Group C - 2000

WARANGAL URBAN CO-OPERATIVE BANK LTD.,

ACCOUNT OPENING FORM
FOR INSTITUIONAL ACCOUNTS
(To be filled by Account Holder)

Nomination Registered
(Applicable for Individuals Only)

Sole Proprietor / Parntership / Private Limited Companies / Public Limited Companies / HUF / Trust / Association of Person / BOI / Societies / Current account in individual name / Other Insitutional accounts/ Others (Specify) ____________________

Please fill the form in **ENGLISH** and in **BLOCK** letters. All fields marked (✓) are mandatory and have to be filled in by the customer.
Any Cancellation/Overwriting on the form to be counter signed by the cusomer only.
All documents to be self-Certified and verified by Branch (✓) Tick whichever is applicable
Name of the Entity to be as per document provided as Proof of Identity.

For Office use only Application Type* ☐ New ☐ Update

CKYC Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ *(Mandatory fof C-KYC update request)*

Existing CBS ID : ☐☐☐☐☐☐☐☐☐☐☐☐☐111111

1. ACCOUNT DATAILS

Branch ____________ Branch Code ☐☐☐☐ A/C. No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date ☐☐ ☐☐ ☐☐☐☐

Account Type : ☐ CURRENT ☐ SAVINGS ☐ TERM DEPOSIT ☐ OTHERS ____________

2. ENTITY DETAILS

Account Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(if different from registered name - eg schools managed by trust, a/c openned for specific purpose, supported with resolution)

Registered Name of Entity : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of Incorporation ☐☐ ☐☐ ☐☐☐☐ **Udayam Registration / CIN No.:** ____________

Date commencement of Business : ☐☐ ☐☐ ☐☐☐☐ **TIN / GST Registration Number** ☐☐☐☐☐☐☐☐☐☐☐☐

City of Incorporation*: ☐☐☐☐☐☐☐☐☐☐☐☐

PAN ☐☐☐☐☐☐☐☐☐☐

Membership No. ☐☐☐☐☐☐ **No. of Shares** ☐☐☐☐☐☐

Constitution Type

☐ Individual
☐ Company
  ☐ Pvt. Ltd. Company
  ☐ Public Limited Company - Listed
☐ HUF
☐ Proprietorship
☐ Partnership
☐ Trust
☐ Association/Club
☐ Executor/Administrator
☐ Society
  ☐ Registered Cooperative Society
  ☐ Housing Cooperative Society
  ☐ Credit Cooperative Society
☐ Self Help group

3. PROOF OF IDENTIFY (PoI)

☐ Officially valid document(s) in respect of person authorised to transact
☐ Certificate of Incorporation / Formation ____________ ☐ Registration Certificate ____________
☐ Memorandum and Articles of Association ☐ Partneship Deed ☐ Trust Deed
☐ Resolution of Board / Managing Comittee ☐ Power of attorney granted to its manager, officers or employees to transact on its behalf
☐ Activity Proof - 1 (For Sole Proprietorship Only)

Signature / Thumb impression of Applicant

4. REGISTERED ADDRESS / CORRESPONDANCE ADDRESS

Business Address Type ☐ Residential ☐ Residential / Business ☐ Registered Office ☐ Others_____

Shop/Office/Gala/Flat No. Building Name Plot No.

Area Name.: Road Name :

Landmark: City/Town/District State

Tel. No.: Mobile: Email ID

(Mobile no. nessary for SMS alerts. Email ID needed for A/c Statement / Mobile Banking)

5. NAME OF SIGNATORS

Details of Account operators are as below (PLEASE WRITE IN BLOCK LETTERS ONLY)

(Please submit KYC for all signatories individually. Please fill in Name as is in the document provided as Proof of Identity)

Sr. No.	Title	Surname	First Name	Middle Name	Relation Type
1					
2					
3					
4					
5					
6					

Relation type : proprietor / partner / director / karta / promoter / trustee / authorized signatory, designation / court appointed / self / others (specify)_____

6. INITIAL DEPOSIT - FD/RD FUNDING DETAILS:

Amount (in words _____)

☐ Cash : ☐ Transfer from A/c : No. : _____ Chq No: _____ Branch_____

☐ Cheque dated_____Drawn on Bank_____Branch_____Chq. No:_____

(cheque to be self drawn from applicants existing account and to be crossed account payee payable to WU Co-OP Bank Ltd.

