



Sangli Urban Co. Op. Bank Ltd. Sangli

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Form No. 34/ Chougule/5000/10-2025

Individual

Account Opening Form - (Saving/Term Deposit)

Branch :

Date :

Important Instructions :

A) Fields marked with '*' are mandatory.

B) Please fill the form in English and in BLOCK letters.

C) CERSAI KYC number is mandatory for KYC update request.

For office use only :

Account No.* Scheme / Deposit Type*

Nomination No.*

Account Type* Normal ☐ Simplified ☐ Small ☐ Risk Classification* ☐ L ☐ M ☐ H

Account to be opened* Saving ☐ Recurring ☐ Pigmy ☐ Term Deposit ☐

Deposit Type* Term Deposit Duration* Years Months Days

Interest rate (Applicable as of date) % Interest frequency* Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☐ On maturity ☐

Amount deposited with Application* ₹ Rs. in words

Instalment Amount for Recurring Deposit* ₹ Auto Renewal required for Term Deposit* Yes ☐ No ☐

Interest payout / maturity payment to Account No.

Standing instruction for Recurring instalment to be executed from Account No.

No. of account holders (Submit personal details for each account holder)

	Prefix	First Name	Middle Name	Last Name
Account to be opened 1) in the Name of*				
2)				
3)				
4)				

(Submit personal details for each account holder except minor)

Details of Related Person in case of Minor

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Date of birth of Minor*

Name*

(Submit personal details in separate form)

Operating Instructions

Self / Single ☐ Either or Survivor ☐ Former or Survivor ☐ Jointly ☐ Any one of Survivor ☐

In the event of death of any one allow premature withdrawal of the deposit to the survivor (s) ☐

Other Facilities Required

Facilities Required ☐ Cheque Book ☐ ATM Card ☐ SMS Alerts ☐ QR Code

Name to be embossed on ATM Card

Mobile Number for SMS alerts

Introduction Details

Introducers Name*

Branch*

Customer ID*

Account Type*

Account No.*

I know the applicant / applicants / entity since last months / years. _____

I confirm the identity, occupation and address of the applicants / applicants mentioned in this account opening form.

Date : Place :

Signature of Introducer

Declarations

I / We have read and understood Bank's terms and conditions regarding this deposit, especially for keeping minimum balance, operations, KYC updation, Cheque Book, ATM, use of QR code etc. and agree to bound by the said terms and conditions including changes / charges as applicable and updated by Bank from time to time.

In case of Fixed Deposit, I authorise bank to automatically renew the deposit with accrued interest or as per bank rules for the same period on maturing date at the prevailing rate of interest unless otherwise informed by me.

In case of premature withdrawal of term deposit, penalty of 2% will be deducted from interest rate for completed tenure as applicable on contract date as informed by me.

I / We have read and understood Bank's terms and conditions for ATM CARD facility, QR Code facility and agree to be bound by the same terms & conditions including changes as applicable made by Bank from time to time. I / We authorise bank to debit my / our account for all withdrawals to made using the card and also to recover Bank's charges / fees as applicable from time to time.

I hereby authorise Bank to send SMS alerts on given mobile number. In case of any change in the mobile number I will ensure to de register the earlier registered mobile number and register the changed mobile number. I authorise Bank to send SMS alerts for account transactions on given mobile number until further communication regarding the change in mobile number.

I / We hereby declare that the details furnished above are true and correct to the best of my / our knowledge and belief and I / We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I / We am / are aware that I / We may be held liable for it.

I / We hereby agree that the interest payout/maturity amount is subject to TDS at the rate prescribed by the Income Tax Act, 1961 from time to time.

I / We hereby agree to provide KYC related documents on time to time as per the norms mentioned by the Reserve Bank of India.

Sub Recurring Deposit, 80 C Term Deposit, Laxadhish Deposit, Sukanya Samrudhi Deposit and Co-op. Society's Deposit are not eligible for Auto Renewal.

In case of change in permanent/current address, I / We here by agree to provide the new address details to Bank within 15 days of change in the address.

I / We here by authorised bank to execute standing instructions given by me / us or person authorised to transact the account from this account.

My / Our personal KYC details maybe shared with Central KYC Registry.

I / We here by consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email ID

It is clarified by the bank, as per RBI guidelines Banks are advised to exercise due diligence by closely examining the transactions carried out in the account on an ongoing basis. This is done in order to ensure that the transactions are in sync with the customers profile as provided while opening the account. On the basis of information provided, bank shall review the transaction pattern in my account which would be used to report the transactions of suspicious nature if any, I / We have agreed for the same.

