

ACCOUNT OPENING FORM (Savings Bank and Current Account)

(For office use only)

For Resident Individuals

1st Applicant CIF No.	<input type="text"/>	CKYC No.1	<input type="text"/>	Date :	<input type="text"/>
2nd Applicant CIF No.	<input type="text"/>	CKYC No.2	<input type="text"/>		
3rd Applicant CIF No.	<input type="text"/>	CKYC No.3	<input type="text"/>		
Account No.	<input type="text"/>	Application Type	<input type="checkbox"/> New <input type="checkbox"/> Update	Branch to affix rubber stamp of Name and Code no.	

INSTRUCTIONS

- For opening solely operated account of Minor, Complete KYC Documents of the Minor will have to be provided.
- Fields marked asterix(*) are not mandatory.
- In case of illiterate customers, Left Thumb impression (LTI) to be affixed and verified.
- Please affix a passport size photograph in the box provided.
- Please fill up in BLOCK letters only and use black ink for signature. Please leave one box blank between two words. Tick (✓) the appropriate boxes.

☐

No. of Applicants

Mode of Operation

☐ Self only ☐ Either or Survivor ☐ Former or Survivor ☐ Any one or Survivor ☐ Jointly ☐ Other, _____

1st / Sole Applicant

☐ I do not have any account with GSC Bank ☐ I have an account with GSC Bank & the account number is

Personal Details

Customer Type	<input type="checkbox"/> Public <input type="checkbox"/> Staff	Senior Citizen:	<input type="checkbox"/> Yes	Minor:	<input type="checkbox"/> Yes
Residential Status	<input type="checkbox"/> Residential Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin				
Name: (Same as ID proof)	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other _____				
	PREFIX <input type="text"/>	FIRST NAME <input type="text"/>	MIDDLE NAME <input type="text"/>	LAST NAME <input type="text"/>	
Maiden name (if Any)	PREFIX <input type="text"/>	FIRST NAME <input type="text"/>	MIDDLE NAME <input type="text"/>	LAST NAME <input type="text"/>	
Mother's Name	PREFIX <input type="text"/>	FIRST NAME <input type="text"/>	MIDDLE NAME <input type="text"/>	LAST NAME <input type="text"/>	
IT PAN	<input type="text"/>	Date of Birth:	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Name of Father (Mandatory if PAN not submitted)		UID / Aadhar No.:	<input type="text"/>		
	PREFIX <input type="text"/>	FIRST NAME <input type="text"/>	MIDDLE NAME <input type="text"/>	LAST NAME <input type="text"/>	
Name of Spouse :	PREFIX <input type="text"/>	FIRST NAME <input type="text"/>	MIDDLE NAME <input type="text"/>	LAST NAME <input type="text"/>	
Guardian's Name (In case of Minor)	PREFIX <input type="text"/>	FIRST NAME <input type="text"/>	MIDDLE NAME <input type="text"/>	LAST NAME <input type="text"/>	
City of Birth	<input type="text"/>				
Country of Birth	<input type="text"/>				
Nationality	Indian <input type="checkbox"/> Others <input type="checkbox"/>	Country Name	<input type="text"/>		

Multiple Tax Residency: ☐ Yes ☐ No Additional Details for FATCA/CRS *(If applicables resident outside India for TAX purpose)

Foreign TIN Number 1:	<input type="text"/>
TIN 1 Issuing Country	<input type="text"/>
Country 1 of Residence for TAX Purpose:	<input type="text"/>
Foreign TIN Number 2:	<input type="text"/>
TIN 2 Issuing Country	<input type="text"/>
Country 2 of Residence for TAX Purpose:	<input type="text"/>

Identification Details: Documents acceptable as proof of identity Please tick (✓) the appropriate box (any one document) and give details:

<input type="checkbox"/> PASSPORT	Document No. :	<input type="text"/>	Passport Expiry Date:	<input type="text"/>
<input type="checkbox"/> VOTER'S IDENTITY CARD	Issued by:	<input type="text"/>		
<input type="checkbox"/> DRIVING LICENCE	Issued at:	<input type="text"/>	Driving Licence Expiry Date:	<input type="text"/>
<input type="checkbox"/> AADHAR LETTER/CARD	Issue Date:	<input type="text"/>		
<input type="checkbox"/> NREGA CARD				
<input type="checkbox"/> PAN CARD				
<input type="checkbox"/> OTHER OFFICIALLY VALID DOCUMENTS	<input type="text"/>			
<input type="checkbox"/> ID Card@	<input type="text"/>			
<input type="checkbox"/> Not Categorized@	<input type="text"/>			

@ Not to be accepted till RBI-GOI circulated detailed guidelines on it.

