

City

Country

Telephone No.

THE AKOLA JANATA COMMERCIAL CO-OP. BANK LTD.,

(MULTISTATE SCHEDULED BANK)

CDS Cell :- Main Branch., "Janvaibhav" Old Cotton Market, Post Box No. 90. Akola - 444 001 (M.S)

Ph.: 2430012, 2430639, 2434406 Fax No: 0724 - 2430814, 2434398

Depository Participant of Central Depository Services (India) Limited.

SEBI Regn. No. IN-DP-CDSL - 142-2001 DP-ID: 23100 **Application Form for Opening a Demate Account** ☐ Individual ☐ NRI ☐ Foreign National (To be filled by the Depository Participant) Application No. Date DP Internal Reference No DP ID Client ID (To be filled by the applicant in BLOCK LETTERS in English) I / We request you to open a Demat Account in my / our name as per the following details :-Sole / First Holders Details First Name Middle Name Last Name Father / Husband Name Title ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other Suffix Correspondence Address City State Country PIN Telephone No. Fax No. Mobile No. PAN E-mail ID **Permanent Address** (if different from Correspondence Address City State Country PIN Telephone No. Fax No. Joint Holders - Second Holder's Details First Name Middle Name Last Name Father / Husband Name Title Suffix □ Mr. □ Mrs. □ Ms. Other Permanent Address City State Country PIN Fax No. Telephone No. Mobile No. PAN E-mail ID Joint Holders - Third Holder's Details First Name Middle Name Last Name Father / Husband Name ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other Suffix **Permanent Address**

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THE AKOLA JANATA COMMERCIAL CO-OP BANK LTD; AKOLA

DEPOSITORY SERVICES CELL (wef.27th June 2016)

SCHEDULE "I"

- 1	Sr. N	Type of Charges	
1			Amount
-	1	Account Opening Charges	
1	2		Nil
1		Custody Charges	
I	3	Annual Maintenance Charges	Nil
L		- The maintenance Charges	Rs. 200/- P.A.
i	4	Buying Charges	1. 2007- F.A.
\vdash		200 S S	Free
	.5	Selling Charges	
*			Minimum Rs. 15/- o
-	6	DIMATCI	0.02% of MV
		D'MAT Charges	Do 51
		* * * * * * * * * * * * * * * * * * * *	Rs. 5/- Per
	7	R'MAT Charges	Certificate + Postage
			Rs. 10/- Per
			Certificate + Postage
10.0	8	Pledge Charges (Creation / Removal / Invocation)	1 1
-	9		Rs. 25/- Per Script
	,	Easiest Charges (Registration)	,
1	10	Net Access Charges (Easi)	Rs. 300/- One Time
			Free
1	.1	D'MAT Rejection Charges	
	1		Register Postage
1	2	Additional	Charges Only
		Additional Statement Charges	
			Rs. 5/- Per Page

Note: 1) All charges are non-refundable.

- 2) Service tax on & above the charges will be applicable as per Statutory requirement.
- 3) Charges are subject to changes from time to time.
- 4) Market value of the transactions will be as per the rates provided by CDSL.
- 5) All instruction for transfer must be received at the designated Demat Centers at least one day prior to the execution date.
- 6) Please not that in case the Bank is unable to recover the charges due to inadequate balances in your designate Bank account or due to invalid / closed Bank account, the depository services for such accounts will be temporarily suspended till the receipt of such charges.

1/ We agree to pay the above charges as & when due.

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THE AKOLA JANATA COMMERCIAL CO-OPERATIVE BANK LTD; AKOLA



MULTISTATE SCHEDULED BANK (R.No. MSCS/CR/83/99 DL23.02.98)

Head Office: Janvabnav, Old Cotton Market, P.B.No.99, Akola - 444 001(M.S.)

Additional Details For Opening A Demat Account

Holders Details			<u> </u>				d.		100				*****	100		
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/ We instruct the DP to receive each and every credit in my /our account (Automatic Credit)																
(If not marked, the default option would be "YES")																
I/ We Would like to instruct the		pledge instr	uction in m	y/our	accou	nt wit	hout	any o	ther	furth	er -			4		
Instruction from my/our end	Instruction from my/our end (If not Marked, the default option would be 'NO'.)										NO					
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THE AKOLA JANATA COMMERCIAL CO-OP. BANK LTD; AKOLA

(MULTI STATE-SCHEDULED BANK)