Date :

Place :

1)

2)

3)

4)

Signature of Applicant (s)

Attestation for Office Use Only

Documents Received ☐ Self-Certified ☐ True Copy ☐ Notary

In Person Verification Carried Out By

Identity Verification ☐ Done Date

Emp. Name*

Emp. Code*

Emp. Designation*

I confirm that, I have verified the submitted documents with original documents and verified the signatures of introducer.

(Employee Signature)

Approved By

Assistant Branch Manager/Branch Manager
(Signature with Seal)

FATCA & CRS Related Declaration cum undertaking

- 1) I/We hereby certify that I/We have declared my/our status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No.S.O.2155(E) dated 7 August 2015 and RBI Circular Ref. No. RBI-2015-2016/165 DBR.AML.BC.No. 36/14.01.001/2015-16, dated 28 August 2015 in this regard.
- 2) I/We understand and acknowledge that as per the provisions Income Tax Act. Rules made thereunder and guidelines issued by the RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the bank may have to report the details in respect of our account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter Governmental Agreements (IGA) and Common Reporting Standards (CRS) and or any other similar arrangements.
- 3) I/We certify that the information provided by me/us above as applicable to me/us and signed by me/us as well as in the documentary evidence provided by me/us are to the best of my/our knowledge and belief, true, correct and complete and I/We have not withheld any material information that may affect the assessment / categorization of my account as a us Reportable Account or Other Reportable Account or otherwise.
- 4) I/We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided above, as well as in the documentary evidence provided by me/us or if any certification becomes incorrect and to provide fresh and valid self-certification along with documentary evidence.
- 5) I/We also agree that my/our failure to disclose any material fact known to me/us, now or in future, may invalidate me from transacting in the account and Sangli Urban Co. Op. Bank Ltd., Sangli would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI)/RBI for the purpose or take any other action as may be deemed appropriate by Sangli Urban Co. Op. Bank Ltd., Sangli under the guidelines issued by CBDT/RBI from time to time. If the deficiency is not remedied by me/us within the stipulated period.
- 6) I/We also agree to furnish and intimate to Sangli Urban Co. Op. Bank Ltd., Sangli any other particulars that are called upon me/us to provide on account of any change in law either in India or abroad in the subject matter herein.
- 7) I/We shall indemnify Sangli Urban Co. Op. Bank Ltd., Sangli for any loss that may be caused to Sangli Urban Co. Op. Bank Ltd., Sangli on account of providing incorrect or incomplete information by me/us.
- 8) I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- 9) My personal/KYC details may be shared with Central/KYC Registry. I hereby consent to receiving information from Central/KYC Registry through SMS/Email on my registered number/email Id.

Date :

D	D	M	M	Y	Y	Y	Y
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Place :

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Applicant (s) Signature

Nomination Form (Simultaneous / Successive)

FORM FOR NOMINATION, CANCELLATION OF NOMINATION AND VARIATION OF NOMINATION IN RESPECT OF THE BANK
DEPOSITS

(See Sections 45-ZA, 45-ZC and 45-ZE read with Section 56 of the Banking Regulation Act, 1949 and rules 2 to 4 of the Banking Companies (Nomination) Rules, 2025) (As per RBI Master Direction DOR.AUT.REC.84/13.03.00/2024-25 dated January 17, 2025)

SANGLI URBAN CO-OP. BANK LTD; SANGLI.

Branch : _____

1. Depositor / Account Holder Details

	Details
Name of Depositor(s)	
Customer ID / Account No.	
Type of Account	
Deposit Amount	
Address	
Contact Number	
Email ID (optional)	

2. Type of Nomination (Please tick one)

- ☐ Successive Nomination (Nominee no.2 will succeed Nominee no.1 in case of death of Nominee no.1, and so on)
- ☐ Simultaneous Nomination (nominees with defined percentage total 100%)

3. Nominee(s) Details

Nominee No.	Name of Nominee	Relationship with Depositor	Date of Birth (if minor)	Address Email / Mobile No.	Order of priority in case of successive nomination	Proportion of amount of deposit in percentage in case of bank deposit
(A)	(B)	(C)	(D)	(E)	(F)	(G)
					First Nominee	
					Second Nominee	
					Third Nominee	
					Fourth Nominee	

4. Guardian (If the nominee is a minor)

	Details
Name of Guardian	
Relationship with Minor	
Address	
Contact Number	

5. Declaration by Depositor(s)

I/We hereby nominate the above person(s) to whom the amount standing to the credit of my/our account(s) / deposit(s) may be returned by the bank in the event of my/our death.

