



The Saraswat Co-operative Bank Ltd.

(Scheduled Bank)

Madhushree, Plot No. 85, 4th floor, District Business Centre, Sector 17, Vashi, Navi Mumbai - 400 073.

Tel. : 2788 4161-62-63 ☐ Fax : 2788 4153

DP ID IN 300829

APPLICATION FOR OPENING AN ACCOUNT (For Individuals Only)

Date:	Client - Id (To be filled by Participant)								
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I/We request you to open a depository account in my / our name as per the following details :
(Please fill all the details in **CAPITAL LETTERS** only)

Type of Account

<input type="checkbox"/> Ordinary Resident	<input type="checkbox"/> NRI - Repatriable	<input type="checkbox"/> Margin	<input type="checkbox"/> Promoter
<input type="checkbox"/> HUF	<input type="checkbox"/> NRI - Non-Repatriable	<input type="checkbox"/> Others (please specify)	

Sole / First Holder's Details

Name (Mr. / Ms.) _____

Name of Father / Husband _____

Local / Permanent Address _____
Pin Code _____

Correspondence Address _____
Pin Code _____

Telephone No. _____ Mobile No. _____ SMS facility Yes No

Fax Number _____ E-mail ID : _____

Occupation _____

Other Holder Details

Second Holder Name (Mr. / Ms.) _____

Name of Father / Husband _____

Address _____
Pin Code _____

Telephone No. _____ Mobile No. _____ SMS facility Yes No

Fax Number _____ E-mail ID : _____

Occupation _____

Third Holder

Name (Mr. / Ms.) _____

Name of Father / Husband _____

Address _____
Pin Code _____

Telephone No. _____ Mobile No. _____ SMS facility Yes No

Fax Number _____ E-mail ID : _____

Occupation _____

Additional Financial Details

Financial Status (Annual Income)	<input type="checkbox"/> < Rs. 5 Lakh	<input type="checkbox"/> Rs. 5 - 10 Lakh	<input type="checkbox"/> Rs. 10 - 15 Lakh	<input type="checkbox"/> >Rs. 15 Lakh
Nature of Business	_____			

Standing Instructions

I/We authorise you to receive credits automatically into my / our account (Default option is "YES")	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account to be operated through Power of Attorney (PoA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please attach recent passport size photographs in the space provided below :

Sole / First Holder	Second Holder	Third Holder
Signature across Photograph	Signature across Photograph	Signature across Photograph

Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me / us and I / we have understood the same and I / we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I / We also declare that the particulars given by me / us are true to the best of my/our knowledge as on the date of making such application. I/We further agree that any false / misleading information given by me or suppression of any material fact will render my account liable for termination and further action.

Name(s) of holder (s)	Signature(s) (IN BLACK INK)
Sole/First Holder (Mr. / Ms.)	
Second Holder (Mr. / Ms.)	
Third Holder (Mr. / Ms.)	
Guardian (in case of minor) (Mr. / Ms.)	

Address for communication / Corporate Benefits (Default option is Local Address)	Local / Permanent Address <input type="checkbox"/>
	Correspondence Address / Foreign Address <input type="checkbox"/>

Guardian Details (In case the Sole Holder is a minor)

Name (Mr. / Ms.) _____

Relationship (if any) _____

Address _____

Pin Code

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Date of Birth (of minor)

D	D	M	M	Y	Y	Y	Y

In Case of NRIs

Foreign Address								
RBI Reference No.	RBI Approval Date							
	D	D	M	M	Y	Y	Y	Y

Bank Details

Bank Sub-type	Savings Account <input type="checkbox"/>	Current Account <input type="checkbox"/>								
Bank Account No.										
Bank Name										
Branch Address										
	Pin Code <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
9-Digit Code Number of the Bank and branch appearing on the MICR cheque issued by the Bank										

Financial Details

	P.A.N.	IT Circle / Ward / District No.
Sole/First Holder		
Second Holder		
Third Holder		
Guardian (In case of minor)		

In Person Verification

The Saraswat Co-op. Bank Ltd - IN 300829

Branch Name _____

The applicant/s has/have signed in my presence.

Sign. of the Officers _____

Name of the Officer _____

Employee Code No. _____

Date : _____

Place : _____

Signature of the applicant/s in presence

1 _____ 2 _____ 3 _____

NOTES :

1. All communications should be sent at the address of the Sole / First holder only.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. As per NSDL Circular No. NSDL / PI / 2004 / 1622 dated September 7, 2004 pursuant to SEBI Circular No. MRD/DoP/Dep/Cir-29/2004 dated August 24, 2004, a copy of any one of the following documents may be accepted as proof of identity / proof of address (local / correspondence / foreign address as the case may be) :

Proof of Identity :	Proof of Address :
Passport.	Ration card, Passport.
Voter ID Card.	Voter ID Card.
Driving license.	Driving license.
PAN card with photograph.	Bank passbook, verified copies of Electricity bills (not more than two months old)
Identity card/document with applicant's Photo, issued by a) Central/State Government and its Departments, b) Statutory/Regulatory Authorities, c) Public Sector Undertakings, d) Scheduled Commercial Banks, e) Public Financial Institutions, f) Colleges affiliated to Universities, g) Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and h) Credit cards/Debit cards issued by Banks.	Residence Telephone bills (not more than two months old)
	Leave and License agreement / Agreement for sale. Self-declaration by High Court & Supreme Court judges, giving the new address in respect of their own accounts. Identity card/document with address, issued by a) Central/State Government and its Departments, b) Statutory/Regulatory Authorities, c) Public Sector Undertakings, d) Scheduled Commercial Banks, e) Public Financial Institutions. f) Colleges affiliated to universities; and g) Professional Bodies such as ICAI, ICWAI, Bar Council etc., to their Members. :

4. Instructions related to nomination, are as below: |
 - I. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly all joint, holders will sign the nomination form.
 - II. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
 - III. The Nominee shall not be a trust, society, body corporate, karta of Hindu Undivided Family or a Power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
 - IV. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
 - V. Transfer of securities in favour of a Nominee shall be valid discharge by the depository against the legal heir.
 - VI. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
 - VII. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee.
5. Strike off whichever is not applicable.

Acknowledgement

Participant Name, Address & DP Id

Received the application from Mr/Ms _____
as the sole/first holder alongwith _____ and _____ as the second and
third holders respectively for opening of a depository account. Your Client Id will be intimated to you shortly.
Please quote the DP Id & Client Id allotted to you in all your future correspondence.

Date : _____

Participant Stamp & Signature