



**THE KALYAN JANATA  
SAHAKARI BANK LTD.**  
दि कल्याण जनता सहकारी बँक लि.

**MULTI STATE SCHEDULED BANK**

## MULTIPLE SERVICES FORM

(PLEASE TICK (✓) APPROPRIATELY IN BOXES GIVEN BELOW)

HeadOffice:Kalyanam\_astu,Adharwadi,Kalyan(W) 421301 PhoneNo. :(0251)2315995/2316641 Fax:(0251)2221394 Email:response@kalyanjanata.in

DATE

### 1 PERSONAL DETAILS (To be filled in all cases)

Full Name (First Holder) \_\_\_\_\_ Date of Birth

Customer ID \_\_\_\_\_ Account No.                      Branch \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ REGISTERED MOBILE NO.

Please note that the Account No. mentioned above will be treated as primary A/c No. & will be registered as the default Primary A/c. No. for all E-Service/s (Net Banking / Mobile Banking / SMS Banking) applied by you as per this application form. Please note mobile banking & SMS banking will not be available for Savings (NRE/NRO)

### 2 INTERNET BANKING (RETAIL)

☐ YES, I/WE WISH TO APPLY FOR INTERNET BANKING.

E-MAIL ID \_\_\_\_\_ MY/OUR ADDITIONAL \_\_\_\_\_

A/C TO BE LINKED, A/C NO.                      BRANCH \_\_\_\_\_ OPERATING MODE \_\_\_\_\_

### 3 SMS & MOBILE BANKING

☐ YES, I/WE WISH TO APPLY FOR ☐ SMS ALERT ☐ MOBILE BANKING FACILITY (IMPS). [THIS SERVICE IS OFFERED ON MOBILE NUMBERS REGISTERED IN INDIA & ON REGISTERED MOBILE NO. AS MENTIONED ABOVE]

☐ I / WE HAVE REGISTERED FOR MOBILE BANKING, BUT HAVE FORGOTTEN/ LOST THE M-PIN. PLEASE PROVIDE ME / US NEW M-PIN.

☐ I/WE REQUEST YOU TO ALLOW HIGHER PER DAY LIMIT OF ₹ \_\_\_\_\_ (In words \_\_\_\_\_) FOR FUNDS TRANSFER FACILITY.

☐ I/WE REQUEST YOU TO REDUCE MY/OUR PER DAY LIMIT UPTO ₹ \_\_\_\_\_ (In words \_\_\_\_\_) FOR FUNDS TRANSFER FACILITY.

- I/We have requested you (as ticked above) to allow me/us higher per day limit or to reduce my per day limit for Funds transfer through Inter Bank transactions i.e. NEFT/RTGS and or to Intra Bank accounts, as existing per day limits are found to be inadequate. I/We understand and acknowledge that I/We are entirely responsible for secured use of the facility and all terms and conditions as applicable to Internet Banking as displayed on the bank's website have already been accepted by me/us and I/we shall continue to be bound by the same.
- I/We (All Account Holders) am/are joint Account Holder/s of Account (Account Number as mentioned above) along with the first applicant hereby affirm, confirm and undertake that I/We have read, understood and I/We agree to abide by the provisions, contents in the terms and conditions, private policy and disclaimer displayed on bank's website (www.kalyanjanata.in) which may be amended from time to time, or usage of Internet Banking and Mobile Banking services and accept them I/We agree that the transactions executed through our Internet Banking and Mobile Banking, under my/our username (Password / PIN) will be binding on me/us.
- I/We hereby state that, in case I/We revoke the above authorization, we will give a letter of revocation in this regard in writing. I / We hereby agree that the letter of revocation shall be effective after 15 days from the date of receipt by the bank of our revocation letter.
- I/We declare that all the information given in this application is correct and true and complete in all aspects. I /We further authorize the bank to debit applicable charges to my/our account.
- In case of any change in it in future, I will notify to bank immediately.

Ⓢ Q-PIN (Internet Banking Login Password) will be mailed to you at your address registered with the Bank.

Ⓢ T-PIN i.e. Transaction PIN, will have to be collected from your Home Branch, after confirming your identity.

Ⓢ Please use Q-PIN to access Net Banking.

Ⓢ Mobile Number & e-mail ID is mandatory for Net Banking. Only one Mobile No. & one E-mail ID will be accepted.