I/We further declare that this nomination supersedes any previous nomination made by me/us for this account.

Date _____

Name of Depositor(s) _____ Signature(s) _____

1. _____

2. _____

6. Witness (Required if depositor signs by thumb impression)

1. _____ Name _____ Address _____ Signature _____

2. _____

cut here

Acknowledgement

Received Nomination Form from: _____ Customer ID: _____

Date of Receipt: ____/____/____ Recorded on CBS / Core Banking System: Yes / No

Nomination Reg. Number: _____ Signature of Bank Official: _____

Seal & Date: _____ Name & Designation: _____

7. For Bank Use Only

Branch Name / Code	Branch Name / Code
Account / Deposit No.	
Nomination entered in system Reference No..	
Nomination entered in system on (Date)	

Nomination Reg. Number: _____

Signature of Bank Official with Seal

Entered By _____
Employee Code _____

Confirmed By _____
Employee Code _____

Note:

- (i) Simultaneous nomination refers to nomination of one more nominee but not exceeding four, with defined percentage and total amounting to 100%.
- (ii) Successive nomination refers to nomination in favour of one individual in order of priority and is also limited to four nominees; and the nominee lower in the order shall become effective only after the death of the nominee in the higher order.
- (iii) In respect of the deposits, out of column (F) and (G), only one column is to be filled.
- (iv) Total percentage across all nominees in column (G) must equal 100%.
- (v) If more than one individual is nominated, the order of priority shall be deemed to be in order in which names appear in column (B)

Cancellation of Nomination/Variation of Nomination:

I/We _____, the undersigned, hereby declare that the above nomination is made in supersession of all the previous nominations, if any, made by me/us in respect of the deposit described above. I/We declare that the above nomination has the effect of cancelling previous nominations in respect of the bank deposit.

Date :

Name of Depositor(s)

Signature(s)

1. _____
2. _____

Refusal for nomination

I/we _____, the undersigned, hereby giving written consent that I/We am / are not required to register nomination.

Date :

Name of Depositor(s)

Signature(s)

1. _____
2. _____

Remark for unregistration and refusal for written consent for registration of nomination

We have informed the depositor about advantages of registration of nomination to his/her account but he/she has denied to register as well as to provide written declaration for unregistration of nomination, hence we record the refusal of registration of nomination by the depositor.

Date :

Branch Manager / Authorised Signatory



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Form No. 35/ Chougule/5000/10-2018

Individual

Know Your Customer (KYC) Application Form - Individual Person

Existing Customer* ☐ YES ☐ NO Branch Customer ID*
CRESAI KYC Number (if available)

Personal Details

Name* (same as ID proof) Prefix First Name Middle Name Last Name
Maiden Name (if any*)
Father/Spouse Name*
Mother Name*
Date of Birth* DD MM YY YY PAN Number
Gender* ☐ Male ☐ Female ☐ Transgender
Marital Status* ☐ Married ☐ Unmarried ☐ Others
Citizenship* ☐ Indian ☐ Others (Country)
Residential Status* ☐ Resident Individual ☐ Non Resident Indian
☐ Foreign National ☐ Person of Indian Origin
Occupation Type* ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector)
☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student)
☐ B-Business ☐ Agriculturist
☐ X-Not Categorised
Politically Related * ☐ Yes ☐ No
Annual Family Income* ☐ Below 3 lakhs ☐ 3 lakhs - 5 lakhs ☐ 5 lakhs - 10 lakhs ☐ Above 10 lakhs
Religion* Cast Sub-Cast
Educational Qualification
Name of Organization where working

Photo

Signature

Additional Details - Residence for Tax purpose in jurisdiction(s) outside India

Residence Country*
Tax Identification Number or equivalent (if issued by jurisdiction)
Place / City of Birth* Country Birth*

Proof of Identity

A-Passport Passport Expiry Date DD MM YY YY
B-Voter ID Card
C-Driving Licence Driving Licence Expiry Date DD MM YY YY
D-UID (Aadhaar)
E-NREGA Job Card
F-Others (any document notified by the Central Government)
G-Simplified Measures Account - Document Type Code Identification No.
Identification No.

