- a) 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.
- b) 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.
- c) 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.
- d) 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.
- e) 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.
- 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) 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.
- h) 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) 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.
- j) 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.
- k) 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 instructions from law enforcing authorities, courts and/or instructions by one or more of the Partners / Directors / Joint holder
- l) 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.
- m) 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.
- n) 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.
- o) 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 1<sup>st</sup> Applicant (Sign)

Name :

Signature of 2<sup>nd</sup> Applicant (Sign)

Name :

Signature of 3<sup>rd</sup> Applicant (Sign)

Name :

Signature of 4<sup>th</sup> Applicant (Sign)

Name :

Date

Place

Risk Category of the Account  
(For Branch use only)

• Low • Medium • High

KYC account details, signature(s) and photo of the applicant(s) verified and found correct. The applicant's name(s) was/were not found in Caution Lists published by various authorities.

Verified KYC and account information. Verified Risk Category and found correct. Updated the complete information including FATCA/CRS details in the System.

Emp. No.

Signature of Bank Official

Name of the Branch Official :

Date :

Emp. No.

Signature of Bank Official

Name of the Branch Official :

Date :