Ⓢ All accounts attached (existing and to be opened in future) to a Customer ID will be automatically linked / provided access through Internet & Mobile Banking.

Ⓢ Internet Banking Transactions facility will be allowed in Single Accounts and in case of joint accounts where operating instructions are Any One / Either or Survivor, for accounts having other type of operating instructions only viewing facility will be allowed.

Ⓢ Internet Banking access will be provided only to the First Holder in case of joint accounts.

### 4 MANDATE/INDEMNITY FOR INTERNET BANKING & MOBILE BANKING USERS :

I/WE THE UNDERSIGNED, I/WE THE HOLDER / JOINT ACCOUNT HOLDERS OF BANK ACCOUNT NO. \_\_\_\_\_

(THE "SAID ACCOUNT/S" ) OPENED WITH KJSB ALONG WITH \_\_\_\_\_ (NAME OF THE FIRST HOLDER).

I/WE HEREBY AUTHORIZE \_\_\_\_\_ (NAME OF THE FIRST HOLDER ) TO VIEW, ACCESS AND TRANSACT

THE SAID ACCOUNT/S BY USING INTERNET BANKING AND MOBILE BANKING FACILITY PROVIDED BY THE BANK FOR AND ON MY/OUR BEHALF.

I/WE DO HEREBY INDEMNIFY & FOREVER KEEP INDEMNIFIED THE BANK AND ITS SUCCESSORS AND ASSIGNS FROM & AGAINST ANY AND ALL CLAIMS, ACTIONS, PENALTIES THAT MAY BE MADE, SUFFERED OR INCURRED BY THE BANK BY REASON OF NON-COMPLIANCE OF ANY OF THE TERMS & CONDITIONS OF INTERNET BANKING AS DISPLAYED ON THE BANK'S WEBSITE

### 5 RuPay DEBIT CARD

☐ YES, I REQUEST YOU TO ISSUE RuPay DEBIT CUM ATM CARD ☐ NEW ☐ REPLACEMENT

☐ I / WE HAVE THE DEBIT CARD, BUT HAVE FORGOTTEN/ LOST THE PIN NUMBER. PLEASE PROVIDE ME / US NEW PIN NUMBER.

\*ATM CARD NO.                 (PLEASE MENTION ATM NO.)

1. APPLICABLE ONLY FOR ACCOUNT WITH OPERATING INSTRUCTIONS AS SINGLE OR EITHER / ANYONE OR SURVIVOR. 2. ANNUAL CHARGE ARE APPLICABLE FOR DEBIT CARDS.

**6 CHANGE IN ADDRESS**

I/WE REQUEST YOU TO RECORD CHANGE IN MY/OUR MAILING ADDRESS AS UNDER

**OLD ADDRESS**

FLAT/ ROOM NO. \_\_\_\_\_ FLOOR NO. \_\_\_\_\_  
NAME OF PREMISES \_\_\_\_\_ BLOCK NAME/NO. \_\_\_\_\_  
ROAD/ STREET/ LANE \_\_\_\_\_ AREA/ LOCALITY \_\_\_\_\_  
TOWN / CITY \_\_\_\_\_ DISTRICT \_\_\_\_\_  
STATE \_\_\_\_\_ PINCODE 

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TELEPHONE NUMBER (WITH STD CODE) 

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**NEW ADDRESS**

• ATTACH OVD AS ID PROOF & ADDRESS PROOF : AADHAR CARD / VOTER ID / NAREGA JOB CARD/ DRIVING LICENSE / PASSPORT

FLAT/ ROOM NO. \_\_\_\_\_ FLOOR NO. \_\_\_\_\_  
NAME OF PREMISES \_\_\_\_\_ BLOCK NAME/NO. \_\_\_\_\_  
ROAD/ STREET/ LANE \_\_\_\_\_ AREA/ LOCALITY \_\_\_\_\_  
TOWN / CITY \_\_\_\_\_ DISTRICT \_\_\_\_\_  
STATE \_\_\_\_\_ PINCODE 

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TELEPHONE NUMBER (WITH STD CODE) 

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**7 CHANGE IN ACCOUNT STATUS**

• ATTACH OVD AS ID PROOF & ADDRESS PROOF : AADHAR CARD / VOTER ID / NAREGA JOB CARD/ DRIVING LICENSE / PASSPORT

THE ABOVE ACCOUNT IS INOPRATIVE/DORMANT BECAUSE \_\_\_\_\_. NOW I/WE WANT TO OPRATE MY/OUR ACCOUNT & SUBMITTING COPY OF OVD DOCUMENTS FOR THE SAME. YOU MAY DEDUCT APPLICABLE CHARGES FROM MY/OUR ACCOUNT.

