



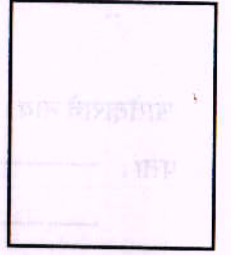
दि बारामती सहकारी बँक लि.

मुख्य कार्यालय : भिगवण रोड, जळोची, बारामती, जि. पुणे. ४१३ १०२.

☎ : २२४८६५, २२७७०५

शाखा : _____

सेव्हींग्ज खाते उघडण्याचा फॉर्म



प्रति,
शाखाधिकारी,
दि बारामती सहकारी बँक मर्या.

खाते क्र. _____

शाखा : _____

दिनांक : ____ / ____ / २०

महोदय,

मी/आम्ही आपल्या बँकेत सेव्हींग्ज खाते उघडू इच्छितो. सेव्हींग्ज खात्यासंबंधी बँकेने केलेले नियम मला/आम्हाला मान्य आहेत. ह्या नियमात वेळोवेळी होणारे बदल माझ्यावर/आमच्यावर बंधनकारक राहतील.

खातेदाराचे संपूर्ण नांव : _____

व पत्ता : _____

पॅन क्र. _____ पिन : _____

व्यवसाय : _____ दूरध्वनी क्र. : _____

ई मेल ॲड्रेस : _____ अज्ञान असल्यास जन्मदिनांक : _____

अ.क्र.	खाते चालविणाराचे नांव	स्वाक्षरीचा नमुना
१	_____	
२	_____	
३	_____	
४	_____	

खात्यावर व्यवहार करण्याचे अधिकार _____ यांना राहतील.

सेव्हींग्ज ठेव खात्यासाठी बँकींग रेग्युल्युशन ॲक्ट १९४९ कलम झेड अे व कलम ५६ तसेच सहकारी बँकांसाठी नामनिर्देशन (Nomination) नियम १९८५ नुसार खालील व्यक्तीस वारस म्हणून नामनिर्देशित करित आहोत.

वारसाचे नांव : _____

पत्ता : _____

खातेदाराशी नाते : _____ अज्ञान असल्यास जन्मदिनांक : ____ / ____ /

(वारस अज्ञान असल्यास) त्याच्या वतीने रक्कम स्विकारणेसाठी श्री./सौ. _____

यांची नियुक्ती करित आहोत.

शिफारस करणाऱ्याचे नांव : _____ स्वाक्षरी

खाते प्रकार व क्रमांक : _____

ओळख सही तपासली, खाते उघडण्यात यावे.

दिनांक : ____ / ____ / २०

शाखाधिकारी/अधिकारी

खातेदाराची स्वाक्षरी



THE BARAMATI SAHAKARI BANK LTD.

HEAD OFFICE : BHIGWAN ROAD, BARAMATI, DIST: PUNE, PIN : 413102

Central KYC (Individual) Application Form

UCID No: _____

Date: DD - MM - YYYY

Branch Name: _____ GL: _____ Account No: _____ Account Type: CA / SB / Cash credit / Overdraft

Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only

Application Type* New Update
 (To be filled by financial institution) KYC Number _____ (Mandatory for KYC update request)
 Account Type* Normal Simplified (for low risk customers) Small

1. PERSONAL DETAILS (Please refer instruction A at the end)

Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)			
Maiden Name (If any*)			
Father / Spouse Name*			
Mother Name*			
Date of Birth*	DD - MM - YYYY		
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others
Citizenship*	<input checked="" type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> <input type="text"/>)	
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin	
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector)
	<input type="checkbox"/> O-Others (<input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife
	<input type="checkbox"/> B-Business	<input type="checkbox"/> Student)	<input type="checkbox"/> X NotCategorised

PHOTO

Signature / Thumb Impression

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	DD - MM - YYYY
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving License Expiry Date	DD - MM - YYYY
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA JobCard	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar)

Voter Identity Card NREGA JobCard Others please specify

Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3

District* Pin / Post Code* City / Town / Villaae*

State / U.T Code* ISO 3166 CountryCode*

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off) - Tel. (Res) - Mobile -

FAX - Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Prefix First Name Middle Name Last Name