Please attach one self-attested photocopy of the document. Originals thereof will have to be produced for verification

☐ Current ☐ Permanent ☐ Overseas Address

Address in the Jurisdiction Details where Applicant is Resident: ☐ YES ☐ NO
(all the details same as Permanent Address)

Same as Proof of Address

Address in the Jurisdiction details where the applicant is Resident out side India for Tax purposes*

[illegible]

Additional Details

Please Tick if applicable: ☐ Politically Exposed person ☐ Related to politically Exposed Person ☐ Residence for TAX purpose in Jurisdiction(s) outside India.

Details of Related Person

Remarks _____

2nd Applicant

☐ I do not have any account with GSC Bank ☐ I have an account with GSC Bank & the account number is

Personal Details

Customer Type ☐ Public ☐ Staff Senior Citizen: ☐ Yes Minor: ☐ Yes
Residential Status ☐ Residential Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Name: (Same as ID proof) ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other_____

PREFIX FIRST NAME MIDDLE NAME LAST NAME

Maiden name (if Any) PREFIX FIRST NAME MIDDLE NAME LAST NAME

Mother's Name PREFIX FIRST NAME MIDDLE NAME LAST NAME

IT PAN Date of Birth: Gender: ☐ Male ☐ Female ☐ Transgender

Name of Father (Mandatory if PAN not submitted) UID / Aadhar No.:

PREFIX FIRST NAME MIDDLE NAME LAST NAME

Name of Spouse : PREFIX FIRST NAME MIDDLE NAME LAST NAME

Guardian's Name (In case of Minor) PREFIX FIRST NAME MIDDLE NAME LAST NAME

City of Birth

Country of Birth

Nationality Indian ☐ Others ☐ Country Name

Multiple Tax Residency: ☐ Yes ☐ No Additional Details for FATCA/CRS *(If applicables resident outside India for TAX purpose)

Foreign TIN Number 1:

TIN 1 Issuing Country

Country 1 of Residence for TAX Purpose:

Foreign TIN Number 2:

TIN 2 Issuing Country

Country 2 of Residence for TAX Purpose:

Identification Details: Documents acceptable as proof of identity Please tick (✓) the appropriate box (any one document) and give details:

☐ PASSPORT Document No. : Passport Expiry Date:

☐ VOTER'S IDENTITY CARD Issued by:

☐ DRIVING LICENCE Issued at: Driving Licence Expiry Date:

☐ AADHAR LETTER/CARD Issue Date:

☐ NREGA CARD

☐ PAN CARD

☐ OTHER OFFICIALLY VALID DOCUMENTS

☐ ID Card@

☐ Not Categorized@

@ Not to be accepted till RBI-GOI circulated detailed guidelines on it.

Please attach one self-attested photocopy of the document.
Originals thereof will have to be produced for verification

Proof of Address ☐ Current ☐ Permanent ☐ Overseas Address

Address type ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered office ☐ Unspecified

Proof of Address ☐ Passport ☐ Driving Licence ☐ Aadhar ☐ Voter ID Card ☐ NREGA Job Card ☐ Others_____

Address

City/Village PIN District

Sub-District State

Country Name

Telephone (Res.) Mobile No.

Email Address:

Telephone (Off.) Fax No.

Address in the Jurisdiction Details where Applicant is Resident: ☐ YES ☐ NO
(all the details same as Permanent Address)

Same as Proof of Address

Address in the Jurisdiction details where the applicant is Resident out side India for Tax purposes*

Additional Details

Details of Related Person

Remarks_____

3rd Applicant

☐ I do not have any account with GSC Bank ☐ I have an account with GSC Bank & the account number is

Personal Details

Customer Type ☐ Public ☐ Staff Senior Citizen: ☐ Yes Minor: ☐ Yes
Residential Status ☐ Residential Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Name: (Same as ID proof) ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other_____

PREFIX FIRST NAME MIDDLE NAME LAST NAME

Maiden name (if Any) PREFIX FIRST NAME MIDDLE NAME LAST NAME

Mother's Name PREFIX FIRST NAME MIDDLE NAME LAST NAME

IT PAN Date of Birth: Gender: ☐ Male ☐ Female ☐ Transgender

Name of Father (Mandatory if PAN not submitted) UID / Aadhar No.:

PREFIX FIRST NAME MIDDLE NAME LAST NAME

Name of Spouse : PREFIX FIRST NAME MIDDLE NAME LAST NAME

Guardian's Name (In case of Minor) PREFIX FIRST NAME MIDDLE NAME LAST NAME

City of Birth

Country of Birth

Nationality Indian ☐ Others ☐ Country Name

Multiple Tax Residency: ☐ Yes ☐ No Additional Details for FATCA/CRS *(If applicables resident outside India for TAX purpose)

Foreign TIN Number 1:

TIN 1 Issuing Country

Country 1 of Residence for TAX Purpose:

Foreign TIN Number 2:

TIN 2 Issuing Country

Country 2 of Residence for TAX Purpose:

Identification Details: Documents acceptable as proof of identity Please tick (✓) the appropriate box (any one document) and give details:

☐ PASSPORT Document No. : Passport Expiry Date:
☐ VOTER'S IDENTITY CARD Issued by:
☐ DRIVING LICENCE Issued at: Driving Licence Expiry Date:
☐ AADHAR LETTER/CARD Issue Date:
☐ NREGA CARD
☐ PAN CARD
☐ OTHER OFFICIALLY VALID DOCUMENTS
☐ ID Card@
☐ Not Categorized@

@ Not to be accepted till RBI-GOI circulated detailed guidelines on it.

Please attach one self-attested photocopy of the document.
Originals thereof will have to be produced for verification

Proof of Address ☐ Current ☐ Permanent ☐ Overseas Address

Address type ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered office ☐ Unspecified

Proof of Address ☐ Passport ☐ Driving Licence ☐ Aadhar ☐ Voter ID Card ☐ NREGA Job Card ☐ Others_____

Address

City/Village PIN District

Sub-District State

Country Name

Telephone (Res.) Mobile No.

Email Address:

Telephone (Off.) Fax No.

Address in the Jurisdiction Details where Applicant is Resident: ☐ YES ☐ NO
(all the details same as Permanent Address)

Same as Proof of Address

Address type	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered office	<input type="checkbox"/> Unspecified
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Village	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sub-District	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Same as	<input type="checkbox"/>	Current Address	<input type="checkbox"/>	Permanent Address	<input type="checkbox"/>	Overseas Address	<input type="checkbox"/>	Same as Correspondence / Local Address
Address								
City/Village								
Sub-District								
Country Name								

[illegible]

<input type="checkbox"/> Additional of related Person <input type="checkbox"/> Deletion of Related Person <input type="checkbox"/> KYC number(If available) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
Related Person type Prefix <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<input type="checkbox"/> Guardian of Minor <input type="checkbox"/> Nominee <input type="checkbox"/> Assignee <input type="checkbox"/> Authorised Representative <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Beneficiary
Name <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 800px; height: 20px;"></div>	
<input type="checkbox"/> PASSPORT Document No. : <div style="border: 1px solid black; width: 150px; height: 20px;"></div> Passport Expiry Date: <div style="border: 1px solid black; width: 80px; height: 20px;"></div>	
<input type="checkbox"/> VOTER'S IDENTITY CARD Issued by: <div style="border: 1px solid black; width: 200px; height: 20px;"></div>	
<input type="checkbox"/> DRIVING LICENCE Issued at: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
<input type="checkbox"/> AADHAR LETTER/CARD Issue Date: <div style="border: 1px solid black; width: 80px; height: 20px;"></div> Driving Licence Expiry Date: <div style="border: 1px solid black; width: 80px; height: 20px;"></div>	
<input type="checkbox"/> NREGA CARD	
<input type="checkbox"/> PAN CARD	
<input type="checkbox"/> OTHER OFFICIALLY VALID DOCUMENTS <div style="border: 1px solid black; width: 200px; height: 20px;"></div>	
Remarks <div style="border: 1px solid black; width: 800px; height: 40px;"></div>	

[illegible]

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. 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 of Income Tax Act, Rules made thereunder and the 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) in respect of Foreign Accounts Tax Compliance Act (FATCA) 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 that 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 The Gujarat State Co-op. Bank Ltd. 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 The Gujarat State Co-op. Bank Ltd. 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 The Gujarat State Co-op. Bank Ltd. 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 The Gujarat State Co-op. Bank Ltd. for any loss that may be caused to The Gujarat State Co-op. Bank Ltd. on account of providing incorrect or incomplete information by me/us.