**8 CHANGE IN ACCOUNT NAME**

OLD NAME : \_\_\_\_\_  
NEW NAME : \_\_\_\_\_

**LIST OF DOCUMENTS :****A] THE BELOW D DOCUMENTS ARE REQUIRED FOR NAME CHANGE DUE TO MARRIAGE :**

1. SELF ATTESTED GAZETTE COPY
2. PHOTO IDENTITY IN THE MARRIED NAME
3. IN THE ABSENCE OF A GAZETTE COPY CUSTOMER HAS TO PROVIDE THE SELF ATTESTED COPY OF MARRIAGE CERTIFICATE
4. IN THE ABSENCE OF MARRIAGE CERTIFICATE & GAZETTE COPY THEN A SELF ATTESTED COPY OF PHOTO IDENTITY IN THE MARRIED NAME (OVD AS PAN CARD ) AND PHOTO IDENTITY IN THE NAME BEFORE MARRIAGE

**B] IN CASE THE NAME CHANGE IS DUE TO REASONS OTHER THAN MARRIAGE, THE BELOW DOCUMENTS MAY BE TAKEN**

1. SELF ATTESTED GAZETTE COPY OR ADVERTISEMENTS GIVEN IN THE LOCAL NEWSPAPERS
2. SELF ATTESTED PHOTO IDENTITY IN THE MARRIED NAME
3. IN THE ABSENCE OF GAZETTE COPY ANY OF THE FOLLOWING DOCUMENTS TO BE TAKEN;
  - AFFIDAVIT FROM THE LOCAL COURT OF LAW
  - PERMISSION LETTER FROM THE CONSULATE FOR CHANGE OF NAME

**9 ISSUE OF STATEMENT**

I/WE HEREBY REQUEST YOU TO ISSUE STATEMENT IN ABOVE SAID ACCOUNT FROM 

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 TO 

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YOU MAY DEDUCT APPLICABLE STATEMENT CHARGES FROM ABOVE SAID ACCOUNT.

**10 CHANGE IN ACCOUNT'S SIGNATURE**

• ATTACH OVD AS ID PROOF & ADDRESS PROOF : AADHAR CARD / VOTER ID / NAREGA JOB CARD/ DRIVING LICENSE / PASSPORT

PREVIOUS SIGNATURE (AS PER PAN CARD)

CURRENT SIGNATURE

**11 DUPLICATE PASSBOOK**

• ATTACH OVD AS ID PROOF & ADDRESS PROOF : AADHAR CARD / VOTER ID / NAREGA JOB CARD/ DRIVING LICENSE / PASSPORT

- I/we hereby request you to issue duplicate passbook along with entries from  till date , as I/we have lost my/our original Passbook.
- You may deduct applicable charges from my/our account.

**12 NAME ADDITION & DELETION**

• ATTACH OVD AS ID PROOF & ADDRESS PROOF : AADHAR CARD / VOTER ID / NAREGA JOB CARD/ DRIVING LICENSE / PASSPORT

I/ WE REQUEST YOU TO KINDLY ADD / DELETE NAME IN THE ACCOUNT / LOCKER NUMBER.

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THE NAME TO BE ADDED / DELETED ALONG WITH THE SIGNATURE IS APPENDED BELOW :

NAME'S TO BE ADDED /DELETED : \_\_\_\_\_

REASON FOR ADDITION / DELETION : \_\_\_\_\_

NEW OPERATING INSTRUCTION : \_\_\_\_\_

SIGNATURE OF THE PERSON(S) ADDED/DELETED:

**13 STOP PAYMENT OF CHEQUE/S**

• ATTACH OVD AS ID PROOF & ADDRESS PROOF : AADHAR CARD / VOTER ID / NAREGA JOB CARD/ DRIVING LICENSE / PASSPORT

- I/WE HEREBY REQUEST TO STOP THE PAYMENT OF

CHEQUE NO.	DATE	AMOUNT	IN FAVOUR OF / ON THE NAME OF
<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text"/>	<input type="text"/>

