

कल्लाप्पाणा आवाडे इचलकरंजी

जनता सहकारी बँक लि., (मल्टीस्टेट शेड्युलड बँक)

हेड ऑफिस: जनता बँक भवन, मेन रोड, इचलकरंजी-४९६ ९९९,
जि. कोल्हापूर ☎ +९१ २३० २४२९३००
Website: www.ijlsbank.com



Kallappa Awade Ichalkaranji

Janata Sahakari Bank, Ltd.

(Multi - State Scheduled Bank)

Head Office: "Janata Bank" Bhavan, Main Road,
Ichalkaranji - 416 115. Dist. Kolhapur.
Tel: +91 230 2429300

SAVING ACCOUNT OPENING FORM

Branch / शाखा : _____ Branch No / शाखा क्र.: _____ Customer Id / ग्राहक क्र. : _____
C-KYC No.: _____ Account No. / खाते क्र.: _____ Date / दिनांक: DD MM YY

I/we wish to open a Saving Account as under (मी/आम्ही आपल्या बँकेत खालीलप्रमाणे सेव्हींग खाते सुरु करू इच्छितो)

अशी खूण करावी (Mark as ✓)	Customer Type / ग्राहक प्रकार : <input type="checkbox"/> Public / सामान्य <input type="checkbox"/> Staff / सेवक <input type="checkbox"/> HUF / हिंदु अविभक्त कुटुंब <input type="checkbox"/> Other / इतर
	Account Type : <input type="checkbox"/> Normal / सर्वसामान्य <input type="checkbox"/> Joint A/c / संयुक्त खाते <input type="checkbox"/> Student / विद्यार्थी <input type="checkbox"/> BSBD
	खात्याचा प्रकार : <input type="checkbox"/> SHG / महिला बचत गट <input type="checkbox"/> JLG / पुरुष बचत गट <input type="checkbox"/> Minor / अज्ञान <input type="checkbox"/> Other / इतर
Gender / लिंग : <input type="checkbox"/> Male / पुरुष <input type="checkbox"/> Female / स्त्री <input type="checkbox"/> Transgender / तृतीयपंथी	
Account Operating खातेवर व्यवहार करणे विषयी सूचना <input type="checkbox"/> Self / स्वतः <input type="checkbox"/> Jointly / संयुक्त <input type="checkbox"/> Either or Survivor / प्रथम अथवा जीवित <input type="checkbox"/> Minor by Guardian / अज्ञान पालनकर्ता <input type="checkbox"/> Other (Please Specify) / इतर _____	

Account Holders Name / खातेधारकाचे नांव
Mr/Mrs/Ms श्री / सौ / कु Name / नाव Middle Name / वडीलांचे/पतीचे नाव Surname / आडनाव
1) _____ 2) _____
3) _____ 4) _____

Passport Size
Photograph

1st Applicant

Passport Size
Photograph

2nd Applicant

Passport Size
Photograph

3rd Applicant

Passport Size
Photograph

4th Applicant

Signature/Thumb Impression
First Holder / सही

Signature/Thumb Impression
Second Holder / सही

Signature/Thumb Impression
Third Holder / सही

Signature/Thumb Impression
Fourth Holder / सही

PAN No. 1. _____ 2. _____ 3. _____ 4. _____
पॅन नं.
Adhar No. 1. _____ 2. _____ 3. _____ 4. _____
आधार नं.
DOB 1. _____ 2. _____ 3. _____ 4. _____
जन्मतारीख
Mob. 1. _____ 2. _____ 3. _____ 4. _____
सो.नं.

Nationality / भारतीय / भारतीय

Indian / भारतीय

Indian / भारतीय

Indian / भारतीय

Attach documentary evidence of Age for Minor/Senior Citizen (above 60 years) अल्पवयीन/ज्येष्ठ नागरिक यांच्या वयाच्या पुराव्यादाखल कागदपत्रे जोडावी (६० वर्षावरील)

Deposit Details : Payment by (रक्कम) ☐ Cash ☐ Cheque Cheque No. _____ Date: ____/____/____ Rs. _____

Permanent Address: _____

कायमस्वरूपी पत्ता: _____

Village / City / गाव / शहर : _____ Pincode / पिनकोड : _____

Taluka/तहसील: _____ District/जिल्हा: _____ State / राज्य : _____

**Kallappa Anna Awade Ichalkaranji Janata Sahakari Bank, Ltd. (Multi - State Scheduled Bank)**

Communication Address : _____

संपर्काचा पत्ता : _____

Village / City / गाव / शहर : _____

Pincode / पिनकोड :

Taluka/तहसील : _____

District/जिल्हा : _____

State / राज्य : _____

E-mail ID / ई-मेल : _____

Member / Nominal Member No. सभासद / नाममात्र सभासद क्रमांक _____

If Minor (Details) / अज्ञान असल्यास (तपशिल)(Minors Birth Certificate is Mandatory / अज्ञानाच्या जन्मतारखेचा दाखला अनिवार्य) Date of birth / जन्मतारीख

Guardian's Name / पालकाचे नाव _____

Guardian's Relation / पालकाचे नाते _____

Guardian's Address / पालकाचा पत्ता _____

Declaration by Guardian in case of Minor Applicant / अर्जदार अज्ञान असल्यास पालनकर्त्याचा जाहीरनामा :

I hereby declare that the date of birth of minor who is my..... is true and correct and I am his / her natural guardian/legal guardian appointed by the court order (copy enclosed). I shall represent the said minor in all future transactions of any description in the above until the said minor attains majority. I indemnify the bank against the claim of above minor for any withdrawal/transactions made by me in his / her accounts.

