

**DNS BANK**

डॉंबिवली नागरी सहकारी बँक लि.

(मल्टी-स्टेट शेड्यूल्ड बँक)

अर्थाला विश्वास मिळे अन् विश्वासाला अर्थ मिळे!

**Central Office :- Madhukunj, P-52, MIDC Phase 2, Kalyan Shil Road, Sonar Pada, Dombivli (E)**

केन्द्रीय कार्यालय-मधुकुंज, पी-५२, एमआयडीसी फेज-२, कल्याण शिल्ड रोड, सोनारपाडा, डॉंबिवली (पूर्व)

**Account Opening Form खाते उघडण्याचा अर्ज**

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Saving बचत  Current चालू 

Branch /शाखा \_\_\_\_\_

Cust ID.   
ग्राहक क्र.

Date दिनांक :- \_\_\_/\_\_\_/\_\_\_\_\_

A/c. No.   
खाते क्र.AADHAR CARD NO. 

for receiving Subsidy/ Salary / Pension/

other benefits paid by Government Authorities (Encl. your copy of Aadhar Card / Application Receipt)

Name(s) and Address/es of Depositor(s) in full: (With surname First)

खातेधारकाचे /खातेदारांचे पूर्ण नांव व पत्ता: (आडनाव प्रथम)1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Customer's Information खातेदाराची माहिती**

	Date of birth जन्मतारीख	PAN No./GIR पॅन/जीआयआर	M	F	OTH	Mobile No. भ्रमणध्वनी क्र.	E-mail: इ-मेल
			पु	स्त्री	इतर		
1st Applicant 1 खातेदार क्र. 1	DD/MM/YYYY						
2nd Applicant 2 खातेदार क्र. 2	DD/MM/YYYY						
3rd Applicant 3 खातेदार क्र. 3	DD/MM/YYYY						

Tel. No. (R) दूरध्वनी क्र. \_\_\_\_\_ Office (कार्यालय) क्र. \_\_\_\_\_

For Account Operation : Single  Either or Survivor  Jointly  Any One  Other   
खाते व्यवहारासाठीच्या सूचना : वैयक्तिक स्वतः  दोघांपैकी एक  संयुक्त  कुणीही एक  इतर **Declaration :** I/We wish to open a new Saving / Current a/c with your bank. I/We have read and understood the rules of SB/CD A/c. Scheme. I hereby agree to abide with these rules and also the rules being amended from time to time of the SB/CD A/c. I/We request to open SB/CD A/c and handover to you a remittance of ₹ \_\_\_\_\_ for the same (Amount In words) ₹ \_\_\_\_\_**सूचना :-** मी/आम्ही आपल्या बँकेत बचत/चालू खाते उघडू इच्छितो/ते. मी/आम्ही बचत /चालू खाते योजनेचे सर्व नियम वाचून व समजून घेतले आहेत. सदर योजनेचे नियम वेळोवेळी होणारे बदल माझ्यावर बंधनकारक राहतील. मी/आम्ही अशी विनंती करतो/ते की, माझे नवीन बचत /चालू खाते उघडण्यात यावे त्याकरिता ₹ \_\_\_\_\_ अक्षरीत ₹ \_\_\_\_\_

All the other information related to me/us in the same as stated in "Personal Information" माझी/आमची इतर माहिती ग्राहक माहिती पत्रकामध्ये देत आहे/आहोत.

## TERMS & CONDITION

- 1) Depositor Name : \_\_\_\_\_
- 2) Depositor Name : \_\_\_\_\_
- 3) Depositor Name : \_\_\_\_\_

- \* I/We shall abide by minimum balance rules as decided by the bank from time to time for SB & CDA/cs (I/We understand that bank will debit minimum balance charges to my/our account if I/We do not maintain stipulated minimum balance in my/our account).
- \* I have understood the rules regarding folio charges, cheque book charges, (for Current, CC & OD accounts) SMS charges, ATM & ATM maintenance charges, Cash handling charges, Incidental charges, Cheque, ECS, NACH return charges & other charges displayed in Bank's Website & Branch Premises.
- \* I/We understand that bank display charges on notice board in the Branch premises & also on Bank's website.
- \* I/We shall submit KYC papers as per request of the bank.
- \* I/We will inform the bank when there is change in my contact details like email address, mobile numbers & residential address & submit proof towards change of residential address.

### For Bank information Customers Photo बँकेच्या माहितीसाठी खातेदाराचे फोटो

1st A/c  
Holder

2nd A/c  
Holder

3rd A/c  
Holder

For Bank information Customers Sign बँकेच्या माहितीसाठी खातेदारांच्या सहीचे नमुने

### For Office Use

Use below Sequence of Fast Paths for opening Account

1	8053	
2	8051	
3	CHM52	

4	BA323	
5	CIM09	
6	CI142	

7	CIM28	
8	BA525	
9	CHM21	

10	7102	
For Legal Entity		
11	CIM17	
12	CIM141	

#### For Branch

A/c Opened By \_\_\_\_\_ Emp No \_\_\_\_\_  
Sign \_\_\_\_\_ Date \_\_\_\_\_  
Authorised By Name \_\_\_\_\_ Emp No:- \_\_\_\_\_  
Sign:- \_\_\_\_\_ Date:- \_\_\_\_\_

