

Services Required*

1. ATM-CUM-RUPAY DEBIT CARD: Required Not required **OR** PLATINUM RUPAY DEBIT CARD: Required Not required

I/we have received Insta debit card no (Please mention last 4 digit of debit card issued to customer)

I/We understand that use of Debit Card is subject to applicable guidelines issued by the Reserve Bank of India from time to time

2. CHEQUE BOOK: Required Not required 3. INTERNET BANKING: Required Not required
 4. SMS ALERTS Required Not required 5. MOBILE BANKING: Required Not required

*Refer our service charges schedule

FATCA & CRS Related Declaration cum undertaking

- 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 RefNo. DBR.AML.BC.No.36/14.01.001/2015-16 dated 28 August 2015 in this regard.
- 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.
- 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 with held any material information that may affect the assessment/categorization of my account as a US Reportable Account or Other Reportable Account or otherwise.
- 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.
- 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 Gujarat State Co-op. Bank Ltd. 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 Gujarat State Co-op. Bank Ltd. under the guidelines issued by CBDT/RBI from time to time, if the deficiency is not remedied by me/us within the stipulated period.
- I/We also agree to furnish and intimate to The Gujarat State Co-op. Bank Ltd. 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.
- I/We shall indemnify The Gujarat State Co-op. Bank Ltd. for any loss that may be caused to The Gujarat State Co-op. Bank Ltd. on account of providing incorrect or incomplete information by me/us.

DECLARATION

I/we affirm and declare that I/we have read over and understood the present rules and regulation of the Bank, and those relating to various services offered by the Bank including but not limiting to Debit Card/Internet Bank/SMS Banking/Tele-banking and other facilities. I/We agree to abide by the same as they are in force now and also by those as would be amended further from time to time through Circulars/Notice Boards/Websites etc. I/We agree that the transactions & request executed in above mentioned account through internet, mobile, or telebanking under my/our User ID and Password will be legally binding on me/us & I/we are responsible for maintenance of secrecy and confidentiality of the information passed on to me/us by the Bank through internet/mobile/e-mail/telephone. I/We mandate from other joint holders to view/enquiry/operate the joint account mentioned above. Further, I/we agree that Bank has got all the rights to debit my/our account for any service charge or discontinue my/our account without any notice to me/us. I/We hereby undertake to inform the Bank on any change in my/our communication address or constitution, and I/we shall submit the address proof in case of transfer of our account from one Branch to other Branch. I/We hereby declare that I/We have submitted the Aadhaar Card issued by UIDAI for Identification and/or address proof towards the compliance of KYC norms under the PMLA, 2002 I/We hereby agree that the Bank may verify the same with the UIDAI, and authorize the UIDAI expressly to release the identity and address through biometric authentication to the Bank, (applicable only where accounts are opened with Aadhaar. " " I have received the Welcome Kit containing INB Kit and ATM Card with PIN and understand there in case of any misuse/misplacement of the contents of the Kit, the Bank will not be liable for any loss." INFORMATION ON PRODUCT AND SERVICES To serve you better, we would like to communicate about updates on our various products and services; new products and features and special offers from our Bank and our Group Companies-Please give your consent to stay informed about these products and offers. Your consent Yes / No

"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 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. My personal/KYC details maybe shared with central KYC registry. I hereby consent to receiving information from Central KYC registry through SMS/Email on the above registered Number/E mail address.

Specimen Signature(s)

Paste a passport size photograph inside this box
1st Applicant

Please sign in black ink only.

Paste a passport size photograph inside this box
2nd Applicant

Please sign in black ink only.

Paste a passport size photograph inside this box
3rd Applicant

Please sign in black ink only.