मी जाहीर करतो की माझा/माझी जी/जो अज्ञान आहे. मी तिला/त्याचा(तिची/त्याची) नैसर्गिक/न्यायालयाने नेमून दिलेला कायदेशीर पालक आहे. (दाखल्याची प्रत जोडलेल आहे) वर उल्लेखित अज्ञान व्यक्ती सज्ञान होईपर्यंत मी त्याचे/तिचे प्रतिनिधित्व सर्व व्यवहारांकरिता करेन. त्याच्या/तिच्या खात्यातील केलेल्या कोणत्याही व्यवहाराविषयी अज्ञान व्यक्तीच्या दाव्यापासून बँकेच्या बचावाची मी तरतूद करित आहे.

Guardian's Signature / पालनकर्त्याची सही _____

Personal Information (Mark as(✓) / वैयक्तिक माहिती (✓अशी खूण करावी)

Religion / धर्म : ☐ Hindu / हिंदु ☐ Buddhist / बुद्ध ☐ Muslim / मुस्लिम ☐ Sikh / शीख
☐ Christian / ख्रिश्चन ☐ Jain / जैन ☐ Zoroastrian / पारशी ☐ Other / इतर

Caste / जात : ☐ Open / खुला ☐ OBC / ओबीसी ☐ NT / एन टी ☐ SC/ST / एस.सी./एस.टी. ☐ Other / इतर

Marital Status / वैवाहिक स्थिती : ☐ Single / अविवाहित ☐ Married / विवाहित ☐ Widow / विधवा

Education / शिक्षण : ☐ Primary/SSC/HSC / प्राथमिक/एस एस सी/एच एस सी ☐ Graduate / पदवीधारक
☐ Under Graduate / पदवीपर्यंत ☐ Post Graduate / पदव्युत्तर

Occupation / व्यवसाय : ☐ Salaried / नोकरदार ☐ Business / व्यवसाय ☐ Retired / सेवानिवृत्त ☐ Student / विद्यार्थी
☐ Farmer / शेती ☐ Self Employed / Professional / स्वयंरोजगार / व्यावसायिक ☐ House Wife / गृहिणी ☐ Other / इतर

If Salaried, Employed with / नोकरदार असल्यास नोकरीचे ठिकाण

☐ Public Co / सार्वजनिक संस्था ☐ Pvt. / खाजगी संस्था ☐ Govt. Sector / शासकीय विभाग
☐ Other / इतर : _____ Name of the Employer / मालकाचे नाव : _____

If Self Employed Professional / स्वयंरोजगार असल्यास :

☐ CA / हिशेब तपासणीस ☐ Engineer / अभियंता ☐ Doctor / वैद्य ☐ Lawyer / वकील
☐ Consultant / सल्लागार ☐ Architect / स्थापत्य अभियंता ☐ Other / इतर _____

Annual Income (approx.) वार्षिक उत्पन्न(अंदाजे)

☐ २ लाखापर्यंत Upto 2 Lakh ☐ २ लाखापेक्षा जास्त व ५ लाखापर्यंत More than 2 Lakh Upto 5 Lakh ☐ ५ लाखापर्यंत Upto 5 Lakh ☐ १० लाखापर्यंत Upto 10 Lakh ☐ १० लाखापेक्षा जास्त More than 10 Lakh

Debit / Credit Facilities in any other Bank / दुसऱ्या कुठल्या बँकेत कर्ज / ठेव सुविधा असल्यासBanking relation with other Bank / इतर बँकेत खाते असल्यास : Yes / होय ☐ No / नाही ☐

Name of the Bank / बँकेचे नांव : _____ Branch / शाखा : _____

☐ Saving / सेव्हिंग ☐ Current / चालू ☐ Other, if any / इतर काही कर्ज असल्यास तपशील _____**Declaration / जाहीरनामा**

I/we have read and understood the terms & conditions. I/we accept and agreed to be bound by terms and conditions applicable from time to time. I/we agree that Bank may debit my/our account for service charges as applicable from time to time for the use of required services. Terms & Conditions as mentioned on page no. 7 & 8 of this form has been read, understood & binding on me. / मी/आम्ही नियम वाचले व समजून घेतले. मला/आम्हाला सर्व नियम मान्य असून, नियमांत वेळोवेळी होणारे बदल पाळण्यास आम्ही बांधील आहोत. माझ्या/आमच्या खात्यातून वेळोवेळी आवश्यक असणारे सर्व्हिस चार्जेस घेण्यास माझी/आमची मान्यता आहे. पान न. ७ व ८ वरील नमूद केलेले सर्व नियम व अटी वाचले असून ते सर्व मला मान्य व कबुल आहेत.

