



The Kalupur Commercial Co-Operative Bank Limited

(MULTI STATE SCHEDULED BANK)

"Kalupur Bank Bhavan", Nr. Income Tax Circle, Ashram Road, Ahmedabad-380014. Phone : 079-27582020 to 27582026

DP ID : IN 301321

ANNEXURE - J

PART II - ACCOUNT OPENING FORM (For Individuals)

Client-ID (To be filled by participant)

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)

Date

D D M M Y Y Y Y

A) Details of Account Holder (s) :

Account Holder(s)	Sole / First Holder	Second Holder	Third Holder			
Name						
PAN						
Mobile No.						
Occupation (Please tick any one and give brief details)	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired
	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student
	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please Specify)	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please Specify)	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please Specify)
Brief details						

B) Gross Annual Income Details Income Range per annum (please tick any one)

Below Rs. 1 Lac Rs. 1 - 5 Lac Rs. 5 - 10 Lac Rs. 10 - 25 Lac More than Rs.25 Lac

C) Please tick, if applicable : Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

D) For HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust etc., should be mentioned below :

a) Name

b) PAN

E) Type of account

Ordinary Resident NRI-Repatriable NRI-Non Repatriable
 Qualified Foreign Investor Foreign National Promoter
 Margin Others (Please specify) _____

F) In Case of NRIs / Foreign Nationals

RBI Approval Reference Number

RBI Approval Date

D D M M Y Y Y Y

G) Bank Details

1	Bank account type	<input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Other (Please specify) _____	
2	Bank Account Number		
3	Bank Name		
4	Branch Address		
		City/Town/Village	
		State	
	PIN Code		
5	MICR Code		
6	IFSC		

H) Standing Instructions					
1	I/We authorise you to receive credits automatically into my/our account.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Account to be operated through Power of Attorney (PoA)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	SMS Alert Facility : [Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]			4.	Mode of receiving Statement of Account [Tick any one]
	Sr.	Holder	Yes	No	<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form [Read Note 4 and ensure that email ID is provided in KYC Application Form]
	1	Sole / First Holder	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>	
	3	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>	

I) Guardian Details (where sole holder is a minor) : [For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]					
Guardian Name					
PAN					
Relationship of guardian with minor					

J) Nomination Option <input type="checkbox"/> I / We wish to make a nomination [As per details given below] <input type="checkbox"/> I / We do not wish to make a nomination. [Strike off the nomination details below]					
Nomination Details					
I/We wish to make a nomination and do hereby nominate the following person in whom all rights and / or amount payable in respect of securities held in the Depository by me / us in the said beneficiary owner account shall vest in the event of my / our death.					
1	Name of the Nominee (Mr./Ms.)				
2	Relationship with the Applicant (if any)				
3	Address of Nominee				
	City/Town/Village		PIN Code		
	State		Country		
4	Contact Details of nominee		Tel. (Off.)		Tel. (Resi)
			Fax No.		Mobile No.
			Email ID		

5. Nominee Identification details (please tick any one from (a) to (f) and provide details of the same)							
(a)	<input type="checkbox"/>	(i)	Photograph		(ii)	Signature	
			<div style="border: 1px solid black; padding: 5px; text-align: center;"> Photograph of nominee (Signature of nominee across photograph) </div>			<input checked="" type="checkbox"/> Signature of nominee	
(b)	<input type="checkbox"/>	PAN of nominee					
(c)	<input type="checkbox"/>	Aadhaar number of nominee					
(d)	<input type="checkbox"/>	Savings bank account number of nominee, if maintained with the same Participant					

(e)	<input type="checkbox"/>	Copy of any proof of identity document (<i>accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure JB</i>)																		
(f)	<input type="checkbox"/>	Demat account details of nominee	DP ID																	
			Client ID																	

Sr. Nos. 6-11 should be filed only if nominee is a minor :

6	Date of Birth (in case of minor nominee)		D	D	M	M	Y	Y	Y	Y	
7	Name of Guardian (Mr./Ms.) (in case of minor nominee)										
8	Address of Guardian										
		City/Town/Village				PIN Code					
		State				Country					
9	Contact Details of Guardian	Tel.(Off.)				Tel. (Res.)					
		Fax No.				Mobile No.					
		Email ID									
10	Relationship of Guardian with nominee										

11. Guardian Identification details (please tick any one from (a) to (f) and provide details of the same)

(a)	<input type="checkbox"/>	Photograph					Signature													
		(i)	<div style="border: 1px solid black; padding: 10px; text-align: center;"> Photograph of guardian (Signature of guardian across photograph) </div>				(ii)	<input checked="" type="checkbox"/> Signature of guardian												
(b)	<input type="checkbox"/>	PAN of guardian																		
(c)	<input type="checkbox"/>	Aadhaar number of guardian																		
(d)	<input type="checkbox"/>	Savings bank account number of guardian, if maintained with the same Participant																		
(e)	<input type="checkbox"/>	Copy of any proof of identity document (<i>accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure JB</i>)																		
(f)	<input type="checkbox"/>	Demat account details of guardian	DP ID																	
			Client ID																	

(P.T.O)

This space is intentionally kept blank

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 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 am / we are aware that I/we may be held liable for it. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

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

Notes :

1. All communication shall 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. 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, partnership firm, 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 and the Participant 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, partnership firm, 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.
4. For receiving Statement of Account in electronic form :
 - I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
5. Strike off whichever is not applicable.

STANDING INSTRUCTIONS FOR DEBITING CHARGES

To,
Demat Department,
The Kalupur Comm. Co.Op. Bank Ltd.,
Ashram Road, Ahmedabad - 380 014.

Date : / /

Dear Sir,

Demat A/c No.(s) :- _____

I/We hereby authorise you to debit my/our Saving/Current A/c. No./_____ with your _____ Branch for all types of Bank charges / commission / fees ("Service Charges") relating to above mentioned Depository Accounts. I/We undertake that sufficient balance shall be maintained in the said account to facilitate the debiting of service charges. The failure on my/our part to maintain sufficient balance in the said account shall not in any way impair the right of the bank to debit the service charges. I/We hereby further authorise the bank to charge any interest on debit balance in the said account due to the debiting of service charges. I further agree that I shall not operate my said depository account till the service charges are paid to the Bank.

Please treat this authorisation as irrevocable till further instructions received from our side in writing and duly acknowledged by you. I/We hereby undertake to maintain minimum balance prescribed from time to time by the bank in my/our Saving / Current A/c. for availing D.P. Services and authorise the bank to recover charges if minimum balance is not maintained.

Thanking you, X

Signature Verified by

Yours faithfully, X

Name : _____

X

Signature as per Savings / Current Account

Signature & Bank Seal _____

Acknowledgement

The Kalupur Commercial Co-Operative Bank Ltd. (MULTISTATE SCHEDULED BANK)

"Kalupur Bank Bhavan", Nr. Income Tax Circle, Ashram Road, Ahmedabad-380014. PH.: 079-27582020 to 2026

DP ID : IN 301321

Received the application from Mr/Ms. _____ as the sole/first holder along with _____ and _____ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you in all your future correspondence.

Date :

D	D	M	M	Y	Y	Y	Y
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Participant Stamp & Signature