CDS CELL: - Main Branch, Old Cotton Market, AKOLA 444 001(M.S.) Ph.: 2430012, 2430639 · Fax No: 0724 - 2430814, 2434398 Depository Participant of Central Depository Services (India) Limited

SEBI Regn. No. IN-DP-CDSL-142-2001

DP-ID - 23100

Acknowledgement

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Date_	D	D	М	M	Y.	Y	Y	Y
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To. The Manager The Akola Janata Commercial Co-op. Bank Ltd. Main Branch AKOLA - 444 001

With reference to my / our application for opening a depository account, I / We acknowledge the receipt of copy of the document, 'Rights and Obligations of the Beneficial Owner and Depository Participant'.

	 lame	Signatu	re(s) of A	ccou	nt Holder(s)
1. Sole / First Holder		 X			
2. Second Holder				·•	
3. Third Holder		,	· ·	And the second	2 2 2 • • • • • • • • • • • • • • • • •

Authorisation for Debiting the Current Accounts/Saving Accounts for Bank charges & Undertaking for the payment of Interest in case of occurrence of Debit Balances

The Manager, The Akola Janata Commercial Co-op. Bank Ltd., Akola. H.O "Jan Vaibhav" Old Cotton Market, Akola 444 001. Dear Sir, I/We Residing at maintain a Saving Account/Current Account/s Nc. at y branch. I/We authorise you to debit above Account /s for the Service Charge interest due from the below mentioned persons also: Name. Depository A/c. 1.	To,		e e		Date:	
The Akola Janata Commercial Co-op. Bank Ltd., Akola. H.O "Jan Vaibhav" Old Cotton Market, Akola 444 001. Dear Sir, I/We Residing at maintain a Saving Account/Current Account/s No at y branch. I/We authorise you to debit above Account /s for the Service Charge Name. Depository A/c. 1. 2.		r.	ž.			
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Depository A/c. 2. 3.		- Joion mem	persons also	٠		Troc Onlarge
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First/Sole Holder

Second Holder

Third-Holder

Date:10/10/23 Babarao



Remarks:

THE AKOLA JANATA COMMERCIAL CO-OP. BANK LTD; AKOLA (Multistate Scheduled Bank)

Head Office: "Janvaibhav" Old Cotton Market, Akola, 444001 (M.S) Ph. 2430012, 2430241, 2430639

Branch: Cust	omer No.
FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) / COMMO DECLARATION FORM	N REPORTING STANDARDS (CRS)
Name:	
Residential Residential Non-residential Foreign National	
Gender maie	
Father's name (mandatory if PAN not submitted):	
Name of Spouse :	
Gurdian's name (in case of Minor):	
Networth of applicant: Nature of Business (in case occupation is Bu	siness):
Nationality (if not Indian): (Country Name)Country of birth	
Multiple Tax Residency: Yes No. (If Yes then fill the details below)	
Multiple Tax Residency: Yes No. (If Yes then fill the details below) Foreign TIN #1 Tin # 1 issuing country:	
Country 1 of Residence for Tax Purpose:	
Foreign TIN #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.	Evoleu
Passport Doc num:	Expiry:
Voter's ID Issued by:	Expriy:
Driving Licence Issued at: Adhaar Letter Issued date:	EXPT.
NREGA Card	
PAN Card	
Other Officially Valid Documents	
Details of address in jurisdiction where the applicant is residing for tax purpose :	
	correspondence / Local Add
Address:	
City/Vaillage: District:	
Sub-district:	PIN:
State: Country:	
Details of Related Person Addition of Related Person Deletion of F	Related Person
KYC Num (if available)	
Type: Guardian of Minor Nominee Assingnee Authorised Repres	sentative Beneficial Owner Beneficiary
Name:	1
Passport Doc num:	Expiry:
Voter's ID Issued by:	Expiry:
Driving Licence Iddued at:	Expiry.
Aadhaar Letter Issue date:	
NREGA Card	
PAN Card Other Officially Valid Documents	
Other Officially Valid Documents	

FATCA / CRS DECLARATION

- 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 U S 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 Akola Janata Comm.Co-op. Bank Ltd: Akola would be within its right to put restrictions in the operations or my/our account or close it or report to any regulator and/or any authoritydesignated by the Government of India (GOI)/RBI for the purpose or take any other action as may be deemed appropriate by The Akola Janata Comm. co-op. Bank Ltd: Akola, 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 in timate to The Akola Janata Comm.Co-op. Bank Ltd: Akola 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 indemnity The Akola Janata Comm.Co-op. Bank Ltd: Akola for any loss that may be caused to The Akola Janata Comm.Co-op. Bank Ltd: Akola on account of providing incorrect or incomplete information by me/us/
- 8. I/We permit / authorize the Bank to collect, store, communicate and process information relating to the account and all transaction 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.
- It shall be my/our responsibilities to educate my self/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 and shall consult our professional tax advisor for further guidance on our tax residency, if requird.

