



TTC CO-OPERATIVE BANK LIMITED

Head Office : 6, Vasant Vihar Soc., Nr. Mithakhali Six Roads, Navrangpura, Ahmedabad - 9.

Ph. : 079-26430154, 26430545 Fax : 079-26422991

Website : www.ttc.bank.in | Email : headoffice@ttc.bank.in

ACCOUNT OPENING FORM - LEGAL ENTITY

The Branch Manager

TTC CO-OPERATIVE BANK LIMITED

_____ Branch

Date : _____

Customer ID _____

Account No. _____

I/We request you to open an account for which I/We initially deposit Rs. _____ (Rupees _____ Only).

Please open my / our ☐ Saving A/c ☐ Current A/c ☐ FDRA/c ☐ Cash Credit A/c ☐ Loan

*Constitution

- | | | | | |
|--------------------------------------|---|--|--|--------------------------------|
| ☐ Association | ☐ Co-operative Society | ☐ Educational Institute | ☐ Limited Liability Partnership | ☐ Trust |
| ☐ Partnership | ☐ Sole Proprietorship | ☐ Public Ltd. Co. | ☐ Religious Organisation | ☐ HUF |
| ☐ Club | ☐ Private Ltd. Co. | ☐ Others _____ | | |

***Nature of Business :** _____

ENTITY DETAILS

Account Name* _____

Date of Incorporation / Formation _____ Date of Commencement of Business _____

Place of Incorporation / Formation _____ Country of Incorporation / Formation _____

PAN/GIR No.* _____ TIN or Equivalent Issuing Country _____

(Mandatory for Current Accounts)

TIN/GST Registration Number _____ IEC Number _____

For more than one GSTIN, kindly provide the details on letter head duly signed by authorised signatories

LEI Number _____ UCIC _____

PROOF OF IDENTITY (POI)*

- | | | |
|--|--|-----------------------------------|
| ☐ Officially valid document(s) in respect of person authorised to transact# | ☐ Trust Deed | ☐ Bye-laws |
| ☐ Certificate of Incorporation / Formation _____ | ☐ Resolution of Board / Managing Committee | |
| ☐ Registration Certificate _____ | ☐ Power of Attorney granted to its manager, officers or employees to transact on its behalf | |
| ☐ Memorandum and Articles of Association | ☐ Activity Proof - 1 (For Sole Proprietorship only) ☐ _____ | |
| ☐ Partnership Deed | ☐ Activity Proof - 2 (For Sole Proprietorship only) ☐ _____ | |

(# A-Passport, B-Voter ID Card, C-Driving License, D-NREGA Job Card, E-National Population Register Letter, F-Proof of possession of Aadhaar, II-E-Kyc Authentication, III-Offline Verification of Aadhar)

PROOF OF ADDRESS (POA)*

- ☐ Certificate of Incorporation / Formation ☐ Registration Certificate ☐ Other Document (Please Specify) _____

REGISTERED OFFICE ADDRESS / PLACE OF BUSINESS

Line 1* _____

Line 2 _____

Line 3 _____ City/Town/Village* _____

District _____ Pin / Post Code* _____ State / UT* _____

State / UT Code* _____ Country _____ ISO 3166 Country Code* _____ Phone _____

Mobile No. _____ Tel. (Off.) _____ - _____ Fax No. : _____ - _____

E-mail ID _____

MAILING ADDRESS / LOCAL ADDRESS IN INDIA (If different from above)

Line 1* _____

Line 2 _____

Line 3 _____ City/Town/Village* _____

District _____ Pin / Post Code* _____ State / UT* _____

State / UT Code* _____ Country _____ ISO 3166 Country Code* _____ Phone _____

Mobile No. _____ Tel. (Off.) _____ - _____ Fax No. : _____ - _____

E-mail ID _____

KEY PERSON CONTACT DETAILS* (You will receive statements/sms on the below details)

Name _____

Mobile No. _____ E-mail ID _____

IN CASE OF FIXED DEPOSIT

☐ Fixed Deposit ☐ Cumulative Deposit ☐ Recurring Deposit

Amount _____ Tenure _____ Years _____ Months _____ Days.