Name*

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

A- Passport Number Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date

E- UID (Aadhaar)

F- NREGA JobCard

Z- Others (any document notified by the central government) Identification Number

S- Simplified Measures Account - Document Type code Identification Number

7. REMARKS (If any)

8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : - - Place :

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

RiskCategory High Medium Low

KYC VERIFICATION CARRIED OUTBY

INSTITUTION DETAILS

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Bank Name **T H E B A R A M A T I S A H A K A R I**

B A N K L T D

Branch Code

(Employee Signature)

(Institution Stamp)

Other Details:

Income Range	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1 lac to 10 lac <input type="checkbox"/> 10 lac to 15 lac <input type="checkbox"/> 15 lac to 25 lac <input type="checkbox"/> 25 lac to above
Net Worth (In INR)	<input type="text"/> As on <input type="text"/>
Education Qualification	<input type="checkbox"/> Below SSC <input type="checkbox"/> SSC <input type="checkbox"/> HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Masters Professional (CA,CS,ADV,Dr, Engg.)
Please tick if applicable	<input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person
Any Other Information	<input type="text"/>

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

(Institution Stamp)

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

General Instructions:

- Fields marked with "*" are mandatory fields.
- Tick (✓) wherever applicable.
- Self Clarification of documents is mandatory.
- Please fill the form in English Block Letters.
- Please fill all dates in DD-MM-YYYY format.
- Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- KYC number of applicant is mandatory for updation of KYC details.
- For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- In case of 'Small Account Type' only personal details as section number 1 and 2, photograph, signature and self certification required.

A Clarification / Guidelines on filling 'Personal Details' section

- Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof submitted failing which the application is liable to be rejected.
- Either **father's name or spouse's** name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B Clarification / Guidelines on filling Details if applicant residence for tax purposes in jurisdiction(s) outside india

- Tax Identification Number (TIN):** TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

C Clarification / Guidelines for filling 'Proof of Identity[Pol]' section

- If driving License number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- Mention Identification / reference number if 'Z-others' (any document notified by the central government)' is ticked.
- In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undemoted relevant code may be mentioned in point 3 (S)

Documnet Code Discription

01	Identity card with applicant's photograph issued by Central / State Government Departments, Statutory / Reulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks and Public Financial Institutions.
02	Letter Issued by a gazetted Officer, with a duly attested photograph of the person.

D. Clarification / Guidelines on filling ' Proof of Address (PoA)- Current / Permanant / Overseas Address Details' section

- PoA to be submitted only if the submitted Pol does not have an address or address as per PoL is invalid or not in force.
- State / U. T. Code and Pin / Post Code will not be mandatory for Overseas addresss.
- In case of Simplified Measures Accounts for verifying the adrress of the applicant, any one of the following documents can also be submitted and undemoted relevant code may be mentioned in point 4.1

Documnet Code Discription

01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Muncipal Tax receipt.
03	Bank account or Post Office savings bankl account statement.
04	Pension or family pension payment orders (PP)s issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accomodation from employer issued by State or central Government Departments statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies, Similarly, leave and license agreements with such employers allotting official accomodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign embassy or Mission in India.

E. Clarification / Guidelines on filling ' Proof of Address (PoA)- Correspondence / Local Address Detials section

- To be filled only in case the PoA is not the local address or address where the customer is currently residing, No separate PoA is required to be submitted.
- In case of multiple correspondence / Local addresses, Please fill '**Annexure A1**'

F. Clarification / Guidelines on filling ' Contact Details'

- Please Mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- Do not add '0' in the beginning of Mobile number.

G. Clarification / Guidelines on filling 'Related Person Details'

- Provide KYC number of related person if Available

H. Clarification / Guidelines on filling 'Related Person Details- Proof of Identity (Pol)'of Related Person' section

- Mention Identification / reference number if 'Z-Others (any document notified by the central government)' is ticked.



दि बारामती सहकारी बँक लि. बारामती.

मुख्य कार्यालय : भिगवण रोड, बारामती, जि.पुणे. ४१३ १०२.

फोन : (०२११२) २२२८४४, २२४८६५

कोअर बँकिंग सुविधा अर्ज

मी / आम्ही खाली नमुद केलेल्या कोअर बँकिंग सुविधा घेऊ इच्छित आहे.