Proof of Address

Permanent Address

Certified copy of any one of the following proof of address (POA) needs to be submitted)

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

Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar)

☐ Voter ID Card ☐ NREGA Job Card ☐ Others

☐ Simplified Measures Account - Document Type Code

Address proof Document No.*

Address proof expiry date

Address

Line 1*

Line 2*

Line 3* City / Town / Village*

District State Country*

Pin / Post Code*

Correspondence / Local Address

Line 1*

Line 2*

Line 3* City / Town / Village*

District State Country*

Pin / Post Code*

Address In The Jurisdiction Details Where Applicant Is Resident Outside India For Tax Purpose

Line 1*

Line 2*

Line 3* City / Town / Village*

District State Country*

Pin / Post Code*

Contact Details

Tel. (Off.) - Tel. (Res) - Mobile -

FAX - Email ID

APPLICANT DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any change therein, immediately. In case any of the above information is found to be false or misrepresenting I/We are aware that I/we may be held liable for it.
- I/We hereby authorise bank to send notice and other correspondence at my correspondence address as currently I/We are staying at correspondence address. In case of any change in correspondence address, I/We agree to inform you the change in address within 15 days of address change.
- I/we hereby authorise bank to update/retrieve my/our CKYC data which is uploaded from CKYCR as and when it is necessary.

Date :

Place :

Signature/Thumb impression of Applicant

Attestation for Office Use Only

Documents Received ☐ Self-Certified ☐ True Copy ☐ Notary

Risk category* ☐ High ☐ Medium ☐ Low

In Person Verification Carried Out By

Identity Verification ☐ Done Date

Customer ID*

Emp. Name*

Emp. Code*

Emp. Designation*

(Employee Signature)

Document Type Codes for Simplified Measures Account

Identity Proof -

- 01 Identity card with applicant's photograph issued by Central / State Government Departments, Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
- 02 Letter issued by a gazetted officer, with a duly attested photograph of the person.

Address Proof -

- 01 Utility bill which is not more than two months old of any service provider. (Electricity, Telephone, Post-Paid Mobile Phone, Piped Gas, Water Bill.)
- 02 Property or Municipal Tax receipt.
- 03 Bank Account or Post Office savings bank account statement.
- 04 Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
- 05 Letter of allotment of accommodation from employer issued by State or Central Government Departments, Statutory or Regulatory Bodies, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and Listed Companies. Similarly, leave and licence agreement with such employers allotting official accommodation.
- 06 Documents issued by Government Departments of Foreign Jurisdictions and letter issued by Foreign Embassy or Mission in India.

Other Information

■ Asset Owned / Possessed

Residence	☐ Ancestral	☐ Self-Acquired	☐ Purchased on loan	☐ Rented	☐ Company Provided
Consumer durables	☐ Refrigerator	☐ Air conditioner	☐ Washing Machine	☐ Home Theatre	☐ Plasma/LCD TV
	☐ Microwave	☐ Others			
Vehicles owned	☐ Car	☐ Two Wheeler	☐ No of cars	☐ No of Two Wheelers	
	Year of purchase	Year of purchase			
Cars Make / Model			Whether car is provided by employer ☐ Yes ☐ No		
Assets (others)	☐ Computer	☐ Housing plot	☐ Commercial property	☐ Agricultural land	

■ Life Insurance Policy

Life insurance policy for self and family members (sum assured) ☐ Below 2 lac ☐ 2 lac to 5 lac ☐ Above 5 lac ☐ Above 10 lac ☐ Nil

Do you have Pension Policy ☐ Yes ☐ No If yes name of the issuer and sum assured

Would you like to avail life insurance under our tie up arrangement ☐ Yes ☐ No

■ Medical / Health Insurance

Do you have Medical/Health Insurance ☐ Yes ☐ No

If yes, amount of Insurance ☐ Below 1 lac ☐ 1 lac to 3 lac ☐ 3 lac to 5 lac ☐ Above 5 lac

■ Loans

Loans availed ☐ Car loan ☐ Trade / Industry ☐ Share loan ☐ Education loan ☐ Housing loan

☐ Durables ☐ Gold loan ☐ Others ☐ No loans outstanding

Outstanding if any Rs.

Would you like to avail any loan from the Bank in the near future? ☐ Yes ☐ No

If yes, please provide the following information

Loans availed ☐ Education ☐ Housing ☐ Consumer Durables ☐ Car ☐ Industrial Finance

☐ Transport Finance ☐ Trade Finance

Expected time of availing the loan ☐ Less than 6 months ☐ 6 to 12 months ☐ 1 to 2 years ☐ More than 2 years

■ Locker

Do you have Locker facility with any other Bank ☐ Yes ☐ No

Date :

Place :

Applicant Signature