Payment of Interest Amount ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ On Maturity

☐ By Transfer to my/our account No. _____ with TTC Bank _____ Branch.

☐ By ECS Bank _____ Branch _____ IFSC Code _____

☐ MICR Code _____ Account No. _____

I/We authorised TTC Bank to set standing instruction on my/our A/c. No. _____ for RD A/c.

AUTHORISED SIGNATORY DETAILS

Remarks (if any) _____

Declaration*

*I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and 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 aware that I/we may be held liable for it.

* I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : _____ **Place :** _____

Mode of operation ☐ Singly ☐ Any one ☐ Jointly by all ☐ Proprietor ☐ Any one partner ☐ As per Board Resolution ☐ Special Instruction _____

Applicants should also
sign
across photograph

1st applicant

Signature

Name 1 _____

Related Person type _____

Applicants should also
sign
across photograph

2nd applicant

Signature

Name 2 _____

Related Person type _____

Applicants should also
sign
across photograph

3rd applicant

Signature

Name 3 _____

Related Person type _____

Applicants should also
sign
across photograph

4th applicant

Signature

Name 4 _____

Related Person type _____

Applicants should also
sign
across photograph

5th applicant

Signature

Name 5 _____

Related Person type _____

Applicants should also
sign
across photograph

6th applicant

Signature

Name 6 _____

Related Person type _____

Declaration / Undertaking

I/We confirm having received, read and understood the Current Account Rules and hereby agree to be bound by the terms and conditions, outlined in this form which govern the account(s) that I/We am/are opening with TTC CO-OPERATIVE BANK LIMITED and amendments thereto that may be made from time to time and those relating to various services including but not limited to ATM Card / Tele / Internet Banking / SMS service.

I / We confirm that I/We am/are resident of India.

I/We hereby declare that the information furnished above is true and correct to the best of my/our knowledge.

☐ I/We confirm that I/We do not enjoy credit facilities with other bank/s

☐ I/We enjoy credit facilities / have Current Accounts with other bank/s
(Please attach details of such facilities separately)

Name of Bank & Branch Address	Type & No. of A/c	Nature of Facility	Limit

☐ I/We authorise you to collect the cheques/drafts etc., handed over to you for collection/negotiation as per rules of the bank at my/our risk and responsibility and indemnify against any loss suffered by you in the matter during the course of collection / realisation with interest @ applicable rates and incidental charges.

☐ I hereby declare that I am the sole Proprietor/Proprietress of the aforesaid concern.

DECLARATION OF BENEFICIAL OWNERSHIP

I/We confirm and declare that

☐ **Proprietary Concern**

I am the sole proprietor and the beneficiary / controlling person

☐ **Partnership / Limited Liability partnership**

We are the partners, who whether acting alone or together, or through one or more juridical person, has ownership of / entitlement to more than 15% of capital or profits of the partnership.

☐ **Company (Private / Public Unlisted / OPC)**

I/We the directors or persons having controlling ownership interest i.e. having ownership/entitlement of more than 25% of capital / profits / property or controlling through voting rights, agreement, arrangement etc.

☐ **Trust / AOP / Society / Bank / Club / Body of Individual / HUF / Others**

☐ I / We, the settler, trustee, the protector, the beneficiaries with 15% & above interest in the trust. exercise ultimate effective control over the trust through a chain of control or ownership.

☐ I/We the natural person(s), who whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than 15% of the property or capital or profits of association, society, bank, club or body of individuals.

☐ As there are no natural persons with ownership as stated above, I/We declare that I/We have controlling ownership.

Sr. No.	Full Name of Beneficial owner / Controlling natural person(s)	% of controlling ownership (in applicable cases)	Relation type (Annexure-A)	Controlling person (Annexure - B)	Residency status for tax	Signatory in the account Yes / No	KYC form submitted

I/We hereby state and confirm that what is stated above is true and correct information. I/ We undertakes that any changes in the controlling persons, person exercising control or having controlling ownership interest as declared in the table above will be notified to the bank immediately I/we agree to indemnify and keep indemnified at all times from and against all costs, charges, damages, penalties (including reasonable attorney fees) suffered and / or incurred by the Bank any act done or omitted to be done on the above declaration.

