

**JANATA SAHAKARI BANK LTD., PUNE.** (MULTISTATE SCHEDULE BANK)

DEPOSITORY CELL

(NSDL & CDSL)

[NSDL DPID-IN300280]

[CDSL DPID 13014200]

1732, Vishnu Chambers, Sadashiv Peth, Tilak Road, Pune 411 030

Phone : 020 - 24431014 / 15 / 16 Mob. : 9503058993

E-mail : depository@jsbpune.bank.inwww.jsbpune.bank.in**Additional information to be obtained along with the SARAL Account Opening Form for Resident Individuals**

Date	D	D	M	M	Y	Y	Y	Y

To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.										
DP ID									Client ID	

Holders Details

Sole / First Holder's Name		UID								
Second Holder's Name		PAN								
		UCC								
		Exchange Name & ID								
Third Holder's Name		UID								
		PAN								

Name *	
*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.	

Status	Sub - Status
☐ Individual	☐ Individual Resident
I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No')	
☐ Yes ☐ No	
Account Statement Requirement	
☐ As per SEBI Regulation ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly	
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID	☐ Yes ☐ No
I / We would like to share the email ID with the RTA	☐ Yes ☐ No
I / We would like to receive the Annual Report ☐ Physical / ☐ Electronic / ☐ Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)	
I / We wish to receive dividend / interest directly in to my bank account as given in SARAL AOF through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	☐ Yes ☐ No

Other Details	Income Range per annum:															
Gross Annual Income Details	☐ Up to Rs.1,00,000 ☐ Rs 1,00,000 to Rs 5,00,000 ☐ Rs 5,00,000 to Rs 10,00,000															
	☐ Rs 10,00,000 to Rs 25,00,000 ☐ More than Rs 25,00,000															
	Net worth as on (Date) <table border="1"> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> Rs	D	D	M	M	Y	Y	Y	Y							
D	D	M	M	Y	Y	Y	Y									
[Net worth should not be older than 1 year]																
Occupation	☐ Private / Public Sector ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculture ☐ Retired ☐ Housewife ☐ Student ☐ Others (Specify) _____															
Please tick, if applicable:	☐ Politically Exposed Person (PEP) ☐ Related to Politically Exposed Person (RPEP)															
Any other information:																

*Address of Nominee (s) / Guardian in case of Minor :			
*City /place :			
*State & Country :			
*Pin Code :			
Mobile no/Telephone No. of the Nominee (s) /Guardian in case of Minor :			
Email ID of the nominee (s) / Guardian in cae of minor :			
Nominee/Guardian I incase of minor) Identification Details – [Please tick any one of following and provide details of same]			
Photograph & Signature PAN Aadhaar Saving Bank account no. Proof of Identity Demat Account ID			

* Marked is Mandatory field

Note

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature .

Details of the Witness	
	Witness Details
Name of witness	
Address of witness	

Signature of witness	
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I / We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures			

(Signatures should be preferably in black ink).

* Marked is Mandatory field

The Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

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===== Please Tear Here) =====

Application No.:

Acknowledgement Receipt
Date:

We hereby acknowledge the receipt of the Account Opening and nomination Application Form:

Name of the Sole / First Holder	
Name of Second Holder	
Name of Third Holder	

Depository Participant Seal and Signature