

Central Office :- Madhukunj, P-52, MIDC Phase 2, Kalyan Shil Road, Sonar Pada, Dombivli (E) केन्द्रीय कार्यालय-मधुकुंज, पी-५२, एमआयडीसी फेज-२, कल्याण शिळ रोड, सोनारपाडा, डोबिंवली (पूर्व) Account Opening Form खाते उघडण्याचा अर्ज						
*****	******					
Saving बचत Current चालू	Branch /शाखा					
Cust ID. ग्राहक क्र.	Date दिनांक :- <u>/</u> //					
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 Fin	rst)					
खातेधारकाचे /खातेदारांचे पूर्ण नांव व पत्ताः (आडनाव प्रथम)1)						
2)						
3)						

Customer's Information खातेदाराची माहिती								
	Date of birth जन्मतारीख	PAN No./GIR पॅन/जीआय्आर	<u>M</u> F OTH पु स्त्री इतर	Mobile No. भ्रमणध्वनी क्र.	E-mail: इ-मेल			
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							
Te	Tel. No. (R) दूरध्वनी क्र Office (कार्यालय) क्र							
For Account Oper खाते व्यवहारासार्ट	ration : ऽीच्या सूचना :	Single E वैयक्तीक स्वतः	ither or Survivor दोघांपैकी एक	Jointly Any O संयुक्त grणीही	ne Other 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 योजनेच 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 रअक्षरीत र								
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 & CD A/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





Use below Sequence of Fast Paths for opening Account											
1	8053		4	BA323		7	CIM28		10	7102	
2	8051		5	CIM09		8	BA525		F	or Legal Entity	
3	CHM52		6	CI142		9	CHM21		11 12	CIM17 CIM141	
For Branch						Fc	or CP				

A/c Opened By	Emp No	Form Entered By	Emp No
Sign	Date	Sign	Date
Authorised By Name	Emp No:	Sign Scanned By	Photo Scanned By
		Authorised By	Emp No
Sign:	Date:	Sign:	Date:

DNS BANK डोंबिवली नागरी सहकारी बँक लि. (मल्टी-स्टेट शेखुल्ड बँक)
अर्थाला विश्वास मिळे अन् विश्वासाला अर्थ मिळे!

र्थाला	विश्वास	मिळे	अन्	विश्वासाला	अर्थ	मिळे!

Applicant's Name	e	S	Irname						First Name					Middl	e Name		
Please tell us a	about you	urself to	serve	you bett	er		PERSO	NAL IN	IFORMATIC	DN (To	be fillec	l in by e	ach aut	thorised s	ignatory)		
Do you have any relatives in this bank																	
🗌 Do you hav	e any rela	atives wit	h Dire	ctors of t	his ba	nk					Yes				No		
Marital Status] Marrie	d						Single								
Dependents] Spous	e					F	Parents			No.of	Child	ren			
Education] Under	gradu	ate		Gradua	te	F	Post Grad	uate		Docto	orate			Profess	sional
EMPLOYMENT	DETAILS	S															
Occupation			alarie	d		Self en	npl. Pro	of.	🗌 Busin	ess	F	Retired] Studer	nt 🗌	Othe	er
Profession			octor			C.A./C	.S.		Engin	eer			rchite	ch	🗌 So	ftware	/ IT
		🗌 🗌 Li	awyer			Journa	list		🗌 Consi				Others				
Employed (Sala	aried)			td. Co.		Pvt. Lto			_	Secto			/lultina			hers	
with Grade			lerk			Officer			U Junio	r Mgm	t.		liddle	Mgmt.	Se	nior Mg	<u>gmt.</u>
No. of Years in																	
Employer's Nar Employer's Add																	
ESTIMATED IN			EBUS		₹					ANNU	ALEX	PECTE	DTUR	NOVER			$ \longrightarrow $
DETAILS OF O						?											
ANNUAL HOUS				0 to 1 20			→ ₹ 4	20 to 1	2.40 lacs] ∓ 0/	10 40 2	60 100	<u> </u>	Above	₹ 3.60	
	,			0 to 1.20] < 2.4	10 to 3.	<u>60 Iac</u>	<u>s</u>	ADOVE	3.00	
DETAILS OF FO	JREIGN	COUNTR		ISITEDI	JURII		LASI		EE TEAR	5							
ASSET OWNER	решр																
Assets	-	mputer			mo T	heater			House				and		Comm	ercial F	Property
Vehicles					/o who			<u> </u>	Both (Car	8. Two					None		
Car	Make								Year of pu						None		
Residence		f-owned			mily F	Resider	200		Company				Rented	-	Purcha	sed on	loan
ESTIMATED VA			• •		iiiiiy r	Vesidei	ICE		Company	FIUN	leu		tenteu				Loun
BANKING / IN							1 0.4	0 + -	-			-4					
Other banks us	ea		Natior	nalized] PVI.	Sector	r		o-opera	ative			oreign		
Main Banker											1						
Preferred inves	tments			any Dep	osits			ual Fur	nas		nares				Banks D	eposit	
			Prope	rty			Gold	1			thers				PPF		
LOANS									I			• •	0			24	
Loans availe				ar lousing			Busin Durab				Loans a	against	Share	S		Others	
last three ye				lousing			Durab	lies									
Loan requirements PRODUCTS / SERVICES AVAILED OF THIS BANK																	
_			UUF	I HIS BA	ANK.					_							
Personal Lo	an l		sumer			ПН	lousing	Loan			Mortga	ge Loar	n			ess Lo	an
Vehicle Loar	n l	Adva	ance a	gainst Go	bld	<u> </u>	dvance	e again	ist Govt. S	ecuriti	es				Educ	ational	
INTERNET AC	CESS			If yes					At home	!				At Of	fice		
SPOUES DETA	AILS								CREDIT	CAR	D DET	AILS					
Name									Name of	Issue	r						
Occupation									Card det								
DO YOU HAVE		AL INSU	RANC	E ?			Α	pplica	int's								
□ Yes				□ No.				ignatu									



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

Account Number	
Name of the Account holder	
PAN	
Father's Name	
Gender	Male Female Transgender
Occupation	Business Service Others
Address	
Type of Address	Residential 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)]

माझ्या/ आमच्या/ अज्ञानव्यक्तीच्या मृत्युनंतर डोंबिवली नागरी सहकारी बँक लि. च्या.

_ शाखा (शाखेचे नांव व पत्ता / ठेवीची रक्कम मिळविण्यासाठी खालील व्यक्तीचे

to

नामनिर्देशन करत आहोत. ठेवींबाबतचा तपशील खाली नमूद केला आहे.

Nature of Account खात्याचे स्वरुप	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	वय	lf 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)

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 मिळण्याकरीता मी/आम्ही, श्री/श्रीमती/कु. (नाव व पत्ता)

		यांची नेमणूक करत आहोत.							
Name(s), Signature(s) and Address(es) of witness(es	s) Si	gnature(s)/Thumb Impression(s) of Depositor(s)							
साक्षीदारांची नांवे, सही पत्ता		[Thumb Impression(s) Shall be attested by two witnesses.]							
1)									
2)		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 nomineeis not minor

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



E-Banking Services Application						
I / We wish to avail following E-Banking Services, RuPay ATM/ Debit Card SMS/ Mobile Banking Internet Banking E-Lobby Mr/Mrs/Ms						
1) Issue New 2) Replace 3) Cancel Card ; RuPay ATM/Debit Card Name to be Embossed on the Card						

I wish to register the below mention account/s to following E-Banking services

DNS Mobile Banking / SMS Alert Facility

Account Number* _____

Mobile Number :- _

INTERNET BANKING FACILITY

Sr.No.	A/c No.	A/c Operation	E-mail ID	Frequency Of The Statement
Account-1				
Account-2				
Account-3				

Comprehensive Declaration : I confirm having read and understood the terms and conditions displayed on www.dnsb.co.in for all the services I have requested above. I accept and agree to be bound by the said terms and conditions for the use of the above selected services.

In case of joint accounts, all accounts holders must sign NameSignatureSignature NameSignatureSignature Date :Place : For Office Use Only	Name	Sign
Name Signature Name Signature Date : Place :- For Office Use Only	In case of joint accounts, all accounts holders must s	gn
Name Signature Date : Place :- For Office Use Only	Name	Signature
Date : Place : For Office Use Only	Name	Signature
For Office Use Only	Name	Signature
For Office Use Only		
 1) At the time of accepting the application all A/c No. and A/c Holder and Operation On 2) Confirmed all signature and other details on		
Name Name	Name	Name
Designation Designation	Designation	Designation
Employee No Sign Employee No Sign	Employee No Sign	Employee No Sign