--	--	--	--	--	--

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)

DECLARATION FOR A SOLE PROPRIETARY FIRM

I refer to the account opened by you in the name of _____ and declare as under, I the undersigned am the sole proprietor of the firm and solely responsible for liabilities thereof. I shall advise you in writing of any change that may take place in the constitution of the firm and I will be liable to you for any obligation which may be standing in the firm's name in your books on the date of receipt of such notice and until all such obligations have been liquidated.

Date : _____ Place : _____

HUF DECLARATION

I/We have read and understood the TTC Co-op. Bank Ltd. account terms and conditions, a copy of which, I am in possession of. I/We accept and agree to be bound by the said terms and conditions including those excluding/limiting your liability. We agree that the bank may debit my/our account for service charges as applicable from time to time.

Declaration for a HUF

As our HUF firm wishes to open an account with your bank in the said name _____ we beg to say that the first signatory to this letter, i.e., _____ is the karta of the joint family and other signatories are the adult co-parceners of the said family.

We further confirm that the business of the said family is carried on mainly by the said karta as also the other signatories hereto in the interest and for the benefit of the entire body of co-parceners of the joint family. We all undertake that the claims due to the bank from the said family shall be recoverable personally from all or any one of us and also from the entire family properties of which the first signatory is the karta, including the share of minor co-parceners. In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1932, we have not got our said firm registered under the same act. We hereby undertake to inform the bank of the death or birth of a co-parcener or any change occurring at anytime in the membership of our joint family during the currency of the account.

Name & Signature of Karta _____

Sr. No.	Name of the Coparcener / Member	Gender (M/F)	Date of Birth (mandatory for minor Co-parceners)	Relationship with Karta	Signature (Adult Co-parceners)

DECLARATION FOR A PARTNERSHIP FIRM / LLP

Opening of a new account in the name of _____

We refer to the captioned account opened by you and declare as under.

We, the undersigned, are the only partners in the firm and are jointly responsible for liabilities thereof. We shall advise you, in writing of any change that takes place in the partnership and, all the partners will be liable to you on any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.

Yours faithfully

Signature(s) without stamp

Signature(s) without stamp

(1)

(4)

(2)

(5)

(3)

(6)

NOMINATION FORM DA1 (Only for sole proprietorship)

☐ I hereby confirm that I do not require any nomination facility in my account.

☐ I require nomination under section 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits.

Name _____

Address _____

State _____ Pincode _____ Relationship with Depositor : _____

As nominee is minor on this date, I/we appoint Mr./Mrs. _____

to receive the amount of deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Nominee's Date of Birth _____ Relationship with Guardian : _____

Guardian _____

Address _____

State _____ Pincode _____

☐ I/We would like to extend this nomination for other Deposits/Account(s) opened by me in the name in future where request for such nominations are received through Internet / Mobile banking channels.

Name(s), Address and signature(s) of two witness (if thumb impression obtained)

Signature of Depositor



TTC CO-OPERATIVE BANK LIMITED

Head Office : 6, Vasant Vihar Soc., Nr. Mithakhali Six Roads, Navrangpura, Ahmedabad - 9.
Ph. : 079-26430154, 26430545 Fax : 079-26422991
Website : www.ttc.bank.in | Email : headoffice@ttc.bank.in

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity / Other than Individuals

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
B) Self-Certification of documents is mandatory.
C) Please fill the date in DD-MM-YYYY format.
D) Please fill the form in English and in BLOCK letters.
E) KYC number of applicant is mandatory for update application.

