

NOMINATION (for Individual and Sole Proprietor)

Nomination under section 457A read Sec. 56 of the Banking Regulation Act., 1949 and Rule 2(1) of the Co-operating Banks (Nomination Rules, 1985 in respect of Bank deposits.

(a) Through I / We am / are explained by the Officer/s/Manager the benefit of nominating any one to my account. I/We still do not wish to nominate any body for A/c.

(b) I/We wish to nominate below mentioned person for my/our A/c. to whom in the event of my/our death the amount of said deposit may be returned by the bank.

Name of the Nominee			
Address			
Date of Birth		Relation with First application	
CID Number (if A/c. Holder)		Nomination Registration No.	

As the nominee is minor on this date. I/We appoint Mr./Ms./Mrs. _____
aged _____ residing at _____
to receive the amount of this deposit on behalf of the nominee in the event of my / our death the minority

FORM NO. 60

(See third Provision to of Rule 114 B)

Form of Declaration to be filled by a person who does not have either a permanent account Number or General Index Register Number and who makes payment in cash in respect of transaction specified in clauses (a) to (h) of rule 114 B.

1. Full Name and Address of the Declarant _____

2. Particular of transaction
3. Amount of transaction
4. Are you assessed to tax Yes / No
5. If Yes
 - i) Details of ward / Circle / Range where the last return
 - ii) Reasons for not having permanent Account Number / General Index Register Number ?
6. Details of the document being produced in support of address in column (1) _____

Verification

I, _____ do hereby
declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____ 20

Date : _____

Place : _____

Signature of the declarant

Instructions : Documents which can be produced in support of the address are :

- a) Ration Card :
- b) Passport
- c) Driving Licence
- d) Identity Card issued by any institution
- e) Copy of the electricity bill or telephone bill showing residential address.
- f) Any document or communication issued by any authority of Central Government, State Government or Local Bodies showing residential address.
- g) Any other documentary evidence in support of his address given in the declaration.

DECLARATION

- (1) I/We accounts openers / Proprietor / Partner open a Saving Bank / Current / Cash Credit accounts with your Bank in the Name of M/s./Mrs./Mr./M/s. _____
- (2) I/We hereby confirm not to have availed any type of credit facility or advance from any banking or financial institution in the name as referred to herein above at (1)
- (3) I/We further confirm not to have availed any type of credit facility or advance from any of your bank-branches in the name as referred to herein above at (1)
- (4) I/We hereby confirm to have availed under detailed credit facility from banking or financial institution or from your bank in the name as referred to herein above at

Sr. No.	Credit facility availed	Bank / Branch	Outstanding as on today

- (5) I/We shall inform you bank immediately in case of any credit facility or advance availed by me/us in future from any bank / financial institution / this bank.
- (6) I/We shall be held responsible for genuineness of negotiable instrument / cheque / demand draft or like such all instruments of other bank / this bank already deposited in my/our above account. In case any negotiable instruments / cheque / demand draft like such all instrument of other bank / this bank is / are later on reported fraudulent / theft/bogus with regards to alteration in original date / payee's name / amount or signature of officer / drawee and like it. I/We shall be hold fully responsible for monetary / non -moneary loss / damages incurred out of such fraudulent instruments and shall pay such amount to your bank immediately on demand. I/We shall agree to accept any abide by all responsibilities arising consequent upon such incident.
- (7) I/We am / are today explained thoroughly accordingly, if and when a bearer presents bearer cheque drawn by me /us to your bank for proceeds and the bank makes payment thereof, it shall be deemed as it is received by me / us and I/We know such transactions
- (8) I/We submit a copy of my / our Income Tax PAN Number.
- (9) As I/We do not hold Income Tax PAN Number, I/We do execute Form No. 60 as per Income Tax Rule.
- (10) I/We further agree and abide by the rules and regulations of the bank with regard to my / our account including various bank-charges the bank will debit my / our account from time to time. I/We have read and understood above terms carefully and agree to act accordingly and request you to open above account with your bank. I/We put my / our signature's below with rubber stamp of organisation.

PARTNERSHIP LETTER

Dear Sir,

The undersigned and partner to this firm and as per instructions given overleaf they are authorized to sign, on behalf of the firm in manner as appears below and have full unrestricted authority to bind the firm.

We undertake with intention of binding the firm as for the time being consituted our selves and our respective estates.

- (1) Whenever any change occurs in the said firm to give notice there of to the above Bank at once in writing and that.
- (2) Until receipt of such notice the above Bank and not withstanding any provision of the Indian Partnership Act. 1932 The Bank shall be entitled to regard each of us and in case of death or insolvency of our estate as partners of the firm and according entitled to honour our respective signature in this firm's name as binding the firm and each of us and our respective estates and that.
- (3) Not withstanding any provisions of the said Act. of any change in membership of the firm acts purporting to be done on behalf of the firm before the bank shall have received notice in manner aforesaid shall be binding on the firm and each of us and our respective estate shall continue until all liabilities in respect of such etc. shall have been discharged.
- (4) Further we agree that we will not draw cheques against the Cheques/Drafts etc.