7. NOMINATION (Form DA 1) (Mandatory in case of Individual / Proprietor) : ☐ Required

☐ **Nomination Required :**

(I/We nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the above account, may be returned by WU C-op. Bank Ltd.

Full Name of Nominee	Address of Nominee	Relationship with the main a/c holder	Date of Birth	Age

As the nominee is a minor on this date, I/We appoint Mr./Mrs. _____

Address: _____

Date of Birth Contact No. _____ Relation with Minor _____

To receive the amount of deposit on behalf of the nomnee in the event of my/our/minor's death during the minority of the nominee. Where the deposit is made in the name of minor. the nomination should be signed by the person lawfully entitled to act on hehalf of the minor.

Signature / Thumb Impression of Applicant

Applicant Name : _____

8. CHANNEL FACILITY : (The Bank Offers the following facilities to all customers please indicate if you want to opt. out of any of these):

(Mobile No. and emial ID of the primary holder will be registered for all requests) Cheque book and Debit card will be issued as per applicable rules and delivered to the correspondence address only).

Debit Card ☐ Rupay Name to be embossed on Debit Card :

- **Monthly e Statements**
- **Mobile Banking**
- **SMS Alert**
- **Cheque Book**

I Wish to opt out for the following services from the ones listed above.

Rupay Card applicable in case of proprietorship and individual account Only.

☐ *I/We request to collect my/our cheque Book & Debit Card from Home Branch/ by hand, don't want it to be delivered to my/our correspondence address.*

Group B 9000

WARANGAL URBAN CO-OPERATIVE BANK LTD.,

CENTRAL KYC REGISTRY

Know Your Customer (KYC) Application Form Individual & Related Person
(To be filled by Account Holder)

For Office use Only Application Type ☐ New ☐ Update ☐ Delete If existing CBS ID:

KYC Number

(Mandiatory for KYC update request) Doc. No.:_____

Account Type ☐ Normal ☐ Minor ☐ Sr. Citizen ☐ Aadhar OTP based EKYC (non face to face mode)

1. INDIVIDUAL DETAILS (Either farther's name or spouse's name is to be mandatorily furnished. In case PAN is not available, fahter's name is

Pupose ☐ Savings ☐ Current ☐ Deposits ☐ Others, Specify _____

Role Type ☐ Individual ☐ Related Person (☐ Guardian for Minor ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Proprietor
☐ Beneficiary ☐ Beneficiaal Owner ☐ Court Appointment Official
☐ Authorised Signatory ☐ Power of Attomery Holder ☐ Other (Please Specify)

Name of Applicant Name (as per ID Proof)

Prefrred Name

Maiden Name
(Fathers Name Madatory in absence of PAN)

Fathers/Spouse Name

Mother's Name

Gender ☐ Male ☐ Female ☐ Third Gender ☐ **Date of Birth**

Marital Status ☐ Single ☐ Married ☐ Divorce ☐ Widow ☐ Others

Status ☐ Resident Individual

Nationality ☐ Indian

PAN ☐ **Form 60** (Please enclose a self attested copy of your PAN Card / Form60 Only in case eligible under Income Tax Act 1962 Rule No. 1148) ☐ **Form 61**

Preferred Mobile ☐ **Preferred E-mail ID**

Qualification ☐ Illiterate ☐ Non Matric ☐ Undergraduate ☐ Graduate ☐ Post Graduate ☐ Other

Occupation Type ☐ S-Service ☐ Private Sector ☐ Public Sector ☐ Government Sector)
☐ O-Others ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student)
☐ B - Business ☐ X- Not Categorised ☐ Agriculture

Profession

Religion

Average Income (In ₹) ☐ Nil ☐ 1 to < 60,000 ☐ 60,001 to < 1,20,000 ☐ 1,20,001 to < 6 Lakhs ☐ 6 Lakhs to < 12 Lakhs
☐ above 12 Lakhs

2. ADDRESS

Permanent Adress

Address Type ☐ Resident / Business ☐ Resident ☐ Business ☐ Regitred Office ☐ Unspecified

Line 1

Line 2

Line 3 City /Town/Village Locality

District State Pin Code

Current Adress

Address Type ☐ Resident / Business ☐ Resident ☐ Business ☐ Regitred Office ☐ Unspecified