- F) List of State / U.T. code as per Indian Motor Vehicle Act. 1988.
G) List of two character ISO 3166 country codes.
H) Please read section wise detailed guidelines/instructions at the end.
I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only

Application Type*

☐ New

☐ Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

1. ENTITY DETAILS (Please refer instruction A at page no. 7)

☐ Name* _____

Entity Constitution Type* _____ (Please refer instruction A at page no. 7)

Date of Incorporation / Formation* _____ Date of Commencement of Business _____

Place of Incorporation / Formation* _____ Country of Incorporation / Formation* _____

TIN or Equivalent Issuing Country _____ PAN * _____ Form 60 furnished _____

TIN / GST Registration Number _____

2. PROOF OF IDENTITY (POI)* (Please refer instruction B at page no. 7)

- ☐ Officially valid document(s) in respect of person authorised to transact
☐ Certificate of Incorporation / Formation
☐ Memorandum and Articles of Association
☐ Resolution of Board / Managing Committee
☐ Activity Proof - 1 (For Sole Proprietorship only)
- ☐ Registration Certificate
☐ Partnership Deed
☐ Trust Deed
☐ Power of attorney granted to its manager, officers or employees to transact on its behalf
☐ Activity Proof - 2 (For Sole Proprietorship only)

3. ADDRESS* (Please refer instruction C at page no. 7)

3.1 Registered Office Address / Place of Business*

Proof of Address* ☐ Certificate of Incorporation / Formation ☐ Registration Certificate ☐ Other Documents _____

Line 1* _____

Line 2* _____

Line 3* _____ City / Town / Village* _____

District* _____ PIN / Post Code* _____ State / U.T. Code* _____ ISO 3166 Country Code* _____

3.2 Local Address in India (if different from above)*

Line 1* _____

Line 2* _____

Line 3* _____ City / Town / Village* _____

District* _____ PIN / Post Code* _____ State / U.T. Code* _____ ISO 3166 Country Code* _____

4. CONTACT DETAILS (All communications will be sent to Mobile number / Email-ID provided may be used) (Please refer instruction D at page no. 7)

Tel. (off.) _____ Fax _____ Mobile _____

E-mail ID _____

5. NUMBER OF RELATED PERSON ☐ (Please refer instruction E at page no. 7)

6. REMARKS (If any)

7. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I 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 am/are aware that I/we may be held liable for it.
- My personal / KYC details may be shared with Central KYC Registry.

Date : _____ Place : _____

Signature / Thumb Impression of Authorised Person(s)

8. ATTESTATION (FOR OFFICE USE ONLY)

Documents Received ☐ Certified Copies ☐ Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

Identity Verification ☐ Done Date : _____

Emp. Name _____

Emp. Code _____

Emp. Designation _____

Emp. Branch _____

Employee Signature

INSTITUTION DETAILS

Name _____

Code _____

Institution Stamp

CKYC : _____

Customer ID _____

Related Person Type

☐ Authorised Signatory ☐ Beneficiary ☐ Court Appointed Official ☐ Karta ☐ Ownership
☐ Partner ☐ Promotor ☐ Proprietor ☐ Trustee ☐ Others, Please Specify _____

Full Name Mr./Mrs./Ms. _____

Maiden Name (if any) _____

Father's Name _____ Mother's Name _____

Marital Status ☐ Single ☐ Married • Name of the Spouse _____Date of Birth _____ Gender ☐ Male ☐ Female ☐ Transgender

Nationality _____ Country code of birth _____ Place of Birth _____ Community _____

Residential Status ☐ Resident ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Occupation	Annual Income (in INR)	Education	Proof of Identity
☐ Private Sector Service ☐ Public Sector Service ☐ Government Sector Service ☐ Business ☐ Professional ☐ Self Employed ☐ Retired ☐ Others, Specify _____	☐ Below 1 Lac ☐ 1 to 5 Lac ☐ 5 to 10 Lac ☐ 10 to 15 Lac ☐ 15 to 25 Lac ☐ 25 Lac and above Net worth (in INR) Rs. _____ as on _____	☐ Below SSC ☐ SSC ☐ HSC ☐ Graduate ☐ Masters ☐ Professional	Passport No. _____ Passport Expiry Date _____ PAN No. _____ Aadhaar _____ Other Proof of Identity (Type) _____ (No.) _____ Expiry date (if any) _____

Communication Address

State _____

PIN _____

Country _____

Mobile _____

Proof of Address _____

Purpose of Account _____

Line of Business _____

Any other Information _____ PEP (Politically Exposed Person) / Related to PEP / Not applicable