Applicant's Signature/ अर्जदाराची सही _____



कल्लाप्पाण्णा आवाडे इचलकरंजी जनता सहकारी बँक लि., (मल्टीस्टेट शेड्युल्ड बँक)

NOMINATION FORM-DA-1 / नामांकन फॉर्म - डी ए - १ (वारसनांद)

Nomination under section 45ZA read with section 56 of the Banking Regulation Act, 1949 and Rule 2 (1) of the Co-operative Banks (Nomination) Rules, 1985 in respect of bank deposits / बँकेकरीता ठेवीबाबत बँकींग रेग्युलेशन अॅक्ट, १९४९ चे कलम ५६ बरोबर कलम ४५ झेड ए आणि सहकारी बँकेचे (नामनिर्देशन) नियम, १९८५ चे नियम २(१) नुसार नामनिर्देशन.

I/We Nominate following named person as my/our nominee after my/our death & is entitled legally to receive the money as per Banking Regulation Act. 1949 & The Co-operative Bank (Nomination) Rule 1985.

माझ्या/आमच्या मृत्युनंतर खालील व्यक्तीस कायदेशीररित्या पैसे मिळण्यास बँकिंग रेग्युलेशन अॅक्ट १९४९, तसेच को. ऑपरेटिव्ह बँकेचे (नामनिर्देशन) नियम १९८५ नुसार मी/आम्ही खालील व्यक्तीचे नामनिर्देशन करित आहे /आहोत.

(Only one person can be nominated per account / एका खात्यासाठी फक्त एक व्यक्तीचे नामनिर्देशन होऊ शकते.)

☐ १) मी / आम्ही सदर ठेव खात्यासाठी मला/आम्हास कोणताही नामनिर्देशन करावयाचे नाही. मी/आम्ही स्वच्छेने घोषणापत्रक सादर करित आहे/आहोत.

☐ २) मी/आम्ही खाली नमूद केलेल्या व्यक्तीस वारस म्हणून नेमणूक करित आहे/आहोत. ज्यास माझी/आमचे मृत्युनंतर माझी /आमचे खात्यास जमा रक्कम परत देणेत यावी.

वारसाचे नांव	पत्ता	खातेदाराशी नाते (जर असल्यास)	वय	जन्मतारीख	वारसाचा प्राधान्य क्रमवारी क्र.	हिस्सा (%)	अज्ञान असलेस पालकांचे नांव
१.							
२.							
३.							
४.							

२) वरील तारखेस वारसपैकी क्रमांक अज्ञान असलेने त्याच्या अज्ञानाच्या कालावधीत मृत्यू झालेस अज्ञानाच्या वतीने जमा रक्कम मिळणेसाठी मी पालक म्हणून वर नोंदविलेल्या व्यक्तीची नेमणूक करित आहे.

टीप : जेव्हा अज्ञानाच्या नांवे ठेव ठेवली असल त्यावेळी पश्चात वारसाची नोंद ही अज्ञानाच्या वतीने कायदेशीररित्या हक्क प्राप्त असणाऱ्या व्यक्तीने सही केली पाहिजे.

Applicant's Signature / अर्जदाराची सही
मो. १)

Applicant's Signature / अर्जदाराची सही
२)

Applicant's Signature / अर्जदाराची सही
३)

Applicant's Signature / अर्जदाराची सही
४)

Date / दिनांक :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Witness / साक्षीदार : १)

Signature/ सही _____

Name / नाव _____

Address / पत्ता _____

Witness / साक्षीदार : २)

Signature/ सही _____

Name / नाव _____

Address / पत्ता _____

For Office Use (To be Verify by Branch only)

Check Points for Compliance of KYC Policy (आपला ग्राहक ओळखा)

List A- Proof of identity (Any one-Tick the document obtained)

- | | |
|--|--|
| <input type="checkbox"/> Passport | <input type="checkbox"/> Narega ID Card |
| <input type="checkbox"/> Voter ID Card | <input type="checkbox"/> Govt. ID Card |
| <input type="checkbox"/> Driving License | <input type="checkbox"/> Aadhaar Card |
| <input type="checkbox"/> Photo Credit Card | <input type="checkbox"/> Any other Proof (Specify) |

[Mark as (✓)]

List B- Proof of Address (Any one-Tick the document obtained)