☐ I/WE HEREBY REQUEST TO STOP THE PAYMENT OF CHEQUE NO. FROM \_\_\_\_\_ TO \_\_\_\_\_ ISSUED IN FAVOUR OF

\_\_\_\_\_ AMOUNT OF ₹ \_\_\_\_\_ DATED

**14 CHANGE ACCOUNT STATUS FROM MINOR TO MAJOR**

• ATTACH OVD AS ID PROOF & ADDRESS PROOF : AADHAR CARD / VOTER ID / NAREGA JOB CARD/ DRIVING LICENSE / PASSPORT

I HAVE ATTAINED MAJORITY ON  PLEASE CHANGE THE STATUS OF MY ACCOUNT FORM MINOR TO MAJOR.

I WOULD LIKE TO OPERATE THE ABOVE ACCOUNT SINGLY IN MY NAME AS MAJOR PERSON / JOINTLY WITH MR/MRS \_\_\_\_\_

\_\_\_\_\_ WITH OPERATING INSTRUCTION EITHER OR SURVIVOR/ JOINTLY.

**15 REQUEST FOR CLOSURE OF MY SB/CD ACCOUNT**I/WE WISH TO CLOSE ☐ SB ☐ CD A/C NO. 

FOR THE REASON \_\_\_\_\_

I/WE HEREBY DECLARE THAT I/WE HAVE NOT AVAILED ANY TYPE OF LOAN FACILITY AT THIS BRANCH. I/WE FURTHER DECLARE THAT I/WE DO NOT HAVE ANY OTHER DEPOSIT AND LOCKER FACILITY WITH YOUR BRANCH.

I/WE HEREBY SURRENDER MY ATM CARD NO.           AND UNUSED CHEQUES FROM NO. \_\_\_\_\_

TO \_\_\_\_\_. I/WE HAVE NOT SUBSCRIBED SHARES OF YOUR BANK.

**16 CHANGE IN MOBILE NUMBER/EMAIL ID**MOBILE NUMBER  9  1 ALTERNATE  
MOBILE NUMBER 

E-MAIL ID \_\_\_\_\_

**DECLARATION**

Ⓢ I/WE HAVE READ &amp; UNDERSTOOD THE TERMS &amp; CONDITIONS AS DISPLAYED ON BANK'S WEBSITE AS AMENDED FROM TIME TO TIME AND I/WE ACCEPT &amp; AGREE TO BE BOUND BY THE SAID TERMS &amp; CONDITIONS.

Ⓢ I/WE AGREE THAT THE BANK MAY DEBIT MY/OUR ACCOUNT FOR SERVICE CHARGES AS APPLICABLE FROM TIME TO TIME.

Ⓢ I/WE UNDERSTAND AND AGREE THAT THE BANK HAS A RIGHT TO DISCONTINUE ANY OF SERVICES COMPLETELY OR PARTIALLY WITHOUT ANY NOTICE.

Ⓢ I/WE CONFIRM THAT ALL DETAILS PROVIDED BY ME/US IN THE FORM ARE CORRECT.

Ⓢ I/WE HEREBY REQUEST YOU TO PROCESS / APPROVE MY/OUR REQUEST AS MADE AGAINST COLUMN NO.  ,  ,  , 

(KINDLY, MENTIONED THE COLUMN NO. WHICH ARE FILLED UP)

**SIGNATURE(S)**

1st APPLICANT

3rd APPLICANT

DATE        

2nd APPLICANT

4th APPLICANT

PLACE \_\_\_\_\_

A/C NO. **FOR BRANCH USE**

DETAILS MENTIONED IN THE FORM INCLUDING SIGNATURE/S OF THE APPLICANT/S AND MODE OF OPERATIONS ARE VERIFIED AND CONFIRMED AND THE SAID ACCOUNT/S IS/ARE KYC COMPLIANT.

DATE        

NAME OF BANK OFFICIAL : \_\_\_\_\_

EMPLOYEE NO. \_\_\_\_\_

SIGNATURE OF BRANCH OFFICIAL WITH BRANCH STAMP : \_\_\_\_\_

**FOR CPC USE****DETAILS OF MAKER**

EMPLOYEE NO. \_\_\_\_\_ NAME : \_\_\_\_\_ SIGNATURE : \_\_\_\_\_

**DETAILS OF CHECKER**

EMPLOYEE NO. \_\_\_\_\_ NAME : \_\_\_\_\_ SIGNATURE : \_\_\_\_\_