Permanent Address

State _____

PIN _____

Country _____

Email ID _____

FATCA / CRS Declaration (Taxation Details)

Sl. No.	Country of residence for tax	Tax identification number (TIN) or Functional equivalent	TIN issuing country

Please provide address, if Sl no. 1 is filled in taxation details
 Address _____

 _____ City _____
 State _____ PIN _____ Country _____

1. I hereby certify that I am not tax resident in, or citizen of, any other country besides those listed above. 2. Declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete. 3. Undertake to advise the bank promptly of any change in circumstances, which causes the information contained herein to become incorrect and to provide the bank with a suitably updated declaration within 30 days of such change in circumstances. 4. I authorize the bank to provide, directly or indirectly, to any relevant tax authorities/government authorities and/or other regulatory authorities locally/internationally or any party authorized to audit or conduct a similar control of the bank for tax purposes, the information contained in this form and to disclose to such tax authorities or such party any additional information that the bank may have in its possession. 5. I certify that I am authorized (FDA holder) to sign for the individual who is the beneficial owner of all the income to which this form relates and/or am using this form to document myself as an individual who is the Account Holder. In the event if the bank is put to any hardships or claims from any authorities due to any false, untrue or misleading representation/ information furnished by me as contained herein, I shall be solely liable and responsible for the same and I undertake to indemnify Bank against any loss or damage suffered by the Bank.

Declaration

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I / we undertake to inform you of any changes therein, immediately.

Place : _____ Date : _____

Signature

Office Use

Documents received ☐ Self Certified ☐ True copy ☐ NotaryRisk Category ☐ High ☐ Medium ☐ Low

Signature of Officer _____

Signature of Branch Head _____

(Sign Code _____)

(Sign Code _____)

SERVICE REQUIREMENT

- Cheque Book : ☐ Yes ☐ No
- Debit Card : ☐ Yes ☐ No (applicable in case of proprietorship account only.)
- Net Banking : ☐ Yes ☐ No (If yes, kindly submit dully filled Net Banking application form separately at branch)
- E-mail Statement : ☐ Yes ☐ No Provide e-mail address : _____
- Mobile Banking : ☐ Yes ☐ No (If yes, kindly submit dully filled Mobile Banking application form separately at branch)
- SMS Alert : ☐ Yes ☐ No
- (Mobile No. and email ID as at account address will be taken for all request.) Cheque book and Debit card will be issued as per applicable rules.

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Legal Entity / Other than Individuals KYC Applicant Form

A Clarification / Guidelines for filing Entity Details section

1 Entity Constitution Type

- | | | |
|---|---|---|
| A - Sole Proprietorship | H - Trust | O - Artificial Jurisdical Person |
| B - Partnership Firm | I - Liquidator | P - International Organisation or Agency /Foreign Embassy or Consular Office etc. |
| C - HUF | J - Limited Liability Partnership | Q - Not Categorized |
| D - Private Limited Company | K - Artificial Liability Partnership | R - Others |
| E - Public Limited Company | L - Public Sector Banks | S - Foreign Portfolio Investors |
| F - Society | M - Central/State Government Department or Agency | |
| G - Association of Persons (AOP) / Body of Individuals (BO) | N - Section 8 Companies (Companies Act, 2013) | |

2 Incase of companies and partnerships, PAN of the entity is mandatory. In case of other entitites, FORM 60 may be obtained if PAN is not available.

B Clarification / Guidelines for filling 'Proof of Identity[Pol]' section

- Activity Proof - 1 and Activity Proof - 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
- Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
- Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
- 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

C Clarification / Guidelines for filling 'Proof of Address (PoA)' section

- State / U.T Code and Pin/ Post Code will not be mandatory for Overseas addresses.
- Certified copy of document or equivalent e-document to be submitted.

D Clarification / Guidelines for filling 'Contact Details' section

- Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- Do not add '0' in the beginning of Mobile number.

E Clarification / Guidelines for filling 'Related Person Details' section

1 Personal Details

* The name should match the name as mentioned in the Proof of Identity submitted, failing which the application is liable to be rejected.