- | | |
|--|--|
| <input type="checkbox"/> Passport | <input type="checkbox"/> Employer's letter with address |
| <input type="checkbox"/> Voter ID Card | <input type="checkbox"/> Letter from public authority with address |
| <input type="checkbox"/> Latest Utility Bill | <input type="checkbox"/> Aadhaar Card |
| <input type="checkbox"/> Driving License | <input type="checkbox"/> Any other proof (Specify) |
| <input type="checkbox"/> Rent/Lease Deed | <input type="checkbox"/> Credit Card Stt. |

Check Points for compliance of KYC Policy (आपला ग्राहक ओळखा)

Description	Yes/No (Y/N)	Description	Yes/No (Y/N)	Description	Yes/No (Y/N)
1 Copy of PAN Card	<input type="checkbox"/>	4 Proof of identification (as per list A) obtained	<input type="checkbox"/>	7 Declaration ment for illiterate person/blind person/pardanshin ladies/Guradian of minor obtained	<input type="checkbox"/>
2 Declaration of Form No.60 or 61 obtained	<input type="checkbox"/>	5 Proof of address (as per list B) obtained	<input type="checkbox"/>	8 Risk Rating has been done & marked in system	<input type="checkbox"/>
3 Recent photograph/s of the applicant/all the joint applicants obtained	<input type="checkbox"/>	6 Identity of prospective customer does not match with person with known criminal background/banned in individual terrorist	<input type="checkbox"/>		

Customer Risk Rating Mark as () Risk Rating of Customer at Initial Stage : ☒ High ☐ Medium ☐ Low ☐

For Branch Verification

I have verified all the relevant Documents and the Account Holder Have signed before me. Particulars of Form DA1 are entered and nomination has been registered.

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Clerk

Officer

Asst. Manager / Branch Manager



E-Banking Services Application / I/We wish to avail following E-Banking Services.

☐ Debit cum ATM CardI/We request you to issue ☐ Insta Card ☐ Personalised Debit Card ☐ Platinum Card ☐ Other _____☐ SMS Banking

I wish to register my account for SMS-Messaging. My Mobile Number

☐ Aadhaar - Linking कृपया माझे सेव्हिंग खाते आधार नंबरशी जोडण्यात यावे. Enrolment No.

Please link my account to following Aadhaar No.

For Central Account Opening Cell (CKYC) Use Only

At the time of receiving the application,
confirmed all A/c No., A/c Holder, all signatures and other details onApplication Updated
in CBS.

Name of the Officer : _____ Employee No. : _____

Date :

Signature : _____

CENTRAL KYC REGISTRY Know Your Customer (KYC) Application Form - Individual

Institution Code IN - 1481

Important Instruction - (Fields marked with '*' are mandatory) Fill in Block Letters

<input type="checkbox"/> 1. PERSONAL DETAILS -	Prefix	First Name	Middle Name	Last Name
Name (Same as ID Proof) * नांव				
Maiden Name (If any) * लम्नापुर्वीचे नांव				
Spouse Name * जोडीदाराचे नांव (पती/पत्नी)				
Father Name * वडीलांचे नांव				
Mother Name * आईचे नांव				
Date of Birth * जन्म दिनांक	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Status *	<input type="checkbox"/> Resident Individual <input type="checkbox"/> N R I	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Other		

***Important Note :** In case of 1) Authorised signatories are more than one & 2) Guardian of the minor, separate/additional KYC Application from should be attached

Declaration about FATCA & Beneficial Owner

Important Instruction – (Fields marked with '*' are mandatory fields)

☐ 1. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION (S)

DETAILS REQUIRED*

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)

Country of Tax Residency	PAN/TIN(Tax Identification No.) / Functional Equivalent	PAN/TIN Issuing Country /Functional Equivalent issuing Country	Expiry Date	Documents provided #

Place / City of Birth* _____ ISO 3166 Country Code of Birth*

#Self attested copy of documentary evidence for TIN / Functional Equivalent and tax residency should be mandatorily provided.

If USA then whether Specified US Person – ☐ Yes ☐ No. If No, provide exclusion Number. _____If other than Indian and USA then whether other reportable person – ☐ Yes ☐ No. If No then provide the exclusion number.

☐ **2. Classification of Entity (Related information available with branch)****A. Financial Institution :**

- Reportable Financial Institution - ☐ Yes ☐ No. If Yes, provide GIIN _____
- Non-reportable Financial Institution - ☐ Yes ☐ No. If Yes Provide Category. _____
- Sponsored Investment Entity / Trustee Documented Trust : ☐ Yes ☐ No.
If Yes : Name of the Sponsor / Trustee : _____
GIIN of the Sponsor / Trustee _____
- Non-Participating Financial Institution : ☐ Yes ☐ No.
- Owner documented Financial Institution : ☐ Yes ☐ No. If Yes then for each controlling person who is tax resident outside India.

