

ONLINE ACCOUNT OPENING / APPLICANT INFORMATION FORM FOR RESIDENT INDIVIDUALS

Reference No. 240)52115214234453772	Customer ID.	Account No).				
Account Scheme	SBGEN Purpose of A	ccount Online Account	Account Type	Lead Id				
1. Applicant D	etails:							
Title	Full Name							
Mr.	Yash Shailesh Sarde							
Father's Name	Shailesh Sarde							
Mother's Name	Shaileja Sarde							
Date of Birth	Gender Married	Spouse Name	Maiden Name Ex-service	e Man PAN No.				
14/04/2003	Male Single		Y	PJRPS4348A				
Residential Status	Place of Birth	Country of Birth	Physically/visually handicappe	ed Aadhaar No.				
RESIDENT INDIAN	Jalna	INDIA	Y	522851300011				
Occupation RE	ETAIL			Code TR102				
Education	Nationality	Religion	Caste	Village Code				
	INDIAN	HINDU	ОВС					
Name of Employer /	Profession / Nature of Busines	s / Industry						
2. Communica	tion / Residence Ad	ddress:						
1-17-76								
Mominpura								
City/District AURA	NGABAD	State	MAHARASHTRA	Country INDIA				
Pin 431001	Phone No.		Mobile No. 9665475	319				
E-mail ID yashhsa	rde@gmail.com							
				-				
3. Permanent	Address:							
H.no.1-17-76								
Aurangabad								
City/District AURA	NGABAD	State	MAHARASHTRA	Country INDIA				
Pin 431001	Phone No.		Mobile No.					

4. Knc	w Your (Customer	(KYC) Details:							
KYC No	ımber (If any)									
Attach the copies of the documents opted for and produce the original copies of these documents for verification.										
		Code	Document Identification No.	Document Identification No. Da			ing Authority		Place of Issue	
Identity	Proof:	ID108	522851300011							
		Code Document Identification No. Date of Expiry Issuing Authority Plants								
Reside	Appulat Family Income Less than Ps. 50,000 Source of Income Salary									
Annual Family Income Less than Rs. 50,000 Source of Income Salary										
Net Wo	rth Less thar	n Rs. 10 Lacs								
5. Info	rmation	on Credit	Facilities Availed:							
I Yash	Shailesh Sar	de further unde	rtake that:							
∏l do	not eniov cre	edit(Fund based/	Non fund based) facility with Unic	on Bank/ot	ner Bank/s OR					
			accounts with Union Bank/other							
=							-1		One dis Octob	
屵	nicle loan	Housing loa		Edi	ıcational loan		siness loar		Credit Card	
	Name of the B	ank & Branch	Account No.			Facility			Amount	
6. Fac	ilities Re	quired:								
Accoun	Please tick in the respective boxes if you wish to avail the following facilities Account Type Regular Gold Platinum Privilege Cheque Book Collect from Branch Dispatch to my communication address									
Statement by E-Mail Y Mobile Banking Y Debit Card Y Nomination Required SMS Alerts Required										
Sw	Sweep-in-facility: Please clear my Cheque/allow withdrawal by transferring funds from my Saving/Current A/C No.									
For	eign Remittan	ices expected	Country Code No.							
			uired under Tax Lav			16				
			than one country then below info							
S.No.	Date of docu	ument collected	Country of Residency for Tax	purposes	l ax Identifi	cation Numb equiva		r tunctional	TIN issuing country	

8. Declaration/Undertaking:

- 1. I Yash Shailesh Sarde certify that I have declared my status as per the applicable FATCA/CRS rules in India as notified by Government of India (GOI) /Central Board of Direct taxes (CBDT) /Reserve Bank of India (RBI)/in this regard.
- 2. I certify that the information stated in the account opening form and the supporting documentary evidence provided by me is, to the best of my knowledge and belief true, correct and complete and that I have not withheld any material information/document, that may affect the assessment/categorization of the account at a US Reportable account/Other Reportable account or otherwise.
- 3. I undertake the responsibility to declare, disclose and recertify within 30 days any changes that may take place in the information provided in the account opening form, and signed by me as well as in the documentary evidence provided by me or if any certification becomes incorrect.
- 4. I also agree that our failure to disclose any material fact known to me, now or in future, may invalidate my application and Union Bank of India would be within its right to put restrictions in the operations of my account or take appropriate action permissible under the Indian regulations for the purpose or take any other action as may deemed appropriate if the deficiency is not updated/rectified by me within the stipulated period.
- 5. I agree to furnish any particulars/information that is called upon me by Union Bank of India on account of any change in law either in India or abroad in the subject matter herein.
- 6. In the event there is any tax demand (including interest (if any)) raised due to non-disclosure/inaccurate disclosure of information/document on my/our part, I undertake to pay the demand forthwith and provide the Bank with all information/documents that may be necessary for any proceedings before GOI/RBI/Income-tax Authorities.
 7. I permit/authorize the Bank to collect, store, communicate and process information relating to the Account and all transactions therein, by the Bank and any of its affiliates
- 7. I permit/authorize the Bank to collect, store, communicate and process information relating to the Account and all transactions therein, by the Bank and any of its affiliate wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.