Line 1

Line 2

Line 3 City /Town/Village

Distrit State Pin Code

Tel (Off) : Tel (Resi) ;

Signature

WARANGAL URBAN CO-OPERATIVE BANK LTD.,

CENTRAL KYC REGISTRY

Know Your Customer (KYC) Application Form | Individual
[To be filled by Account Holder]

3. APPLICANT DECLARATION

1. I/We hereby declare that the details furnished are true and correct to the best of my 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/We are aware that I/We may be held liable for it.
2. I/We hereby confirm that my/our latest photograph has been affixed and I/We have submitted a self attested photocopy KYC document in support of POI & POA. The information provided by us/me on this Form is true, correct, and complete. I/We also confirm that I/We are aware of the FATCA / CRS Terms and Conditions and hereby accept the same.
3. I/We certify that the information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best 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 the account as a Reportable Account or otherwise.
4. I/We permit/authorise the Bank to collect, store, communicate and process information relating to the Account and all transactions therein, by the Bank and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
5. I/We also agree that my/our failure to disclose any material fact known to me/us, now or in future, may invalidate my/our application and the Bank would be within its rights 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 Bank if the deficiency is not remedied by me/us within the stipulated period.
6. I/We hereby accept and acknowledge that the Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the Bank.
7. Should there be any change in information/incorrect provided by me/us, I/we declare and undertake the responsibility to intimate the bank within 30 days the date of change with supporting documentary evidence.
8. It shall be my/our responsibilities to educate myself/ourself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the rules thereunder.
9. I/We also agree to furnish such information and/or documents as the Bank may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
10. I/We shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information..
11. The details provided by me / us in the form is as per the notified rules 114G to 114H of the income tax act 1962.
12. I/We have read, understood and hereby accept & agree to the Terms & Conditions given for all the products & services I/We have requested.
13. I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.
14. I/We have been explained about the nature of information that may be shared upon authentication. I/We have been given to understand that my information submitted to the bank, herewith, shall not be used for any other purpose than mentioned above, or as per requirements of law.
15. I/We hereby declare that all the above information voluntarily furnished by me is true, correct and complete.
16. If there is a mismatch in my Date of Birth / Name / Middle Name / Surname in the document(s) submitted by me. I, hereby, confirm that the Date of Birth / Name / Middle Name / Surname mentioned in this form is/are correct. I/We, hereby, indemnify WU Co-operative Bank Ltd. against any claims and damages incurred by WU Co-operative Bank Ltd. for relying and acting on this declaration.
17. I have affixed my present signature in the Account Opening Form. Since, I do not have any document with my present signature, I have signed in the presence of Bank staff and have submitted my latest identity proof document - _____. I confirm my identity; a copy of my identity proof is enclosed, herewith. Request you to consider my signature on the Account Opening Form, as my present signature.
18. I/We hereby agree that in the event of any change in my correspondence address, I/We will immediately inform the Bank. In case the address submitted by me as proof, undergoes a change, I/We note to submit the fresh proof of address to the Branch for updating in the account records. I/We further confirm that if the copy of the proof of address if not submitted to the satisfaction of the bank, within 6 months, the Bank shall have the right to freeze / close the account. I/We, hereby, indemnify WU Co-operative Bank Ltd. against any claims and damages incurred by WU Co-operative Bank Ltd. for relying and acting on this declaration.
19. I/We hereby give consent to the Bank for downloading my/our CKYC record from Central KYC Records Registry.

Signature / Thumb Impression of Applicant

Date : ☐☐ ☐☐ ☐☐☐☐ Place : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ATTESTATION / FOR OFFICE USE ONLY

KYC Verification carried out by:

Date ☐☐ ☐☐ ☐☐☐☐

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

CBS ID:

Branch Officer Signature with Branch Round Stamp

AOF details verified with KYC documents: ☐

Signature of KYC scrutiny CAO Official with Name & PA / RP stamp and date

Cust ID Customer details verified and authorized: ☐

Signature of CAO authoriser with Name & PA / RP stamp and date

REMARKS *(If any)*

Documents Received

☐ Certified Copies ☐ EKYC Data received from UIDAI
☐ Equivalent E-Document ☐ Digital KYC Process
☐ Data Received From Offline Verification