In case any time any excess withdrawal is made by us, we undertake the responsibility to make payment of such excess withdrawal and bank shall not be allowed to suffer any loss and also agree to pay interest at the rate of maximum lending rate of interest to the Bank on demand.

Please give particulars of partners who have not signed.

Name	Reason

Partner's Signature

- A.
B.
C.

SOLE PROPRIETORSHIP LETTER

Dear Sir,

I with reference to my application overleaf hereby authorize you to honour my signature as under on behalf of my said firm.

I am responsible to the Bank of the liabilities of the firm with the Bank. The Bank may recover its claims for my estate.

I also request and authorize you until I give you notice in writing to the contrary to honour all cheques or others order which may be drawn to bills accepted or notes made or receipts for moneys owing by you to me signed by me on behalf of my said firms and debit such cheque, orders, bills notes and receipts to my said firm's a/c before the time being in credit or overdrawn.

Wherever any changes occurs in the constitution of the said firm, I undertake to inform the bank of the same in writing and my responsibility to the bank will continue until, I receive from the bank an acknowledgment of that letter and until all my liabilities with the bank are discharged.

I agree to comply with and to be bound by the Bank's rules for the item I agree that I will not draw cheques against the cheques/drafts etc. deposited in clearing till they realise.

In case any time any excess withdrawal in made by me, I undertake the responsibility to make payment for such excess withdrawal and bank shall not be allowed to suffer any loss and also agree to pay interest at the rate of maximum lending rate of the bank on demand.

Proprietor's Signature

X

Specimen Signature

1

2

3

Date

--	--	--	--	--	--	--

Place

Officer / Manager



VAISHYA SAHAKARI BANK LTD., MUMBAI

Regd. Off. & Head Off. : Unit No. 25-A (Part), Adhyaru Industrial Premises, S. J. Marg,
Sunmill Compound, Lower Parel (W), Mumbai - 400 013. • Tel. : 6189 4666
Telefax : 2496 0303 • E-mail : ho@vaishyabank.com • Website : www.vaishyabank.com

FATCA / CRS DECLARATION

Note : The Information in this section is being collected in order to comply with Foreign Account Tax Compliance Act (FATCA) requirements pursuant to amendments made to Income-Tax Act. 1962 as stated in RBI Circular No. DBR.AML No. 3074/14.01.001/2015-2016 dt. 31-08-2015.

Section I

Part A (All fields are mandatory)

1.	Customer identification Number	Details of Account Holder	
2.	Name of Account Holder		
3.	Address (Include City, State, Country and Pin Code)		
4.	Do you satisfy any of the criteria mentioned below?	Yes	No
	a. Citizen of any country other than india (dual/multiple) (Including Greencard)	<input type="checkbox"/>	<input type="checkbox"/>
	b. Tax resident of Any country/ies other than india.	<input type="checkbox"/>	<input type="checkbox"/>
	c. POA or a mandate holder who has an address outside India	<input type="checkbox"/>	<input type="checkbox"/>
	d. Address or telephone number outside India	<input type="checkbox"/>	<input type="checkbox"/>

If your answer to any of the above questions is a "YES", please fill Section II of the form, else go to declaration & acknowledgment

Section II

Country of Tax Residency	Tax Identification No	Tax Identification Document (TIN or functional equivalent)

It is mandatory to supply a TIN or functional equivalent (in case TIN not available) if the country in which you are tax resident issues such identifiers. If no TIN / functional equivalent is yet available or has yet been issued, please provide an explanation below :

DECLARATION & ACKNOWLEDGMENT

I _____ being the beneficial owner of the account opened / to be opened with Vaishya Sahakari Bank Ltd., Mumbai declare that above information and information in the submitted documents to be true, correct and updated and the submitted documents are genuine and duly executed.

I acknowledge that towards compliance with Tax information sharing laws, such as FATCA / CRS, the Bank may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from the account holder. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (Including if the Bank does not receive a valid self-certification from me) the bank may be obliged to share information on my account with relevant tax authorities. Should there be any **change in any information provided by me i ensure that I will intimate the Bank promptly. i.e. within 30 days.**

Towards compliance with such laws, the Bank may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators / tax authorities. The Bank may also be constrained to withhold and pay out sums from my account or close or suspend my account(s).

I also understand that the account will be reported if any one of the aforesaid FATCA / CRS criteria for any of the account holders i.e. primary or joint are met.

Customer Signature

Date

For Office Use

Reportable Account - Yes / No

Signature Verified by

--

Sign & Emp Code