

ORDINARY MEMBERSHIP
APPLICATION FORM

For Individuals / Proprietor

(Application as ☐ Borrower/ ☐ Guarantor / ☐ Well-wisher ☒ which is applicable)
 Membership No.: _____
 (For Share Department Only)
KYC Complied at
BranchBranch
Round Stamp
& Photo
 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. FIRST HOLDER / SINGLE HOLDERS DETAILS

1.	Customer No.: _____	CKYCR No.: _____
2.	Name of the Applicant Surname _____ First Name _____ Middle Name _____ If Proprietary concern (Proprietor of _____)	
3.	Father's / Husband's Name _____	
4.	a) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female b) Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married c) Date of Birth	D D M M Y Y Y Y
5.	a) Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Other _____ (Please specify, _____) b) Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National	
6.	a) PAN (Mandatory) _____ b) Unique Identification Number (UID) /Aadhaar, if any _____	

B. ADDRESS & BANK DETAILS

1	Permanent Address	City _____	PIN Code _____	State _____
2	Correspondence Address	City _____	PIN Code _____	State _____
3	Contact Details	Tel. (Off.) _____ Fax No. _____ Email ID _____	Tel. (Res.) _____ Mobile No. _____	+91 _____
4	Bank Details : <input type="checkbox"/> Direct Credit Or <input type="checkbox"/> Dividend warrant I authorize bank to credit the dividend to my below mentioned account till my loan is fully repaid. Bank Name : _____ Branch : _____ Account no : _____ <input type="checkbox"/> Joint Holder <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Karta <input type="checkbox"/> Trustee			

Second Holder Details

1.	Customer No.: _____		CKYCR No.: _____	
2.	Name of the Applicant			
3.	Father's / Husband's Name			
4.	a) Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	b) Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married
			c) Date of Birth	D D M M Y Y Y Y
5.	a) Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify, _____)	b) Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National
6.	a) PAN (Mandatory)		b) Unique Identification Number (UID) /Aadhaar, if any	

Third Holder Details

1.	Customer No.: _____		CKYCR No.: _____	
2.	Name of the Applicant			
3.	Father's / Husband's Name			
4.	a) Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	b) Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married
			c) Date of Birth	D D M M Y Y Y Y
5.	a) Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify, _____)	b) Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National
6.	a) PAN (Mandatory)		b) Unique Identification Number (UID) /Aadhaar, if any	

C. OTHER DETAILS

1	Gross Annual Income Details (please specify):	
	Income Range Per annum (As per Form 16)	Networth(As per last year Financial Year Balance sheets)
	<input type="checkbox"/> Below ₹1 lac <input type="checkbox"/> ₹ 1 - 5 lac <input type="checkbox"/> ₹ 5 - 10 lac	<input type="checkbox"/> ₹ 10 - 25 lac <input type="checkbox"/> More than ₹ 25 lac
	OR	Amount (₹) _____ As on (date) D D M M Y Y Y Y (Networth should not be older than 1 year)
2	Occupation (please tick any one and give brief details):	
	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Please specify; _____)	
3	Please tick, if applicable : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)	

Nomination

I / We _____ and _____, member of TJSB Sahakari Bank Ltd. (membership details given below) wish to *make a nomination and further nominate the following person in whom all rights in respect of shares held by me shall vest in event of my / our death.

(*Strike out whichever is not applicable)

Name of the Nominee			
Address			
Date of Birth			
Relation with Applicant			
Contact Details	Tel No.:		Email:
Name of guardian (In case Nominee is Minor) (Guardian other than Applicant/s)			
Address			
Signature of Guardian			
Name of Witness	1.		2.
Signature of Witness	1.		2.

D. DECLARATION

I hereby declare that:

1. I/We agree to abide by the Bye-Laws of the Bank which are in force 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.
2. I am/We are not members of any other Co-operative Bank/Credit Society OR I am/We are already a member of _____ Co-op. Society/Bank Ltd.
3. I/We shall not borrow from any other Bank other than TJSB Sahakari Bank Ltd. Without the prior written permission of the Bank.
4. I/We belong/do not belong to Scheduled cast/Scheduled tribe.

Signature of First Holder

Signature of Second Holder

Signature of Third Holder

(Rubber Stamp of Proprietary concern incase of applicant is proprietor)

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 : _____