- | | |
|---|---|
| <input type="checkbox"/> ए.टी.एम. सुविधा (ATM SERVICE) | <input type="checkbox"/> एस.एम.एस. बँकिंग (SMS Banking) |
| <input type="checkbox"/> अेनिव्हेअर डेबिट कार्ड सुविधा (ATM CUM DEBIT CARD) | <input type="checkbox"/> अेनी ब्रँच बँकिंग (ABB) |
| <input type="checkbox"/> ई-स्टेटमेंट/इंटरनेट सुविधा (E-STATEMENT) | <input type="checkbox"/> मोबाईल बँकिंग (Mobile Banking) |

खातेदाराचे नांव : _____

व पत्ता _____

जन्म तारीख _____ वय _____ पॅन कार्ड क्रमांक _____

वरील सुविधांचा वापर करण्यासाठी मला / आम्हांस खालील खात्यावर व्यवहार करण्यासाठी नवीन/जुने कार्ड रद्द करून नवीन ए.टी.एम. कम डेबिट कार्ड मिळावे व पुढील सुविधा मिळाव्यात.

एटीएम/डेबिट कार्ड

माझे ए.टी.एम. कम डेबिट कार्ड हे खालील खात्याशी संलग्न करावे.

अ.क्र.	खाते क्रमांक	खाते प्रकार	खात्यावर व्यवहार करणाऱ्या व्यक्तीचे नांव	शेरा

कार्डवर छपाई करावयाचे नांव (इंग्रजी) : _____

एस.एम.एस. बँकिंग

अ.क्र.	खातेदाराचे नांव	खाते क्रमांक	भ्रमणध्वनी क्रमांक (Mobile No.)

अेनी ब्रँच बँकिंग

अ.क्र.	खातेदाराचे नांव	खाते क्रमांक	अेनी व्हेअर बँकिंग सुविधा
			<input type="checkbox"/> होय <input type="checkbox"/> नाही
			<input type="checkbox"/> होय <input type="checkbox"/> नाही
			<input type="checkbox"/> होय <input type="checkbox"/> नाही

मोबाईल बँकिंग

मोबाईल बँकिंग करिता भ्रमणध्वनी (Mobile) क्रमांक : _____

अ.क्र.	खातेदाराचे नांव	खाते क्रमांक	मोबाईल बँकिंग सुविधा
			<input type="checkbox"/> होय <input type="checkbox"/> नाही
			<input type="checkbox"/> होय <input type="checkbox"/> नाही
			<input type="checkbox"/> होय <input type="checkbox"/> नाही

ई स्टेटमेंट/इंटरनेट व्ह्यू

खालील ईमेल पत्त्यावर बँक व्यवहाराची माहिती मिळावी.

अ.क्र.	खाते क्र.	खात्याचा प्रकार	ईमेल पत्ता

मी / आम्ही वरील प्रमाणे घेऊ इच्छित असलेल्या सेवा / सुविधे करिता बँकेने केलेले नियम व अटी वाचून समजून घेतले आहेत. सदर नियम माझ्या / आमच्यावर बंधनकारक राहतील.

स्वाक्षरी १) _____ २) _____ ३) _____
४) _____ ५) _____ ६) _____

कार्यालयीन उपयोगा करिता

वरील प्रमाणे खातेदार / खातेदारांनी पाठविलेल्या अर्जातील माहिती उदा. खाते क्रमांक, खातेदारांचे नांव, पत्ता, माहिती संगणक प्रणालीवर तपासून बरोबर असल्याची खात्री केली आहे. सदरील खातेदारांसाठी खालील सेवा संगणकाद्वारे प्रदान करण्यात आलेल्या आहेत.

- | | |
|---|---|
| <input type="checkbox"/> एटीएम कार्ड | <input type="checkbox"/> एसएमएस बँकिंग |
| <input type="checkbox"/> एटीएम कम डेबिट कार्ड | <input type="checkbox"/> अनी ब्रँच बँकिंग |
| <input type="checkbox"/> ई स्टेटमेंट/इंटरनेट स्टेटमेंट व्ह्यू | <input type="checkbox"/> मोबाईल बँकिंग |

वरील सुविधांसाठी शुल्क ₹ _____ ग्राहकांचे खाते नावे टाकण्यात आलेल्या आहेत. त्यानंतर वरील खातेदाराची माहिती संगणकावर नोंदविण्यात आलेली आहे.

दिनांक

लिपिक

तपासणीस (अधिकारी)



THE BARAMATI SAHAKARI BANK LTD

Head Office : Bhigwan Road, Baramati, Dist. Pune.

ATM CUM DEBIT CARD TERMS & CONDITIONS

The Applicant (hereinafter called the Cardholder) along with the joint account holder, if any of the primary Account unconditionally accepts the following terms and condition for using the ATM CARD (hereinafter called the card) issued by The Baramati Sahakari Bank Ltd. (hereinafter Called the Bank)

1) NON TRANSFERABILITY

The card is not transferable and shall be used only by the Cardholder.

2) DELIVERY OF CARD

Upon receiving information that the card is ready, the Cardholder shall go in person to the designated Branch/Office of the Bank to select the personal identification number (PIN) and take delivery of the card after establishing his/her identity.

3) PERSONAL IDENTIFICATION NUMBER (PIN)

The cardholder shall use the Card, to operate the only designated primary Account as per the ATM CARD Scheme. This use will be restricted only to such ATM Centers of the Bank, and / or of other affiliated institution, as may be notified from time to time.

4) ATM CENTRES AND USE OF THE CARD

At no time and under no circumstances shall the Cardholder inform any person of the personal identification Number (PIN), not even to the joint account holder.

5) PRIMARY ACCOUNT

Primary Account shall mean the account nominated by the cardholder as the account that is to be operated by using the Card. Only a satisfactorily conducted Saving Bank or Current Account of the cardholder which can be freely operated by his single signature, can be nominated as the primary Account.

6) MAINTENANCE OF UNENCUMBERED DEPOSIT

The Cardholder shall maintain, at all times an unencumbered deposit of at least 2000/- at the branch having Primary Account during the validity period of the card. The Bank may at its discretion, withdraw the facility of the Card, if at any time the amount of the deposit falls or has fallen below the minimum amount of deposit as aforesaid, without giving any further notice to the Cardholders and or without incurring any liability or responsibility whatsoever by reason of such withdrawal.

7) AUTHORITY TO DEBIT THE ACCOUNT

The Cardholder, along with the joint account holders, if any, hereby authorises the Bank to debit his/her/their account, designated as Primary Account, with the amount of withdrawals or transfers in accordance with the Bank's record of transactions. All transactions arising from the use of the Card to operate a designated joint account shall be binding on all account holders, jointly and severally.

8) AVAILABILITY OF FUNDS IN TIME PRIMARY ACCOUNT

At no time shall the Cardholder use or attempt use the Card, (a) for withdrawal or transfer unless there are sufficient funds in his/her Primary Account and /or (b) for withdrawal or transfer with intention to default payment of his/her cheques issued of other parties.

9) INTEREST ON OVERDRAFTS

If any transactions made by using the Card results into overdraft in the Primary Account, interest would be charged as per the Bank's Rules, prevailing at that point of time.

10) DELAY IN TRANSACTION

All transactions in particular deposit, shall be subject to delay due to transit period. The Bank shall not be responsible for any loss or damage or inconvenience caused to the Cardholder due to such delays.

11) RESPONSIBILITY FOR TRANSACTIONS

All transaction done with the card will be deemed as authenticated transaction done by the Cardholder himself/herself, and/or with his/her knowledge/authority, express or implied, not with standing any claims or circumstances to the contrary. The Cardholder shall in all circumstances accept full responsibility for all transaction processed by the use of the Card.

12) TRANSACTION RECORD

The Cardholder shall accept the Bank's record of the transaction as conclusive and binding for all purposes. The printed slips produced by ATM's as the Cardholder's instructions records, on completion of transaction each time, shall not be construed as the Bank's records for this purpose.

13) CHANGE IN STATUS OF PRIMARY ACCOUNT

Closure, transfer or any change in operational mode of the Primary Account will not allowed unless the Card is surrendered and dues, if any, against it, are paid in full.

14) NOTICE TO WITHDRAW DEPOSIT OR CLOSE THE ACCOUNT

If the Cardholder desires to close the Primary Account or withdraw any ATM Card linked deposit, or even otherwise desires to terminate the use of the ATM Card facility, he shall give the Bank not less than 7 working day's notice in writing and forthwith surrender the card to the Bank at the Card issuing Branch and obtain a valid receipt thereof.

15) JOINT PRIMARY ACCOUNT

In case of joint account, the joint account holders should expressly agree with and give his/her/their consent the Bank to issue the ATM

Card to the applicant at its discretion on the terms and conditions governing such issue and in case any of the joint account holder / desires to give stop payment / stop transaction instruction in respect operation by using the card, at least seven day's clear prior notice in writing will have to be given to the Bank to do so, so as to enable the Bank to inform all the ATM Centres and take steps at its discretion for carrying out the instruction.

16) REFUSAL / TERMINATION OF THE CARD

The Bank shall be entitled in its absolute discretion, to refuse to issue / renew a card to any cardholder, or withdraw the card and / or service thereby provided, at any time. The Bank shall terminate the ATM Card facility with immediate effect upon the occurrence of any of the following events.

1) Failure to adhere to or comply with the terms and conditions herein set forth.

2) On event of default under any agreement of commitment (contingent of otherwise) entered into with Bank.

3) The Cardholder becoming the subject of any bankruptcy, insolvency proceeding or proceeding of a similar nature.

4) Demise of the similar Cardholder.

5) Reported lunacy / insanity / unsound mind of the cardholder.

6) If it is deemed by the Bank that the facility is being misused / improperly used in any way.

Notwithstanding termination of the ATM Card facility the transactions already processed, but reported to the Cardholders Branch after the termination, shall be put through the cardholders designated Primary Account.

17) INDEMNIFICATION

The cardholder shall indemnify the Bank for all loss or damage caused directly or indirectly, by his / her act of commission / commission contrary to any of the terms and conditions, or even otherwise.

18) BANK'S LIEN

The Bank shall have its lien, irrespective of any other lien/charge, on the Cardholders deposits, present as well as future, held in the designated Primary Account as well as in the Term Deposits linked with the ATM Card facility, Whether in his/her single or joint names, to the extent of all outstanding dues, whatsoever, arising as a result of the ATM card services extended to and/or used by him/her.

19) FEES

All fees / charges related to the Card, as determined by the Bank from time to time, will be recovered by debiting to the Cardholder's Account.

20) LOSS / THEFT OF CARD

The Cardholder shall advise the branch of the Bank issuing the card, as promptly as possible, in writing of the loss of the card, howsoever occurring. The Cardholders shall, however, be responsible for all transaction effected by use of the Card unit if it is confiscated / cancelled.

21) REPLACEMENT OF LOST / DAMAGED CARD

Card which is broken or damaged while in use or otherwise or is lost, will not be replaced free of cost. A replacement card may however be issued solely at the Bank's discretion, against a fresh application and (i) a suitable indemnity in case of lost card, or (ii) Surrender of the card if it is broken / damaged as the case may be. Usual charges will be payable in all such cases.

22) HONOURING OF CARD

The Bank shall in no circumstances be liable to the Cardholder if the Card is not honoured in the desired manner for whatsoever reason or if the ATM service at any centre is disrupted.

23) CARD OWNERSHIP

The card shall remain the property of the Bank and will be surrendered to the Bank upon request, or the event of the cardholder no longer requiring the service.

24) CHANGE IN PIN / REPLACEMENT CARD

Change in PIN and / or issue of replacement card shall not amount to a fresh contract.

25) DISCLOSURE

The Bank reserves the right to disclose, in strict confidence, to other institution, such information concerning cardholders account as may be necessary or appropriate in connection with its participation in any Electronic Fund Transfer Network.

26) CHANGE OF TERMS AND CONDITIONS

The Bank reserves the right to add, delete and / or to vary any of these terms and conditions upon notice to the cardholder. Use of the card after receiving notice will constitute acceptance without reservation by the Cardholder of such change. Any notice sent by post will be deemed to have been received by the cardholder within 7 days of posting. Similarly any notice displayed at the ATM centre or at the branch where the Primary account of the Cardholders is running shall be deemed to have been received by the Cardholder within seven days of the display of such notice.

27) IRRECOVABILITY OF POWERS

All authorisations and powers conferred on the Bank are irrevocable.

P.T.O.

Digital
signature

SMS AND MOBILE BANKING TERMS & CONDITIONS

1) **DEFINITION :** "BSB Bank" refers to the Baramati Sahakari Bank Limited, & Co-operative Bank registered under the Maharashtra Co-operative Act. 1949. and (licensed) as bank under the Banking Regulation Act. 1949.

"Authorized User" Means the Account Holder availing the facility of Phone & Mobile Banking on demand from a branch of USB Bank where the account holder's maintaining an account. Such an account for which the facility is sought/provided is referred as the "designated Account"

"Facility" shall mean Phone & banking facility (which provides the Authorised Users, services such as information relating to Accounts), details about transaction and such other services as may be provided on the Phone & Mobile Phone Number by BSB Bank from time to time.

"Mobile Phone" means the mobile phone or such other communication device which is used to access the Facility.

"Mobile Phone Number" shall mean the number specified by the user in the form provide by BSB Bank or otherwise for the purpose of availing the facility.

"Customer ID" & "PIN" are deemed to include a Unique Customer ID and Personal Identification Number of the user under these terms.

"Transaction Password" and / or "TPIN" means the account holders unique number for executing the request under the facility. The Designated Accounts will require this password when he/they opts for general equity.

"Base Branch" is the Branch where the Designated Account is maintained.

"Uncleared Balance" means the amount of cheques deposited in the account but not realized.

"Balance" means the balance in the account at the time of enquiry/executing the request.

"CR" means Credit Balance. **"DR"** means Debit Balance.

2. PHONE BANKING :

Each Account holder by default will be given system generated Customer ID and four digit Transaction Password in respect of all the accounts maintained with the BSB Bank on registration as a Authorized User. The TPIN/Transaction Password will be issued to the account, holders in person or through courier service. It is advisable on the part of the Authorized User to change the Transaction Password to any other four digit number of his choice on his first log in, subsequently for security reason.

3. The Mobile Banking Facility :

Is availability only for one Mobile / Cell Number per account. The authorized user may register one mobile for all the accounts maintained by the Authorized User. However, BSB Bank may its discretion make the said facility available only for one account.

4. TPIN/Transaction Password :

Will be for the Authorized User's personal use, strictly confidential and not transferable. TPIN/Transaction Password should not be disclosed to a third party under any circumstances by the authorized user. All transactions carried out with the use of the TPIN/Transaction Password will be at the responsibility of the authorized user and he/she/they will abide by the record of the request as generated. BSB Bank shall no under any circumstances be held responsible for any misuse of the TPIN/Transaction Password.

5. It is noted by the Authorized User that any unauthorized person could access the Phone Banking services on Authorized User's account. TPIN and the Transaction Password. Therefore, the Authorized User should keep such information a closely guarded secret as the facility is extended under the condition that BSB Bank bears no liability or responsibility for any misuse of the facilities by an unauthorized person, in case a Authorized user forgets his TPIN/Transaction Password numbers BSB Bank will regenerate new number on a written request only at the Base Branch.

6. In the event of the Mobile/Cell being misplaced or lost. the authorized user undertakes to inform BSB Bank immediately about the same in writing to enable BSB Bank to withhold/discontinue the said facility. BSB Bank shall not be held responsible/liable for any loss, cost, expensed etc. suffered or incurred by the Authorized user by reason of availing the said facility and/or by reason of misuse of the said Facility and/or by reason of the mobile phone being misplaced/lost.

7. Facility cannot be claimed as a matter of right. BSB Bank reserves the right of reuse/withdraw facility without ascribing any reason. BSB Bank is in its absolute discretion may prescribe or levy service charges free in future under intimidation to the authorized user. The Authorized user have an option to continue the facility with the fee/charges leave or discontinues the facility.

8. The facility is available only for individual/joint account with the mode of operation as "either or survivor", "anyone or survivor" and individual as proprietary concern. The BSB Bank at its sole discretion may add/provide the said Facility to other categories of deposit account holder.

Date :

Place :

9. All request for balance details or otherwise received from the Authorized User relating to Facility will be logged at the Base Branch where the Authorized user is maintaining the Designated Account(s) The Authorized user will be responsible for all the requests executed through the Facility and such transactions will be constructed by BSB Bank to have emanated from the registered Authorized User and will be binding on him/her/them.

10. BSB Bank may at its discretion provide one or more TPIN number / Transaction password to the Authorized Users in respect of the deposit account maintain by him/her/them.

11. The facility is available only in respect of the Designated Accounts such as savings Bank, over Draft and Current Accounts.

12. The mandate issued at the time of opening the account or at any time thereafter shall continue and shall not stand altered by reason of the said Facility being provided to the Authorized User.

13. The Authorized User shall be solely liable and responsible for wrong/incorrect information provided. BSB Bank at its discretion may withdraw the said facility for any incorrect/wrong information provided besides being entitled for any other action as it may deemed fit and proper.

14. Any dispute between the Authorized User & BSB Bank is subject to the jurisdiction of the Courts.

15. The Authorized User designs to discontinue the said Facility available shall be required to give seven days written notice to BSB Bank of his/her/their intention to discontinue the Facility.

16. It shall be the endeavor of BSB Bank to make the Facility available round the clock. However, BSB Bank shall not be responsible and/or liable for any failure of whatsoever nature to the Authorized user and/or third party for any failure to provide the said Facility. BSB Bank shall not be responsible and/or liable for any direct, consequential or indirect loss or damage suffered or incurred, arising from so related to use of facility to the Authorized user and/or any third parties.

17. BSB Bank reserves the right to terminate the Facility in the designated account is conducted not satisfactorily. BSB Bank reserves the right to discontinue the Facility at any without giving any notice.

18. In the interest of the Authorized User, the Authorized User may change the PIN at regular intervals.

19. If the Authorized User does not use the Facility continuously for a period of ninety days, the facility shall be withdrawn at the discretion of BSB Bank. However, the BSB Bank on written request of the Authorized Users shall reinstate the same.

20. It should be noted that if the Authorized User keys in the wrong TPIN/Transaction Password thrice in succession, the Facility will get temporarily blocked. On a written request from Authorized User, a new TPIN/Password will be provide by BSB Bank only on personal appearances at the Base Branch and on a written request.

21. The Authorized User Shall be cleared to have notice of any change in the terms and conditions if displayed on the notice board of any of the branch or website of the BSB Bank.

DECLARATION

1) I affirm, confirm and declare that I have read and understood the Terms and Conditions for usage of the ATM CUM DEBIT CARD, SMS Banking and/or Mobile Banking service of the Baramati Sahakari Bank Limited and that I am aware of charges Applicable for all services and that I agree for myself and/or on behalf of joint account holders and I will adhere to all the terms and conditions of opening / applying / availing / maintaining / operating (as applicable) for all service in Baramati Sahakari Bank Limited as may be in force from time to time I further authorize the Baramati Sahakari Bank Limited to debit my accounts towards charges.

2) I declare that all the particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, completed and up-to-date in all respects and that such further applications shall be regarded as an integral part of this application and vice versa, and that the particulars and information set furthermore herein as well as the documents referred or provided herewith are true, correct, complete and up-to-date in all respects. I undertake to provide further information or change, if any, in such particulars on record on occurrence of such event. I agree and understand that such further applications will require incorporation of the application from number and/or such details as the Baramati Sahakari Bank Ltd. may prescribe, to facilitate data management.

3) I agree and understand that I have to complete further applications for specific liability products/services from the Baramati Sahakari Bank Ltd. as prescribed from time to time and that such further applications shall be regarded as an integral part of this application and vice versa, and that the particulars and information set furthermore herein as well as the documents referred or provided herewith are true, correct, complete and up-to-date in all respects. I undertake to provide further information or change, if any, in such particulars on record on occurrence of such event. I agree and understand that such further applications will require incorporation of the application from number and/or such details as the Baramati Sahakari Bank Ltd. may prescribe, to facilitate data management.

Signature : _____