

FORM FOR ADDITION OF JOINT APPLICANT



(For Savings Bank Account/Fixed Deposit/Current Account in the name of individuals)

A. Existing Customer Details

Holder Name	CRN	Account No	Mode of Operation
Primary holder			
Joint holder - 1			
Joint holder - 2			
Joint holder - 3			

B. Details of the New Holders

Name	Date of Birth (DD/MM/YYYY)	Gender (M/F/T)	Nationality	Country of Birth	Marital Status (Y/N)	Mother's Maiden Name
Joint holder - 1						
Joint holder - 2						
Joint holder - 3						

Guardian's name (if the applicant is a minor)

Relationship with the minor (If by court order, please furnish a copy)

Please paste
photograph of
Joint holder – 1
& sign across

Please paste
photograph of
Joint holder – 2
& sign across

Please paste
photograph of
Joint holder – 3
& sign across

Joint holder - 1- CRN Senior Citizen Minor Staff Others

Joint holder - 2- CRN Senior Citizen Minor Staff Others

Joint holder - 3- CRN Senior Citizen Minor Staff Others

C. Communication Details

a. **Address for Correspondence** Residence Office Joint holder – 1

Land mark
 City Pin Code
 State Country

b. **Permanent Address** Same as communication address Please note the address below Joint holder – 1

Land mark
 City Pin Code
 State Country

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a. **Address for Correspondence** Residence Office

Joint holder – 2

Land mark																						
City																	Pin Code					
State																	Country					

b. **Permanent Address** Same as communication address Please note the address below

Joint holder – 2

Land mark																						
City																	Pin Code					
State																	Country					

a. **Address for Correspondence** Residence Office

Joint holder – 3

Land mark																						
City																	Pin Code					
State																	Country					

b. **Permanent Address** Same as communication address Please note the address below

Joint holder – 3

Land mark																						
City																	Pin Code					
State																	Country					

c. Contact Details

Joint holder – 1

Mobile No	<input type="text"/>	Tel. No (R) with STD Code	<input type="text"/>
Tel. No (O) with STD Code	<input type="text"/>	Email ID	<input type="text"/>

Joint holder – 2

Mobile No	<input type="text"/>	Tel. No (R) with STD Code	<input type="text"/>
Tel. No (O) with STD Code	<input type="text"/>	Email ID	<input type="text"/>

Joint holder – 3

Mobile No	<input type="text"/>	Tel. No (R) with STD Code	<input type="text"/>
Tel. No (O) with STD Code	<input type="text"/>	Email ID	<input type="text"/>

d) Know Your Customer (KYC) Documents (Please fill Form 60, if PAN not available)

Joint holder – 1	PAN No.	<input type="text"/>	Aadhaar No.	<input type="text"/>
Joint holder – 2	PAN No.	<input type="text"/>	Aadhaar No.	<input type="text"/>
Joint holder – 3	PAN No.	<input type="text"/>	Aadhaar No.	<input type="text"/>

e) In case of e-KYC:

Joint holder – 1	e-KYC Transaction ID	<input type="text"/>
Joint holder – 2	e-KYC Transaction ID	<input type="text"/>
Joint holder – 3	e-KYC Transaction ID	<input type="text"/>

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f. Identity Proof

Particulars	Name of the Document	Document No.	Date of Issue	Date of expiry
Joint holder – 1				
Joint holder – 2				
Joint holder – 3				

g. Address Proof

Particulars	Name of the Document	Document No.	Date of expiry
Joint holder – 1			
Joint holder – 2			
Joint holder – 3			

h. Customer Profile

Religion (Tick the appropriate box)

Joint holder – 1: Hindu Muslim Christian Sikh Jain Others Please specify.....

Joint holder – 2: Hindu Muslim Christian Sikh Jain Others Please specify.....

Joint holder – 3: Hindu Muslim Christian Sikh Jain Others Please specify.....

Caste (Tick the appropriate box)

Joint holder – 1: General SC ST OBC Others Please specify.....

Joint holder – 2: General SC ST OBC Others Please specify.....

Joint holder – 3: General SC ST OBC Others Please specify.....

D. Mode of Operation

Either or Survivor Former or Survivor Any One or Survivor Jointly by all

Minor A/C operated by Guardia Others (Please specify)

E. Debit Cards for New Holders

Issuance of additional debit card Y N

Name on Cebit Card for Joint holder – 1 :

Name on Debit Card for Joint holder – 2 :

Name on Debit Card for Joint holder – 3 :

F. FATCA-CRS Certification

Please tick the applicable tax resident declaration (Any one)*

- I am a tax resident of India and not resident of any other country or,
- I am a tax resident of the country/ies mentioned in the table below

Country#	Tax Identification Number%	Identification Type (TIN or other%, please specify)

To also include USA, where the individual is a citizen/green card holder of USA

% In case Tax Identification Number is not available, kindly provide functional equivalents

1 Permissible documents are a. Passport b. PAN Card c. ID Card d. Driving License e. UIDAI Card f. NREGA Job card g. Others

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FATCA-CRS Terms and Conditions

The Central Board of Direct Taxes has notified on 7th August 2015 Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies/ withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e. within 30 days.

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax \$ Identification Number. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

FATCA- CRS Certification

I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

Signature: _____
Joint holder – 1

Signature: _____
Joint holder – 2

Signature: _____
Joint holder – 3

Date:

Place:

* Mandatory fields

G. Declaration (Applicable to all Customers)

(Please read carefully and sign at the end of this section after you have filled in all the details in the form)

1. I/We have read and understood the terms and conditions and Schedule of Charges governing the opening of the account with Jana Small Finance Bank and those relating to various services including, but not limited to ATMs / Debit card / Net banking/ Phone banking/Jana Cash Wallet mentioned hereunder and more in detail mentioned at www.com. and agreed to be bound by it.
2. I/We agree to be bound by all terms and conditions including excluding / limiting Bank's liability, and the changes thereto in Terms and Conditions from time to time relating to my/our account as communicated and made available on the Bank's website
3. I/We hereby authorise Jana Small Finance Bank to share my/ our personal / KYC or any other details with Central KYC Registry / Credit Bureaus / any agencies as required by law, and receive information from these agencies. Any agencies so authorised may furnish for consideration, the processed information and data or products thereof prepared by them, to banks/ financial institutions and other credit grantors or registered users, as may be specified by the regulators in this behalf.
4. In the event of death of any one of the depositors, premature encashment of term deposits would be allowed to the surviving account holders at their joint request. Payment to survivors gives valid discharge to the bank. The survivor would be receiving the payment from the Bank as trustee of the legal heirs of the deceased depositor i.e. such payment to survivors shall not affect the right or claim which any person may have against the survivor(s) to whom the payment is made. Such premature withdrawal shall not attract any penal charges as on date. The same is subject to review from time to time.
5. It is stated that any and all claims, matters and disputes are subject to be governed by the laws as prevalent in the Republic of India and jurisdiction of the competent courts in Bengaluru only.
6. I/We hereby declare that the information furnished above is true & correct & to the best of my / our knowledge
7. I hereby agree to Jana Small Finance Bank/Subsidiaries/Affiliates/Agents contacting me for various other product/offering updates, marketing promotions, smart rewards, special offers or any such information from time to time.
I do hereby give my consent to receive such information through Phone Calls Y N SMS Y N Email Y N
8. I/We agree that the Bank may send communications/letters etc. to me / us, through courier/messenger/mail or through any other mode at its discretion and the Bank shall not be liable for any delay arising there from.

Signature - Joint holder: 1

Signature - Joint holder: 2

Signature - Joint holder: 3

Consent by the existing holders of the account

I/We request Jana Small Finance Bank to add the above mentioned holder/s to my/our account at our sole risk and responsibility.

Signature: _____
Primary holder (Existing holder 1)

Signature: _____
Existing holder 2

Signature: _____
Existing holder 3

Date:

Place:



Vernacular Declaration

The details of the Account Opening Form have been read over and explained to me in, (the language in which the signatory is signing) and I have understood the contents thereof. I also agree to and accept the terms which too have been explained to me by in

Date: _____

Name and Signature

Minor Declaration

I,.....hereby declare that the minor who is myand I am his/her natural and lawful guardian / guardian appointed by court vide order dated(Copy enclosed). I shall represent the said minor in all future transactions of any description in the above Account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for my withdrawal / transactions made by me in his / her Account.

Date: _____

Signature of the Guardian

For Office Use

Is the customer a Politically Exposed Person? Y N

If Yes, brief details

Whether the signatures obtained face to face? Y N

Certified that the terms and conditions for the operation of the Account have been explained to the depositor (only in case of illiterate applicant/vernacular signature applicants). Y NA

Whether the existing nomination cancelled and new nomination added: Y N

Documents verified against original and confirmed: Y N

CRN of the Joint holder 1:

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CRN of the Joint holder 2:

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CRN of the Joint holder 3:

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Date	Name of the Authorised Signatory	SS No	Signature

Date: _____

Authorised Signatory

S.S. No: _____

Acknowledgement

We acknowledge receipt of your application for addition of joint holder(name) to your account no..... The same shall be processed at the earliest.

Authorized Signatory
For Small Jana Finance Bank