OR**B. Non-Financial Entity (NFE)**

- Active NFE : ☐ Yes ☐ No. If Yes, Provide category ☐ ☐
If listed Company, Name of the stock exchange on which listed : _____
If related entity of listed Company, name of the company and name of the stock exchange on which listed _____

OR

- Passive NFE : ☐ Yes ☐ No. If Yes Provide Category.
Each controlling person who is tax resident outside India should fill Annexure C2 **OR**
- Direct Reporting NFE : ☐ Yes ☐ No. If yes, provide GIIN _____

☐ **3. Beneficial Owner****For Company – in case of stake 10% or more than of capital & For Trust - Author of the trust, the trustee or Interest in the trust more than 10% & For Partnership Firm / AOP stake 15% or more.**

No.	Prefix	First Name	Middle Name	Last Name	% of Stake
1					
2					
3					
4					

The Declaration & Undertaking has been explained to me / us in my / our mother tongue. I/We have acknowledge the Declaration & Undertaking given by Bank.Signature/Thumb Impression of
Sole/1st ApplicantSignature/Thumb Impression of
Sole/2nd ApplicantSignature/Thumb Impression of
Sole/3rd ApplicantSignature/Thumb Impression of
Sole/4th Applicant**For Office Use Only**

I have verified all the relevant Documents and the Account Holder Have signed before me.

Date

Clerk

Officer

Asst. Manager / Branch Manager



Aadhaar Consent – KYC ONLY

I/ We hereby submit voluntarily at my/our own discretion / without any compulsion from the Bank and/or its staff, the physical copy of Aadhaar card/physical e-Aadhaar / masked Aadhaar / offline electronic Aadhaar xml as issued by UIDAI (Aadhaar), to Kallappanna Awade Ichalkaranji Janata Sahakari Bank Ltd., for the purpose of establishing my/our identity/address proof and voluntarily give my/our consent to open account/process instructions for the said purpose with Kallappanna Awade Ichalkaranji Janata Sahakari Bank Ltd., in my/our individual capacity/ies using my/our Aadhaar or as an authorized signatory in non-individual accounts and; hereby consent to Kallappanna Awade Ichalkaranji Janata Sahakari Bank Ltd., for verification of my/our Aadhaar to establish its genuineness through Quick Response (QR) code embedded in the Aadhaar card or through such other acceptable manner as per UIDAI or under any Act or law from time to time.

The consent and purpose of collecting Aadhaar has been read by explained to me/us in local language known to me and I have understood the contents of the same. Kallappanna Awade Ichalkaranji Janata Sahakari Bank Ltd., has informed me/us that my/our Aadhaar submitted to the bank herewith shall not be used for any purpose other than mentioned above, or as per requirements of law.

Kallappanna Awade Ichalkaranji Janata Sahakari Bank Ltd., has informed me/us that this consent and my/our Aadhaar will be stored along with my/our account details within the bank.

I/We hereby declare that all the information voluntarily furnished by me/us is true, correct and complete. I/We will not hold Kallappanna Awade Ichalkaranji Janata Sahakari Bank Ltd., or any of its officials responsible in case of any incorrect information provided by me/us.

☐ **Declaration and Undertaking by Applicant :**

- 1) I / We hereby declare that I am/we are voluntarily submitting and / or are desirous voluntarily to undergo Aadhaar Authentication process provided by the Unique Identification Authority of India (UIDAI) for availing subsidies. Benefits / Services covered by Section 7 of the Aadhaar Act, for the purpose of transfer of any monetary subsidy or benefit to my / our account as well as for facilitating the withdrawal of money by me / us through Aadhaar based micro-ATM machine, AEPS, BHIM Aadhaar Pay etc., I/We request to link this account to my / our AADHAAR Card Number/s submitted to you for receiving Subsidy Government of benefits. **AND**
I / We hereby declare I/We is/are voluntarily providing physical copy of the Aadhaar card for establishment of KYC/e-KYC for opening of my / our account with Kallappanna Awade Ichalkaranji Janata Sahakari Bank Ltd., _____ Branch and / or for KYC/e-KYC updation in respect of my/our existing Account bearing Account No. _____ with Kallappanna Awade Ichalkaranji Janata Sahakari Bank Ltd., _____ Branch.
- 2) I / We Permit / authorize the Bank to collect, store, communicate process and share information relating to the account and / or any of the above mentioned facilities and all transactions there in, to regular Centers, central KYC Registry and any other Bank including my/our confidential information as an when required for compliance with any law or regulation whether domestic or foreign.
- 3) **I / We hereby consent to receive information from Central KYC Registry through SMS/E-Mail on the mobile number / E-Mail Address provided in this form. Also I/We here by Consent to download My/Our CKYC records from the central KYC records registry pertaining to Digital Personal Data Protection Act 2023**
- 4) The information provided by me/us in this 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.
- 5) I/We Understand that the Bank may at the absolute discretion, discontinue any of the services completely or partially without any notice to me/us. I/We agree that the Bank may debit charges to my/our account for operations effected through transaction from Savings/Current Account and/or use of Internet Banking/SMS Banking / Rupay Card etc.,
- 6) I/We shall indemnify the Bank for any loss that may be suffered by the Bank on account of providing incorrect or incorrect information.
- 7) I/We declare that I/We have the capacity to sign for the Entity as per CBDT rules/SEBI/RBI guidelines.
- 8) I/We hereby accept and acknowledge that the Bank shall have the right and authority to carryout investigations from the information available in public domain for confirming the information provided by me/us to the Bank.
- 9) I confirm that I do not have any other existing Customer Ids apart from the one mentioned on the account opening form. In case found otherwise, Bank reserves the right to consolidate the Customer Id's as may decide, without any prior notice to me.
- 10) I know as per RBI guidelines Bank have authority to exercise due diligence by closely examining the transactions carried out in the my account on an ongoing basis. This is done in order to ensure that the transactions are in sync with my profile as provided while opening the account. If there be any change in my profile details, it's my responsibility to update the same with Bank record