Document Name	ID Proof	Address Proof
Passport Number	☐	☐
Passport Expiry Date	☐	☐
Voter ID Card No.	☐	☐
Driving License No.	☐	☐
Driving License Expiry Date	☐	☐
NREGA Job Card	☐	☐
National Population Register Letter		
Proof of possession of Aadhaar	☐	☐
Biometric ref. no.	☐	☐
E-KYC Authentication	☐	☐
Offline Verification of Aadhaar	☐	☐
Deemed POA		
Self Declaration for Mailing Address		
PAN Card No:	☐	☐
Ration Card No:	☐	☐
Electricity Bill :	☐	☐
Any Other ID :	☐	☐

9. MODE OF OPERATION

☐ Self / Proprietor ☐ Jointly ☐ Anyone ☐ Karta ☐ Specific Instruction _____

10. SIGNATURE/S AND PHOTOGRAPH

Sign across the Photograph without writing on the face

Latest passport size, colour photograph	Latest passport size, colour photograph	Latest passport size, colour photograph
Signature with Stamp		
Signature / Thumb Impression of Applicant	Signature / Thumb Impression of Applicant	Signature / Thumb Impression of Applicant
Name:		
Designation		

Sign across the Photograph without writing on the face

Latest passport size, colour photograph	Latest passport size, colour photograph	Latest passport size, colour photograph
Signature with Stamp		
Signature / Thumb Impression of Applicant	Signature / Thumb Impression of Applicant	Signature / Thumb Impression of Applicant
Name:		
Designation		

APPLICANT DECLARATION

1. I/We hereby declare that the details furnished are true and correct to the best of my 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/We are aware that I/We may be held liable for it.
2. I/We hereby confirm that my/our latest photograph has been affixed and I/we have submitted a self-attested photocopy KYC document in support of POI & POA. The information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We am/are aware of the FATCA / CRS Terms and Conditions and hereby accept the same.
3. I/We certify that the information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best 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 the account as a Reportable Account or otherwise.
4. I/We permit/authorise the Bank to collect, store, communicate and process information relating to the Account and all transactions therein, by the Bank and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
5. I/We also agree that my/our failure to disclose any material fact known to me/us, now or in future, may invalidate my/our application and the Bank would be within its rights 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 Bank if the deficiency is not remedied by me/us within the stipulated period.
6. I/We hereby accept and acknowledge that the Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the Bank.
7. Should there be any change in information or any information provided by me/us eventually turns out to be false/misleading/incorrect, I/we declare and undertake the responsibility to intimate the bank within 30 days the date of change with supporting documentary evidence.
8. It shall be my/our responsibilities to educate myself/ourselves and to comply at all times with all relevant laws relating to reporting under section 285BA of the IT Act read with the rules thereunder.
9. I/We also agree to furnish such information and/or documents as the Bank may require from time to time on account of any change in law either in India or abroad in this subject matter herein.
10. I/We shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.
11. The details provided by me / us in the form is as per the notified rules 114G to 114H of the income tax act 1962.
12. I/We have read, understood and hereby accept & agree to the Terms & Conditions given for all the products & services I/We have requested.
13. I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.
14. I/We have been explained about the nature of information that may be shared upon authentication. I/We have been given to understand that my/our information submitted to the bank, herewith, shall not be used for any other purpose than mentioned above, or as per requirements of law.
15. I/We hereby declare that all the above information voluntarily furnished by me/us is true, correct and complete.
16. The terms and conditions of opening and maintaining the current account have been explained to me/us by the Branch officials and I/we accept the terms and conditions and agree to be bound by the same.
17. I/We hereby give consent to the Bank for downloading my/our CKYC record from Central KYC Records Registry.

Date : D D M M Y Y Y Y Place : _____

Signature(s) of the Proprietor/Partner/Director/Trustee/Authorized Signatories along with name and stamp of entity.
(The declaration should be signed by Proprietor/Partners in case of Partnership Firm/LLP, and in all other cases as per resolution)

FOR BRANCH USE ONLY (KYC VERIFICATION CARRIED OUT BY) DATE D D M M Y Y Y Y

Document Received ☐ Certified Copies ☐ Equivalent e-document

Emp. Name _____ Emp. Code _____

Emp. Designation _____ Emp. Branch _____

☐ Check this Box only if Customer requests for collection of Cheque Book & Debit Card from home branch, and does not want it to be delivered to the correspondence address.

Applicant/s Signed in my presence and AOF & KYC completed

Branch Head Approval: