

ORDINARY MEMBERSHIP
APPLICATION FORM

For Non-Individuals

(Application as ☐ Borrower/ ☐ Guarantor / ☐ Well-wisher ☒ which is applicable)
 Membership No.: _____
 (For Share Department Only)
KYC Complied at
Branch
 To,
 The Chairman,
 TJSB Sahakari Bank Ltd.

Place: _____

Date: _____

I/We, the undersigned apply to be admitted as Ordinary Member of your Bank and request you to allot me/us _____ shares of ₹ 50/- each for which I/We am/are depositing herewith ₹ _____ (Rupees _____) in cash/cheque as value of shares and ₹ _____/- as entrance fee.

Please fill the form in CORRECTLY & COMPLETELY.

A. IDENTITY DETAILS

1.	Customer No.: _____	CKYCR No.: _____
2.	Name of the Applicant _____	
3.	Date of incorporation	Place of incorporation
	D D M M Y Y Y Y	
4.	Date of commencement of business	D D M M Y Y Y Y
5.	a) PAN _____	
6.	Status (Please tick any one):	
	<input type="checkbox"/> Partnership <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Government Body <input type="checkbox"/> Charities <input type="checkbox"/> BOI	<input type="checkbox"/> Private Limited Co. <input type="checkbox"/> LLP <input type="checkbox"/> Defense Establishment <input type="checkbox"/> Non Government Organization <input type="checkbox"/> NGO's <input type="checkbox"/> Others (please specify)
		<input type="checkbox"/> HUF <input type="checkbox"/> Trust <input type="checkbox"/> FII <input type="checkbox"/> Society <input type="checkbox"/> AOP

B. ADDRESS DETAILS

1	Correspondence Address	_____	

	City/town/village	PIN Code	
	State	Country	
2	Contact Details	Tel. (Off.)	Tel. (Res.)
		Fax No.	Mobile No. +91
		Email ID	
3.	Registered Address (if different from above)	_____	

	City/town/village	PIN Code	
	State	Country	

C. OTHER DETAILS

1 Gross Annual Income Details (please specify): Income Range Per annum

- | | |
|--|---|
| <input type="checkbox"/> Below ₹ 1 lac | <input type="checkbox"/> ₹ 10 - 25 lac |
| <input type="checkbox"/> ₹ 1 - 5 lac | <input type="checkbox"/> ₹ 25 lac - 1 crore |
| <input type="checkbox"/> ₹ 5 - 10 lac | <input type="checkbox"/> More than ₹1 crore |

2 Networth

Amount (₹) _____

As on (date)

D	D	M	M	Y	Y	Y	Y
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(Networth should not be older than 1 year)

3 Please tick, if applicable, for any of your authorized signatories/Promoters/Karta/Trustees/whole time directors:

- ☐ Politically Exposed Person (PEP)
- ☐ Related to a Politically Exposed Person (PEP)

D. DECLARATION

I/We hereby declare that:

- I/We agree to abide by the Bye-Laws of the Bank which are inforce or which may come into force from time to time, more specifically Bye-Laws read with Rule 11 of Multi State Co-operative Societies Rules 2002.
- I/We am/are not members of any other Co-operative Bank/Credit Society OR I/We am/are already a member of _____ Co-op. Society/Bank Ltd.
- I/We shall not borrow from any other Bank other than TJSB Sahakari Bank Ltd. Without the prior written permission of the Bank.
- I/We belong/do not belong to Scheduled cast/Scheduled tribe.

E. BANK DETAILS

1 We authorize bank to Credit dividend to our below mention account ☐ OR To issue dividend warrant ☐

2 Account Type

☐ Saving Account ☐ Current Account ☐ Cash Credit / ODS ☐ ODD

3 Account Number

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4 Particulars of Bank Account

Bank Name :

Branch :

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**Details of Directors / Partners / Karta / Trustees and whole time directors forming a part of Share Membership
Application Form for Non-Individuals**

Sr. No.	Name	Relationship with Applicant (i.e. Promoters, whole time directors etc.)	PAN	Residential / Registered Address	DIN/UID	Photograph
1						Signature & Branch Round Stamp across the photo
2						Signature & Branch Round Stamp across the photo
3						Signature & Branch Round Stamp across the photo
4						Signature & Branch Round Stamp across the photo

**First Authorised
Signatory**

**Second Authorised
Signatory**

**Third Authorised
Signatory**

**Fourth Authorised
Signatory**

(Signature with Rubber Stamp)
(Common Seal to be affixed incase of Applicant is Pvt. Ltd.)

RECOMMENDED BY MEMBER (IF ANY)

Name : _____

Signature : _____ Membership No. / Folio No. : _____

BRANCH RECOMMENDATION

Name of BM / ABM : _____

Employee Code : _____

Signature (with Rubber Stamp) _____ Date _____

FOR SHARE DEPARTMENT USE ONLY

Approved in meeting dated : _____

Membership No.: _____

Signature & Date : _____