X

Signature(s)/Thumb impressions(s) Sole/First Holder

X

Signature(s)/Thumb impressions(s) Second Holder

X

Signature(s)/Thumb impressions(s) Third Holder

Place : _____

Date :

INSTRUCTIONS FOR BANK CUSTOMER:

- You may nominate more than one individual, with clearly defined share percentages.
- You may appoint successive nominees. In case of successive nomination, nomination shall be effective only in favour of one individual in order of priority in which their name appears in above table of nomination details. It may be noted that nomination of any nominee lower in the order of nomination shall become effective only after the death of all the nominees whose names are higher in the order of nomination.
- This form or the details in this form, as circumstances may admit, can be submitted electronically where the bank enables e-nomination.
- If deposit is made in the name of minor, this nomination form should be signed by an individual lawfully entitled to act on behalf of the minor.

Nomination

Nomination, if required fill form DA-1, otherwise sign below

I/We do not want to nominate any person in this account	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Sole/First Holder	Second Holder	Third Holder

Form DA-1 (Nomination Form)

See Sections 45-ZA, read with Section 56 of the Banking Regulation Act, 1949 and rules 2 to 4 of the Banking Companies (Nomination) Rules, 2025

I/We, _____ the undersigned, hereby nominate the following individual(s) to receive the amount of the deposits(s) in respect of the particulars above mentioned in the event of my/our death:

Nomination Reference No. _____
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Tick (✓) appropriate box (only one box). Successive Nomination Simultaneous (Proportion) Nomination

Sr. No.	Name of Nominee	Address	Email / Mobile number, if any.	Relationship with bank customer, if any.	Age	Order of priority in case of successive nomination.	Proportion of amount of deposit in percentage in case of bank deposit.
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
1.						First Nominee	
2.						Second Nominee	
3.						Third Nominee	
4.						Fourth Nominee	

NOTE: (i) Simultaneous nomination refers to nomination of one more nominee but not exceeding four, with defined percentage and total amounting to 100%. (ii) Successive nomination refers to nomination in favour of one individual in order of priority and is also limited to four nominees; and the nominee lower in the order shall become effective only after the death of the nominee in the higher order. (iii) In respect of the deposits, out of column (G) and (H), only one column is to be filled. (iv) Total percentage across all nominees in column (H) must equal 100%. (v) If more than one individual is nominated, the order of priority shall be deemed to be in order in which names appear in column (B).

GUARDIAN DETAILS (IF ANY NOMINEE IS A MINOR)

Sr. No.	Name of Nominee	Name of Guardian	Relationship with Nominee	Address	Email / Mobile No. of Guardian, if any

PERSONAL DETAILS AND SIGNATURE OF YOUR WITNESSES

Name: 1) _____ 2) _____
 Address: _____
 Signature: _____
 Place: _____
 Date: _____

DECLARATION & SIGNATURE

I/We declare that the information provided above is true to the best of my/our knowledge and belief.

Signature/Thumb impression of 1 st Applicant	**Signature/**Thumb impression of 2 nd Applicant	**Signature/**Thumb impression of 3 rd Applicant
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@ In case of individual who cannot read and /or write, the signature means thumb-impression of such individual, which should be attested by two witnesses.
 * If deposit is made in the name of minor, this nomination form should be signed by an individual lawfully entitled to act on behalf of the minor.

DECLARATION BY BRANCH

1. Verified the copies with original documents.
2. Applicant(s) interviewed and purpose ascertained.
3. Risk Categorisation Low Medium High

I hereby certify that this account opening form is complete in all aspects and relevant documents have been obtained as per the KYC guidelines of the Bank and RBI (as amended from time to time) and performed due diligence to verify the genuineness of the customer. The Account may please be set up in CBS. In case of signature mismatch, I certify that the customer has been personally met and has signed in my presence. Kindly open the Account.

Officer/ Asst. Manager

Full Name: _____
 Employee Code: _____

Branch Manager / In-Charge

Full Name: _____
 Employee Code: _____
 Branch Name: _____



Acknowledgement - DA 1 (For Bank Use Only)

Date: _____

Received Nomination Form from: _____ Customer ID: _____

Date of Receipt: ____/____/____ Recorded on CBS / Core Banking System: Yes / No, Reference Number: _____

Name & Designation: _____

Signature of Bank Official with Seal