I confirm having received , read and understood the accounts rules and hereby agree to be bound by the terms and conditions outlined in these rules which govern the account(s) which I am opening with Union Bank of India and amendments there to made from time to time will be binding on me/us when displayed by the bank on its notice board or on its website and those relating to various services offered by the bank including but not limited to International debit card/ Internet banking/ SMS banking/Mobile banking / Tele - banking and other facilities listed in this form . I am aware that the usage of these facilities is governed by the terms and conditions which are displayed on https://www.unionbankonline.co.in , the site maintained by Union Bank of India and I have reviewed the contents of the same. I understand that the bank may at its absolute discretion discontinue any of the services completely or partially without any notice to me. I agree that the bank may debit my account for service charges as applicable from time to time. I declare that the transactions in the account will be made from legitimate sources only the account will not be used for any purpose contrary to law . I declare that the information furnished above is true and correct to the best of my knowledge.

Account Number			
Name of Applicant	Yash Shailesh Sarde		
Branch AURANG	SABAD MAIN		Paste your passport size photograph and
Mode of Operation	of Account Single		sign across the photograph and also in
			the box provided below
Date			
Place			
For Bank Use Only			
9. CUSTOME	R DUE DILIGENCE:		
Income tax paid du	ring the last two years < Rs. 10,000 F	Rs. 10,000 - 50,000 Rs. 50,000 - 1 L	ac > Rs. 1 Lac
Comments:			
PAN Verificatio	n from www.incometaxindia.gov.in	Nomination Form Received	
Applicant's nam	ne checked with Suspicious entities list	KYC Documents verified with original	inals
The applicant is KY	C compliant Y N	Politically Exposed Y N	
and relevant docum	at this account opening form is complete in all respects nents have been obtained, verified with originals and in physical presence of the applicant.	I(Name of Bran Employee No.:hereby authoriz P.A. No.:	nch Head/Operations Head), red/permitted to open the account.
Emp. No. : Date :	 Signature:	Date : Signa	ature:

NOMINATION (NOMINATION FORM DA-1):

Nomination under sec. 45 ZA of the Banking Regulation Act. 1949 and rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits.

AURANG	e the follow ABAD MA	ving person to IN Branch.	o whom in the ev	ent of my de	ath the amo	ount in the abo	ove acco	unt, may	be returned b	oy Union Bank o	f India
Nature of	Deposit	Saving Ba	ank				Accou	nt No.			
Name of r	nominee										
Title	e	Full Name									
		Shaileja S	arde								
Relations	hip with de	positor	IOTHER				Age				
Whether r	name of the	e nominee to	be printed on Pa	ass Book /Sta	itement of A	Account/Depo	sit Recei	pt Y	N		
Address											
1-17-76											
Mominpu	ra										
City/Distri		NGABAD			State	MAHARASI	HTRA			Country	/ INDIA
	1001	110710710	Phone No.		Oldio	100 10 10 10 10 10 10 10 10 10 10 10 10		Mobile N	10	Country	INDIA
			T HOHE NO.					IVIODIIE IV	0.		
E-mail ID		-4									
		of minor @	is date I/We app	oint							
Title			is date if the app	Oirit		Full N	ame				
Insurand	ce (Deatl	nt of deposit on the due to accept the due to ac	•	inee in the ev	ent of my/o	ur minor's de	ath durin	g the mir	nority of the no	ominee.	
		Name			R	telation			Da	ate of Birth	
										DD	
Nomi	ination for i	Add-on Debit	t Card								
Nomi	ination for i	Add-on Debit Name	t Card		R	Relation			Da	ate of Birth	
Nomi	ination for n		t Card		R	Relation			Da		
Nomi	ination for <i>i</i>		t Card	*Sig	nature / thu	Relation Imb Impress positor	ion of		Da	ate of Birth	
Nomi	ination for <i>i</i>		t Card		nature / thu Deր	ımb Impress			Da	ate of Birth	
		Name	t Card		nature / thu Deր	ımb Impress positor			Da	ate of Birth	
Name of \	Witness/es	Name	t Card		nature / thu Deր	imb Impress positor nary Deposito	or			ate of Birth	
Name of \		Name	t Card		nature / thu Deր	imb Impress positor nary Deposito	or	s of Witn		ate of Birth	
Name of \	Witness/es	Name	t Card		nature / thu Deր	imb Impress positor nary Deposito	or	s of Witne		ate of Birth	
Name of \	Witness/es	Name	t Card		nature / thu Deր	imb Impress positor nary Deposito	or	s of Witne		ate of Birth	
Name of \Name & A	Witness/es	Name	t Card		nature / thu Deր	nary Deposito	or	s of Witn	ess 2	ate of Birth	ss2
Name of Name & A	Witness/es Address of	Name Witness 1	t Card	Signature	nature / thu Dep	nary Deposito	or	s of Witn	ess 2	ate of Birth	ss2
Name of Name & A	Witness/es Address of	Name Witness 1	ttested by two W	Signature	nature / thu Dep ame of Prin	nary Deposito	Address		ess 2	ate of Birth	ss2
Name of Name & A Date Place *Thumb ir	Witness/es Address of	Witness 1	ttested by two W	Signature	of Witness	nary Deposito Name 8	Addres:	tion	ess 2	ate of Birth	
Name of Name & A Date Place *Thumb ir	Witness/es Address of mpression(Name Witness 1	ttested by two W	Signature	of Witness	nary Deposito Name 8	Addres:	ition	ess 2	ate of Birth DD ature of Witness saving bank according	

Authorised Signatory