

ONLINE ACCOUNT OPENING / APPLICANT INFORMATION FORM FOR RESIDENT INDIVIDUALS

Reference No. 230	41810001605835957	Customer ID.	Account No.			
Account Scheme	JSSA2 Purpose of A	ccount Online Account	Account Type Le	ead Id		
1. Applicant De	etails:					
Title	Full Name					
Mr.	Mulchandani Tarun					
Father's Name	Balchandbhai Mulchandani					
Mother's Name	Sharadaben Mulchandani					
Date of Birth	Gender Married	Spouse Name	Maiden Name Ex-service Man	PAN No.		
03/03/2002	Male Single		Y	GAVPM5023A		
Residential Status	Place of Birth	Country of Birth	Physically/visually handicapped	Aadhaar No.		
RESIDENT INDIAN	Viramgam	INDIA	Y	632344674468		
Occupation INF	FORMATION TECHNOLOGY			Code SR105		
Education	Nationality	Religion	Caste	Village Code		
	INDIAN	HINDU	GENERAL			
Name of Employer / F	Profession / Nature of Business	s / Industry				
2. Communica	tion / Residence Ac	ldress:				
Argusoft,A-66, K Rd,	GIDC Electronic Estate,					
GIDC Electronic Esta	te, Gandhinagar					
City/District GAND	HINAGAR	State	GUJARAT	Country INDIA		
Pin 382016	Phone No.	·	Mobile No. 8530829199			
E-mail ID tmulchandani@argusoft.com						
3. Permanent A	Address:					
Badhavado						
viramgam						
City/District AHMEI	DABAD	State	GUJARAT	Country INDIA		
Pin 382150	Phone No.		Mobile No.			

4. Kno	1. Know Your Customer (KYC) Details:								
KYC No	umber (If any)								
Attach the copies of the documents opted for and produce the original copies of these documents for verification.									
		Code	Document Identification No.	Da	ate of Expiry	Issui	ng Authori	ty	Place of Issue
Identity	/ Proof:	ID108	632344674468						
		Code	Document Identification No.	D:	ate of Expiry	Issui	ng Authori	ty	Place of Issue
Reside	nce Proof:				. ,				
Annual	Family Incom	e RS. 5.00 Lac	to Rs. 10.00 Lacs		Source	of Income	Salary		
Net Wo	rth Less thai	n Rs. 10 Lacs							
5. Info	rmation	on Credit	Facilities Availed:						
I Muici	nandani Tarur	n further undert	ake that:						
I do	not enjoy cre	edit(Fund based/	Non fund based) facility with Union	Bank/oth	ner Bank/s OR				
I en	njoy credit faci	lity/have current	accounts with Union Bank/other Ba	ank/s and	I the details are	e as under			
Vel	hicle loan	Housing loa	an Consumer loan	Edu	cational loan	Bus	iness loan		Credit Card
١	Name of the B	ank & Branch	Account No.		Facility		F	Amount	
6. Fac	ilities Re	equired:							
Ple	ase tick in the	respective boxe	es if you wish to avail the following f	facilities					
Account Type Regular Gold Platinum Privilege									
Y Cheque Book Collect from Branch Y Dispatch to my communication address									
Oliect from Branch Dispatch to the Communication address									
Statement by E-Mail Y Mobile Banking Y Debit Card Y Nomination Required Y 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.									
. S. Sig. T. S. Maria Co. S.									
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 doc	ument collected	Country of Residency for Tax pu	ırposes	Tax Identific	cation Number		functional	TIN issuing country

8. Declaration/Undertaking:

- 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
- 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	Mulchandani Tarun					
Branch GANDHII	NAGAR-UDYOG BHAVAN - eCB		Paste your passport size photograph and			
Mode of Operation	of Account Single		sign across the photograph and also in the box provided below			
			Delow			
Date						
Place						
For Bank Use Only						
9. CUSTOME	R 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	n from www.incometaxindia.gov.in	Nomination Form Received				
Applicant's name checked with Suspicious entities list KYC Documents verified with originals			inals			
The applicant is KY	C compliant Y N	Politically Exposed Y N				
and relevant docum signature is obtaine Name:	at this account opening form is complete in all respects nents have been obtained, verified with originals and ed in physical presence of the applicant.	Employee No.:hereby authoriz	ch Head/Operations Head), red/permitted to open the account.			
Emp. No. : Date :	 Signature:	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 GANDHINAGAR-UDYOG BHAVAN - eCB Branch. Nature of Deposit Saving Bank Account No. Name of nominee Title **Full Name** Balchandbhai Mulchandani Relationship with depositor FATHER Age Whether name of the nominee to be printed on Pass Book /Statement of Account/Deposit Receipt Address Badhavado viramgam GUJARAT AHMEDABAD State City/District Country INDIA 382150 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 Nomination for Add-on Debit Card Name Relation Date of Birth *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 nomination form DA-1 for making nomination from Mulchandani Tarun in respect of saving bank account. Recieved on _ Deposit Account No. For Union Bank of India Nomination Registration No.

Authorised Signatory