

ABHYUDAYA CO-OP. BANK LTD.

(Multi-State Scheduled Bank)

Head office: K.K. Tower. Off. G. D. AmbekarMarg, Parel Village, Mumbai - 400 012.

Addendum to Account Opening Form –Individual [including NRE / NRO/ FCNR]

Section 1: Individual Identification

Application Type: New Update

Account Type: Normal Small (BSB/SSB etc.)

KYC Number(if available): _____ Account No. _____ Customer ID : _____

Identification of Account holder :

Name of the Accountholder: _____

Maiden Name (if any) : _____

Mother's Name: _____

Date of Birth _____ Place of Birth _____ Country of Birth _____ Nationality _____

Address: _____

City/Town _____ State/Province/County _____ Post Code _____ Country _____

ii) Mailing address (if different from above): _____

City/Town _____ State/Province/County _____ Post Code _____ Country _____

iii) Address of the jurisdiction of tax residence: _____

City/Town _____ State/Province/County _____ Post Code _____ Country _____

Section 2: Declaration of Tax Residency / Citizenship

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

Country of tax residence (kindly tick). If tax resident of multiple countries, kindly provide information of tax residence of all countries.

(a) Only India

(b) India and any other country.

(c) Any other country

Kindly specify the countries of tax residence: _____

Kindly specify the countries of tax residence: _____

If answer to option (b) or (c) above is Yes, then the following should be provided along with documentary evidence:

Country/countries of tax residency	Tax Identification Number (TIN)/ Functional Equivalent	TIN/ Functional equivalent Issuing Country	Validity of documentary evidence

(Kindly provide the documentary evidence of Tax residence and TIN/Functional equivalent)

Section 3 : Details of Related Person

Name of the Related Person	
Related Person Type	<input type="checkbox"/> Guardian of Minor <input type="checkbox"/> Nominee <input type="checkbox"/> Assignee <input type="checkbox"/> Authorized Representative <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Beneficiary
KYC Number of Related Person (if available)	
Proof of Identity <i>(Certified copy of any one as Proof of Identity needs to be submitted)</i>	<input type="checkbox"/> A-Passport _____ Passport Expiry Date: _____ <input type="checkbox"/> B-Voter ID Card _____ <input type="checkbox"/> C-PAN Card _____ <input type="checkbox"/> D-Driving License _____ Driving Licence Expiry Date: _____ <input type="checkbox"/> E-UID (Aadhaar) _____ <input type="checkbox"/> F-NREGA Job Card _____ <input type="checkbox"/> Z-Other _____ Identification Number _____

Section 4 : Declaration and Undertakings

The Customer/account holder certifies that:

- a) The information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income tax Rules, 1962.
- b) 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 of 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.
- c) I/We permit/authorize 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.
- d) 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 in the Form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self certification alongwith documentary evidence.
- e) I / We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and the Bank 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 Bank if the deficiency is not remedied by us within the stipulated period.
- f) 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 / us to the Bank.
- g) 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 Act read with the Rules thereunder.
- h) 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.
- i) I/We shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.

Date:

Place:

Signature (s) : _____

Name : _____