PLACE:			
DATE ·		(SIGNATURE	OF THE APPLICANT

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B — Passport Number (Expiry Date)	
C — Voter ID Card	
D — Driving License (Expiry Date)	
ENREGA Job Card	
F — NPR Letter	
Z—Others (any document notified by Central Government)	ment)
Identification Number	
	7 6 4
3-Contact Details (in CAPITAL)	
Email ID*	
Mobile No. *	
Tel (off)	
4. Applicant Declaration:	
I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any	Applicant Wet Signature
changes therein, i nimediately in case any of the above information is found to be false or untrue or misleading or misrepresenting. I am/We are aware that I/We	
may be held hable for it	
I/We hereby consent to receiving information from CVL KRA through SMS/Email on	
the above registered number/Email address. 1 am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be	
validated against Aadhaar details. I/We hereby consent to sharing my/our masked	
Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermedianes with whom I	
have a business relationship for KYC purposes only.	
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Emp. Name	ived (Attested)
Emp. Code AMC / Intermediary Name :	
Emp. Designation The Akola Janata Comma	n coop Bank utal
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April 1	

THE AKOLA JANATA COMMERCIAL CO-OP. BANK LTD., AKOLA

(MULTI STATE-SCHEDULED BANK)

CDS CELL: - Main Branch, Old Cotton Market, Post Box No. 90 AKOLA 444 001(M.S.)

Ph.: 2430012, 2430639, 2434406 Fax No: 0724 - 2430814, 2434398

Depository Participant of Central Depository Services (India) Limited.

SEBI Regn. No. IN-DP-CDSL-142-2001

DP-ID: 23100

Nomination form

[Annexure A to SEBI circular No. SEBI/HO.MRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts.

TM / DP Name and Address							FORM FOR NOMINATION (To be filled in by individual applying single or jointly)																								
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3	Relationship With the Applicant (If Any)									1			v 200										.4.4	. ·							
4	4 Address of Nominee(s) City / Place : State & Country :				B	=	a 0,000							2	×.	12 23 41	B Total			2 8) 		e kont	:): 7							
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5	Mobile / Telephone No. of nominee(s)						1		2				v 1											0							
6	6 Email ID of nominee(s)								-																- 8						
7	7 Nominee Identification details - [Please tick any one of following and provide details of same] Photograph & Signature							Y Fa			2				5																
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10	Address of Guardian(S)													E																	

भारतीय प्रतिभूमि और विनिमय बोर्ड Securites and Exchange Board of India

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	PIN Code			
11 Mobile / Telephone no. of Guardian			e e	
12	Email ID of Guardian			1
13	Relationship of Guardian with nominee		* <u>-</u> *	
14	Guardian Identification details - [Please tick any one of foolowing and provide details of same] Photograph & Signature PAN, Aadhaar Saving Bank Account No, Proof of Identity Demat Account ID		*	
100		Name(s) of holder(s)		Signature(s) of holder*
Sol	e/First Holder (Mr./Ms.)			
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Thi	rd Holder (Mr./Ms.)	v =		

Note:

This nomination shall supersede any prior nomination made by the account holder(s), if any.

The Trading Member / Depository participant shall provide acknowledgement of the nomination form to the account holder(s)

^{*} Signature of witness along with name and address are required, if the acount holder affixes thumb impression, instead of signature.

Letter For Issuing New DIS

From: Address

Date Tel No.

To,
The Manager
The Akola Janata C.C. Bank Ltd., Akola.
Demat Cell,
Old Cotton Market.
Akola.

Sub. I. Issuance of Delivery Instruction Book 2. Dernat Account No 13023100000

Dear Sir,

With reference to subject referred above, I/we hereby request you to issue me/us a New Delivery Instruction Book for my/our Demat Account no. 13023100000 as I/we have not received/misplaced the previous requisition slips or booklet. Kindly destroy unused slips that have been issued earlier.

Kindly deduct the charges if any for the new issue if DIS Book-let.

Thanking You Yours Truly

Jens hammani	First/Sole Holder	Second Joint Holder Third Joint Holder
Name		
Signatures		

Encl: Proof of Identification.

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