Signature/Thumb Impression of
Sole/1st Applicant

Signature/Thumb Impression of
Sole/2nd Applicant

Signature/Thumb Impression of
Sole/3rd Applicant

Signature/Thumb Impression of
Sole/4th Applicant

Date :-

Place :-



Terms and Conditions / नियम व अटी

1. **Meaning** - The Term Bank refers to the Kallappanna Awade Ichalkaranji Janata Sahakari Bank Ltd.; 'ATM' refers to the Automated Teller Machine installed of the branches of the Bank. 'Card Holder' refers to the Authorized User of 'ATM Card'. The 'CIS' refers to Card Issuing Branch of the Bank and 'ITC' refers to Information Technology Cell at Head Office of the Bank. The applicant (hereinafter called THE CARDHOLDER) along with the joint a/c holder, if any, of the Savings / Current account unconditionally accept the following terms & conditions for using the ATM Card.
2. **ATM-Account Eligibility:** a. A satisfactorily KYC complying savings / current account to be eligible for opening of an ATM Account. b. The cardholder shall give his preference of such account(s) held by him in writing on this application form for the issue of 'ATM card'. c. An account operated under joint signature(s) shall be eligible to be an 'ATM Account'. d. Special Accounts: In case of Partnership Firm, Private Limited, Ltd Company, Co-operative Soc, Trust, HUF and Pensioners account ATM cards will not be allotted. e. Joint Account : In case of joint account, the card shall be offered in the first name, who will be authorized to utilize to this card. But all accountholders in joint account will be held responsible made through ATM.
3. **ATM - PIN** (Personal Identification Number): PIN Select: Each ATM card holder shall be issued his or her 'Personal Identification Number' (PIN) to gain access to the ATM services and to operate account. The Card holder should change his pin immediately on receipt of printed pin mailer issued by Branch. The PIN shall under no circumstances be disclosed or open to any third party or keep the card & pin together. The card holder should keep memory of his PIN and maintain its secrecy to avoid any misuse and keep custody of ATM card safe and inaccessible. The cardholder shall be solely responsible for the consequences arising out of the disclosure of his PIN and / or unauthorized use of ATM card and shall be liable for any increased liability which he may incur on account of unauthorized use of the PIN & ATM card.
4. **ATM Card Validity:** The ATM card will be valid maximum for a period of seven years from the date of issuance of card. However, validity period may be extended for further period under notice to the card holder.
5. **Minimum Balance:** Minimum balance at all times is required to be maintained as may be specified by the bank from time to time while enjoying the Debit-Cum-ATM Card facility. The bank has liberty to entail the penal interest or service charges as per the Bank's rules from time to time. The bank reserves the right to continue or discontinue this service unilaterally without assigning the reason to the customer.
6. **Fees:** All fees related to ATM facility as determined by the Bank from time to time shall be payable forthwith on issuance of card and recovered by debiting the ATM card holders 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 withdraw the ATM card facility.
7. **Non transferability:** ATM card is non transferable under any circumstances. The ATM Card is and shall be meant for individual and not joint operations by any number person/s more than one.
8. **Card Ownership :** The card is and shall remain the property of the Bank and will be surrendered to the Bank upon request or in the event of cardholder no longer requiring the service.
9. **Loss of card:** In case of loss or theft of the ATM card the cardholder shall intimate to bank immediately on same date in writing of loss / theft of ATM card. The cardholder shall advise the branch as prompt as possible in writing of the loss of the card howsoever off coming. The cardholder shall however be responsible for all transactions effected by use of the card until it is on confiscated / cancelled it is mandatory on the part of the cardholder to lodge police complaint at the nearest police station where the incidence of theft occurs. The cardholder 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. Another ATM card will be issued to account holder in lieu of lost / stolen/damage ATM card on payment of card fees /charges. The card holder will have give the declaration form to the respective branch in the prescribed format as specified by bank.
10. **Refusal / termination / withdrawal of ATM CARD:** The Bank has absolute right and sole discretion to refuse to issue or to renew or to cancel or to suspend or to call off or to withdraw facility for misuse, malfunction, tampering ATM, non payment of account charges, interest, dues etc. without assigning any reason therefore or giving prior notice.