2 Proof of Address [PoA]

* PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.

* State /U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.

* Incase of deemed PoA such as utility bill, the document need not be uploaded on CKYCR

* REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central identities Data Repository.

3. If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.

4. Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

F Provision for capturing signature of multiple authorised persons is to be made by the RE.

DA1 ACKNOWLEDGEMENT

Account No. _____ Name of Depositor _____

Nomination in favour of _____ dated _____ has been registered in the books of the Bank. Kindly note that in case of nominee being a non-resident indian, the repatriation of funds will be subject to the guidelines of RBI

Place :

Date :

Branch Manager / Officer

TERMS & CONDITIONS :

I/We have read, understood and abide by banks rules for conduct of the accounts/service/products & charges.

1. I/ We have read and understood the rules of opening of Savings/Current/Term Deposit Account of the Bank and terms & conditions (which may be amended from time to time) relating to Mobile Banking, Debit Card, Internet Banking, E-Statement, Passbook and other services as mentioned over www.ttcbl.com. I/We accept them as binding upon me/us. I/we accept and agree to be bound by terms & conditions limiting the Bank's liability.
2. I/ We understand that the Bank may, at the absolute discretion, discontinue any of the services completely or partially without any notice to me/us. I/We agree that the Bank may debit charges to my/our account for operations effected through transaction from Savings/Current Account and/or use of Mobile Banking/SMS Banking/ Rupay Debit card etc.
3. I/We, hereby declare that I am/we are voluntarily submitting and/or are desirous voluntarily to undergo Aadhaar Authentication process provided by the Unique Identification Authority of India (UIDAI) for availing subsidies, benefits/services covered by Section 7 of the Aadhaar Act, for the purpose of transfer of any monetary subsidy or benefit to me/our account as well as facilitating the withdrawal of money by me/us through Aadhaar based micro-ATM machine, AEPS, BHIM Aadhaar pay etc. I/we request to link this account to my/our Aadhaar Card Number/s submitted to you for receiving subsidy Government benefits.

AND

I/we declare that I/we is/are voluntarily providing physical copy of the Aadhaar card of establishment of KYC/e-KYC for opening of my/our account with TTC CO-OPERATIVE BANK LIMITED _____ Branch and/or for KYC/E-KYC updation in respect of my/our existing Account bearing Account No. _____ with TTC CO-OPERATIVE BANK LIMITED _____ Branch.

4. The information provided by me/us in this Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Act, 1962. It shall be my/our responsibility 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.
5. The information provided by me/us in this form and in its supporting Annexure as well as in the documentary evidence/s provided is true, correct and complete to the best of my/our knowledge and belief, and that I/we have not withheld any material information that may affect the assessment/categorisation of the account as a Reportable account or otherwise 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 at any point of time.
6. I/we 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 right to put restrictions on the operations of my/our account and/or any of the above mentioned facilities, or close it or report to any regulator and/or authority designated by Government of India/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.
7. Bank enjoys its Paramount "Charge of lien", "Right to set off" and "right to appropriation" against balance lying in different accounts/instruments tendered for collection while transacting and rendering normal banking business.
8. 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 to the subject matter herein. I/we shall indemnify that Bank for any loss that may be suffered by the Bank on account of providing incorrect or incomplete or invalid information.

Date : _____

Place : _____

(1) _____	(2) _____	(3) _____
(4) _____	(5) _____	(6) _____

- Signature/s of the proprietor / Partner / Director / Trustee along with Name & stamp of entity.
- The declaration should be signed by proprietor / partners in case of partnership firm / LLP & all other cases as per resolution.

FOR BANK USE ONLY

Date : DD MM YYYY

Risk classification of a/c.: _____

AML done / UN terror list Checked : _____ Document Received ☐ Certified Copies ☐ Equivalent e-document

Approvals if any : ☐ Yes Mail Dated : _____ from _____ attached

Emp. Name _____ Emp. Code _____

Emp. Designation _____ Emp. Branch _____

Applicant/s Signed in my presence

AOF & KYC complete

A/c opened by / Authorised by