#### For CPC

Form Entered By \_\_\_\_\_ Emp No \_\_\_\_\_  
Sign \_\_\_\_\_ Date - \_\_\_\_\_  
Sign Scanned By \_\_\_\_\_ Photo Scanned By \_\_\_\_\_  
Authorised By \_\_\_\_\_ Emp No \_\_\_\_\_  
Sign:- \_\_\_\_\_ Date:- \_\_\_\_\_



**DOMBIVLI NAGARI SAHAKARI BANK LTD****FATCA - CRS DECLARATION FORM (INDIVIDUALS)**

Account Number	
Name of the Account holder	
PAN	
Father's Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Occupation	<input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Others
Address	
Type of Address	<input type="checkbox"/> Residential <input type="checkbox"/> Business
Date & Place of Birth	
Landline Number	
Mobile Number	
Email address	
Country of Birth	
Nationality	
Are you a tax resident of any country other than India?	

If yes, please specify the details of all countries where you hold tax residency and its Tax Identification Number & type.

Country of Tax Residency	Tax payer Identification Number (or functional Equivalent/company Identification Number)	Identification Type (TIN or other, please specify)

**CERTIFICATION**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct and complete. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I may liable for it.

Furthermore, I authorize Dombivli Nagari Sahakari Bank Ltd to disclose, share, rely remit in any form, mode or manner, all/any of the information provided by me, including all changes, updates to such information as and when provided by me to any Indian of foreign governmental or statutory or judicial authorities/ agencies including but not limited to the Financial Intelligence Unit-India (FIUIND), the tax / revenue authorities in India or outside India whenever it is legally required and other investigation agencies without any obligation of advising me/us of the same.

Name :

Signature

Date :

## Nomination Form-DA-1

### (नामनिर्देशन अर्ज DA-1)

Nomination under section 45ZA read with section 56 of the Banking Regulation Act, 1949 and Rule2(1) of the Co-Operative Banks (Nomination) Rules, 1985 in respect of bank deposits.

I/We [Name(s) & address(es)] \_\_\_\_\_

Nominate the following person to whom in the event of my/our/minor's death the amount of deposit, particulars whereof are given below, May be returned by Dombivli Nagari Sahakari Bank Ltd., \_\_\_\_\_  
Branch (name & address of branch / office where deposit is held) बँक ठेवीकरता बँकिंग रेग्युलेशन अक्ट, १९४९ चे कलम ५६ व कलम ४५ZA, तसेच को-ऑपरेटिव्ह बँकेचे (नामनिर्देशन) नियम, १९८५ चे कलम २(१) नुसार नामनिर्देशन. मी/आम्ही (नांव/नावे व पत्ता/पत्ते

माझ्या/आमच्या/अज्ञानव्यक्तीच्या मृत्यूनंतर डोंबिवली नागरी सहकारी बँक लि. च्या \_\_\_\_\_

शाखा (शाखेचे नांव व पत्ता / ठेवीची रक्कम मिळविण्यासाठी खालील व्यक्तीचे नामनिर्देशन करत आहोत. ठेवीबाबतचा तपशील खाली नमूद केला आहे.

Nature of Account खात्याचे स्वरूप	Account No. खाते क्रमांक	Additional details if any, अधिक तपशील असल्यास

### Nominee नामनिर्देशित व्यक्ती

Nominee's Name & Address: वारसदाराचे नाव व पत्ता	Relationship With Depositor, if any खातेदाराशी असणारे नाते	Age वय	If nominee is a minor His/Her date of birth वारसदार अज्ञान असल्यास त्याची जन्मतारीख

\* As the nominee is a minor on this date, I/ We appoint Shri./Smt/Kum. (Name, address & age) \_\_\_\_\_ 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 नामनिर्देशित व्यक्ती आजमितिश अज्ञान असल्यामुळे तो/ती सज्ञान होईपर्यंत माझ्या/आमच्या/अज्ञानाच्या मृत्यूनंतर नामनिर्देशित व्यक्तीच्या वतीने ठेवीची रक्कम मिळण्याकरिता मी/आम्ही, श्री/श्रीमती/कु. (नाव व पत्ता) \_\_\_\_\_

यांची नेमणूक करत आहोत.

Name(s), Signature(s) and Address(es) of witness(es)

साक्षीदारांची नावे, सही पत्ता

1) \_\_\_\_\_

2) \_\_\_\_\_

Signature(s)/Thumb Impression(s) of Depositor(s)

[Thumb Impression(s) Shall be attested by two witnesses.]

ठेवीदारांची स्वाक्षरी/अंगठा

(खातेदाराचा अंगठा असल्यास दोन साक्षीदारांच्या सह्या)

1. Signature (सही) \_\_\_\_\_ Place(ठिकाण) \_\_\_\_\_ Date:(दिनांक) \_\_\_\_\_

2. Signature (सही) \_\_\_\_\_ Place(ठिकाण) \_\_\_\_\_ Date:(दिनांक) \_\_\_\_\_

\* **Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.\* Strike out if the nominee is not minor**

\* ठेव अज्ञान व्यक्तीच्या नावे असल्यास, अज्ञान व्यक्तीच्या वतीने व्यवहार करण्याचे कायदेशीर अधिकार असलेल्या व्यक्तीने नामनिर्देशन अर्जावर स्वाक्षरी करणे आवश्यक आहे. \* नामनिर्देशन व्यक्ती अज्ञान नसल्यास खोडून टाकावे.