11. **Indemnification:** ATM cardholder shall indemnify the Bank for the loss or damage caused, directly or indirectly, by his act of commission / omission contrary to any of the terms and conditions, or even otherwise.
12. **Closure / Termination:** ATM cardholder if desires to close the ATM account or terminate ATM facility can do so provided minimum seven working days prior written notice to Bank is given along with surrendering ATM Card to the Bank. The closure of such account will be allowed only on settlement of all-dues in connection with ATM facility.
13. **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 sought. 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.
14. **CHANGE IN STATUS OF SAVING / CURRENT ACCOUNT:** Any change in mode of operation of Savings / Current account of the cardholder by way of closure, transfer or any other such way will not be allowed, unless the card is surrendered and due if any against it are paid.
15. **NOTICE TO WITHDRAW DEPOSIT / CLOSING THE ACCOUNT:** If the cardholder desires to close his / her Savings / Current account or even otherwise decides to terminate the use of ATM Card facility he / she shall forthwith surrender the card at the branch and obtain a valid receipt.
16. **DELISTING OF CARD:** A card can be de-listed for loss of card misuse of card expiry of validity period of card damage of card on specific request form the cardholder option of customer withdrawing from the scheme demise/Lunacy/insolvency of the cardholder any other eventuality such as police case, judicial order, operation of law etc., which may demand delisting.
17. **Authority & Responsibility:** i) The Bank shall not be responsible for any loss or damage arising directly or indirectly as a result at any malfunction failure of the ATM card or the ATM or for the temporary Insufficiency of funds in such machine or otherwise whatsoever. ii) The Bank reserves the right to limit the amount which may be withdrawn by cardholder daily any time without giving, any prior notice. The Bank also reserves the right to restrict the ATM to certain Hours of the day as may be notified and displayed from time to time. iii) The Bank reserves the right to amend, add or delete any of terms & conditions or rules without prior notice to ATM account Holder. iv) It is sole responsibility of the cardholder, for the transaction done by ATM card as with cardholder's knowledge or authority, express or implied.
18. **Refund of Amount:** If the cardholder withdraws the amount from the other BANKS Network ATM, and if the cardholder not receives the amount then he / she has to fill up the complaint form to branch within 30 days from the date of transaction. After the process is done it will take nearly 07 days to credit the amount to the customer account.
19. **DELIVERY OF CARD:** Upon receiving information from the Bank that the card is ready the cardholder shall go to the designated officer / branch manager of the bank and take delivery of the card after sufficiently establishing his / her identity.
20. **DELAY IN TRANSACTIONS:** The Bank is and shall not be held responsible for any loss or damage or in convince caused to the cardholder if the cardholder is not honored in the desired manner for whatsoever reasons disrupted due to failure of software / hardware or exhaustion of cash in ATM Centre. However Bank will take reasonable care in servicing the cardholder.
21. **TRANSACTIONS RECORD:** A cardholder shall accept the Bank's record of transactions as final conclusive and binding for all purposes.
22. **DRAWING LIMIT FIXATION:** The Customer can withdraw Rs.20,000/- (Rs. Twenty Thousand) per day through the balance amount. The exposure limit shall be decided by the bank from time to time as and when required, which will be binding on customers.
23. **CHANGE OF T&C:** The Bank reserves the right to act or to delete any / or to vary any one of these terms & conditions of any time without any notice.
24. **IRREVOCABILITY OF POWERS:** All authorization and powers conferred herein on the bank are irrevocable.
25. **Instant Debit Card :** Instant Debit card will be provided in Well- Come Kit. This Debit card doesn't have printed card holders name. Except this, all other terms and conditions as above said are same for Instant debit card. If any customer wants his/her name printed on card, then he/She have to make an application for personalized debit card and needs to submit Instant Debit Card to bank.
26. The transaction made after Bank's working hours shall be recorded on the account of cardholder on next day as value date.



कल्लाप्पाण्णा आवाडे इचलकरंजी जनता सहकारी बँक लि., (मल्टीस्टेट शेड्युल्ड बँक)

Any Branch Banking:

1. The Bank shall facilitate payment and collection of cheques through all its branches while I/we shall have one account at the branch (for short 'Home Branch'). Bank shall also accept cash from me/us/ and pay in cash against presentation of cheques drawn by me/us in favor of myself/ourselves with the Home Branch as per the applicable limits for the account. The cash transaction will be on the same lines as is the case when deposits/withdrawals take place at the home branch. Charges for cash deposit in branch other than home branch will be as per bank rules.
2. While the instruments for and on my/our behalf will be collected in local clearing, the credit in respect of the proceeds there under will be afforded at the home branch on and subject to realization at the respective center(s) Branch(es).
3. The Bank entitle to debit by its home and any other branch(es) in my/our account as its base branch against the cheques presented at various branches of the Bank.
4. My/our written intimation of "stop payment" to the various branches of the Bank will be at my/our risk and I/we agree to grant a lead time of at least 24 hours for intimation of such "stop payment" instruments to all its branches. In case of any mutilated and/or erroneous information which may emerge by of due any communication error and if the "stop payment" is not carried out in good faith based in the said information, the bank shall not be held responsible for the said act.
5. I/We agree to inform my/our existing bankers for the availment of any of the facilities hereby granted to me/us. I/we also agree from time to time to furnish such information details and the documents to the existing bankers and also the bank as is mandatory under the law and force from time to time or as the bank regards necessary and/or expedient under the banking practice/procedure.
6. The agreement herein contained shall not affect prejudice or derogate from the bank's rights and privileges under the law including the right to claim set off general and the bankers disposing or retaining lien or similar rights pertaining to my our credit balance in the account with the bank.
7. In the event of any malfunctioning and/or break down in the working of the said network for the reasons beyond the control of the bank, the benefits and the facilities hereby granted to me/us will stand suspended during such break-down in which case the bank will not in any manner be liable and /or responsible to me/us for any damages/compensation and/or for any other consequences arising out of such suspension.
8. I/we agree to hold the Bank indemnified in case the bank suffers any loss in account of operation of the scheme for my/our benefit.

Saving Deposit Account:

1. The saving bank accounts should be used to route the 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. Third Party instruments enclosed in favor of the account holder will not be accepted.
2. Interest on Saving Bank deposit is calculated at a rate fixed by RBI or bank from time to time. This interest will be paid quarterly basis 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 and on the website. The non-maintenance of the adequate balance shall automatically entitle the Bank to levy the charges for non-maintenance of balance. In such an event, the Bank shall have first right to set-off any available credit that may be available in the account including from amounts flowing into said account for collection proceeds or any deposits. Notwithstanding the above, if the Bank is of opinion that if the customer does not maintain minimum balance and/or if the account remains a Zero balance and/or the overall conduct of the account is not satisfactory, the Bank shall have a right to close the account by issuing reasonable period notice. In the event, if the said account is funded within reasonable period, the Bank may not exercise the said right to closure. If not, the Bank shall close the account without any further notice to customer.
4. 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 along with complete KYC has to be made by the customer.
5. 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 accounts without any further notice to the customer.
6. 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 ATM card, ECS Credit & Debit, 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 leviable to customer.
7. The Saving Bank Account entitles free access to The Kallappa Anna Awade Ichalkaranji Janata Sahakari Bank Limited, Internet Banking unless otherwise stated.
8. All other charges for services like RTGS, NEFT, E-Tax payment facility, SMS Banking, ATM Card Usage and any other services etc. will be applicable as per banks rules issued from time to time.
9. Any change of address or contact details should be immediately communicated in writing to the bank along with address proof. If bank is unable to inform any changes in rules or service charges due to wrong submission of contact details or due to failure to submit the updated contact details by applicant, then it will be sole responsibility of applicant and all the changes will be binding.
10. There is no restriction on number of deposits that can be made into the account.
11. The account holder can withdraw money personally from his/her Saving Bank Account by using Banks Standard withdrawal form. The pass book must accompany the withdrawal form. Debit-Cum-ATM card can also be used in ATM for cash withdrawal. Third party payments through withdrawal forms are not permitted. The maximum number of debit entries i.e. withdrawals or cheque or transfer etc. permitted in account is 96 per year or as decided by bank from time to time.
12. Accounts may be transferred between branches of the Bank at the request of account holder(s). Request for closure of account should accompany with pass-book, unused cheque leaves and Debit-Cum-ATM card. Joint accounts can be closed only at the request of all such joint signatories.
13. I permit/authorize the bank to collect, store communicate and process information relating to the account and all transactions therein, by the Bank 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.

Declaration:

I/We read the terms and conditions on the Bank's Website (www.ijbank.com) and detailed in the terms and conditions available at Branch, governing the opening of account with bank and those relating to use of various services including but not limited to above explained i.e. ATM cum Debit Card facility, Branch Banking and Saving Deposit Account etc. I/we have understood the same and agree to abide by such/any other terms and conditions that may be in force from time to time. I/we have also read the Bank's Schedule of charges for the respective and agree to abide by the same. I/we have also understood that all the terms & conditions and the service charges are subject to change without any prior notice. The information furnished / declaration given by me/us in this form is true and I/we shall be held responsible for the same at all time. I/We also understand that the continuation of the accounts is at the Bank's sole discretion, and in case of dissatisfaction with the conduct of the account, the bank has right to close the account after giving suitable notice of withdraw some/all services /concessions granted to me/us.

Date / दिनांक :

D	D	M	M	Y	Y	Y	Y
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Applicant's Signature / अर्जदाराची सही