DECLARATION

I/we affirm and declare that I/we have read over and understood the present rules and regulation of the Bank, and those relating to various services offered by the Bank including but not limiting to Debit Card/Internet Bank^SMSBanking/Tele-banking and other facilities. I/We agree to abide by the same as they are in force now and also by those as would be amended further from time to time through Circulars/Notice Boards/Websites etc. I/We agree that the transactions & request executed in above mentioned account through internet, mobile, or telebanking under my/our User ID and Password will be legally binding on me/us & I/we are responsible for maintenance of secrecy and confidentiality of the information passed on to me/us by the Bank through internet/mobile/e-mail/telephone. I/We mandate from other joint holders to view/enquiry/operate the joint account mentioned above. Further, I/we agree that Bank has got all the rights to debit my/our account for any service charge or discontinue my/our account without any notice to me/us. I/We hereby undertake to inform the Bank on any change in my/our communication address or constitution, and I/we shall submit the address proof in case of transfer of our account from one Branch to other Branch. I/We hereby declare that I/We have submitted the Aadhaar Card issued by UIDAI for Identification and/or address proof towards the compliance of KYC norms under the PMLA, 2002 I/We hereby agree that the Bank may verify the same with the UIDAI, and authorize the UIDAI expressly to release the identity and address through biometric . authentication to the Bank, (applicable only where accounts are opened with Aadhaar. " " I have received the Welcome Kit containing INB Kit and ATM Card with PIN and understand there in case of any misuse/misplacement of the contents of the Kit, the Bank will not be liable for any loss."INFORMATION ON PRODUCT AND SERVICES To serve you better, we would like to communicate about updates on our various products and services; new products and features and special offers from our Bank and our Group Companies-Please give your consent to stay informed about these products and offers. Your consent Yes / No

"I 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 of the above information is found to be false or Untrue or misleading or misrepresenting, I/We are aware that I/We may be held liable for it. My personal/KYC details maybe shared with central KYC registry. I hereby consent to receiving information from Central KYC registry through SMS/Email on the above registered Number/E mail address.

Specimen Signature(s)

<p>Paste a passport size photograph inside this box 1st Applicant</p>	<p>Paste a passport size photograph inside this box 2nd Applicant</p>	<p>Paste a passport size photograph inside this box 3rd Applicant</p>
<p>Please sign in black Ink only.</p>	<p>Please sign in black Ink only.</p>	<p>Please sign in black Ink only.</p>
<p> Signature(s)/Thumb impressions(s) Sole/First Holder</p>	<p> Signature(s)/Thumb impressions(s) Second Holder</p>	<p> Signature(s)/Thumb impressions(s) Third Holder</p>




Place : _____

Date :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Nomination

Nomination, if required fill form DA-1, otherwise sign below

<p>I/We do not want to nominate any person in this account</p>	<p></p>	<p></p>	<p></p>
	Sole/First Holder	Second Holder	Third Holder

Nomination under section 45ZA of the Banking Regulation Act, 1949 and Rules, 1985 in respect of bank deposits

I/We _____ nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars whereof are given below, may be returned by The Gujarat State Co-op. Bank Ltd. (Name and address of branch / office in which the deposit is held)

Conclusions

Type of deposit: _____ Account Number : [][][][][][][][][][][][][][][]

Additional details, if any _____

Name			PREFIX			FIRST NAME					MIDDLE NAME						LAST NAME		
------	--	--	--------	--	--	------------	--	--	--	--	-------------	--	--	--	--	--	-----------	--	--

Relationship with the depositor _____ Age _____ Date of Birth of nominee

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

[illegible][illegible]

As the nominee is a minor on this date, I/We appoint Shri/Smt _____ Age _____ years

Address _____

to receive the amount of the deposit on behalf of the nominee
in the event of my / our / minor's death during the minority of the nominee.
(Witness are required only in case of applicant is illiterate/minor and is affixing thumb impression)

Signature(s) / Thumb impression of first depositor

Signature(s) / Thumb impression of second depositor

Signature(s) / Thumb impression of third depositor

Signature / Thumb impression of first witness

Name :

Name : _____
Address : _____

Signature / Thumb impression of second witness

Signature / Thumb impression of second witness
Name :

Name : _____
Address : _____

1. Verified the copies with original documents.

2. Applicant(s) interviewed and purpose ascertained. ☐

3. Risk Categorisation ☐ Low ☐ Medium ☐ High

I hereby certify that this account opening form is complete in all aspects and relevant documents have been obtained as per the KYC guidelines of the Bank and RBI (as amended from time to time) and performed due diligence to verify the genuineness of the customer. The Account may please be set up in CBS. In case of signature mismatch, I certify that the customer has been personally met and has signed in my presence. Kindly open the Account.

Officer/ Asst. Manager

Branch Manager / In-Charge

Full Name: _____

Employee Code: _____

Branch Name: _____

Account number generated

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Maker

Checker

(Authorised signatory)