

A	Account Num	nber											
Account opening F	Form I	For Re	sider	nt Joii	nt A	Acco	unt						
Important Instructions A) Please tick (v) wherever applica B) Fields marked with (*) are mand C) Self-Attestation of documents is D) Please fill the form in English and E) Please fill the date in DD-MM-YY F) Please read section wise detailed G) List of State / U.T code as per Incavailable separately and on www	able. datory fields mandatory d in BLOCK YYY format. I guidelines, dian Motor	s. /. letters. / instruction Vehicle Act,	s at the er	nd.	H) Li al I) K' J) Fo b to K) A	st of tw nd on w YC num or partic efore th o be upo separate	o charace www.jkba ber of ap cular sec ne sectio dated.	ank.net oplicant i stion upd n numb	s manda ate, plea er and s	tory for use tick (update a V) in the the secti	pplicati box av	
Please open Saving* BSBDA	Small S	Saving Accou	nt Curi	rent* 🔲 Ir	stant*	L Fix	ed L Re	ecurring					
Application type New Upo	date Cu	ust Id		r Existing J&K Bar	ak Custom		l ld						
We request you to accept in cash/by ch in the name(s) mentioned below to be							words)						
1. Personal Details of Primary Ap	oplicant (F	ill in Block I	etters On	lly) Fields N	Marke	d with *	are Ma	ndatory					
CKYC Number of Primary Applicant								(Ma	andatory	for KYC	update	equest)
PREF	IX	First Na	ame			Mid	dle Nam	e			Surname	:	
Name* (same as Id Proof)	$oldsymbol{ol}oldsymbol{ol}oldsymbol{ol{oldsymbol{ol}}}}}}}}}}}}}}}}}$											\bot	
Father / Spouse Name*													
Mother Name*													
Date of Birth (DDMMYYYY)			G	ender*	M-N	/lale	F-Fem	nale	T-Third	Gender V	Vhether	РЕР 🗌	Yes 🗌 No
Marital Status*	Married	Unmarı	ried	Others N	Nation	ality* [IN -	Indian	Othe	ers (ISO 3	166 Cou	ntry Cod	le)
Aadhaar (in case of DBT Beneficiary*)							Link with	A/c PAN				\top	
e-KYC Authentication ¹	Offline Aad	dhaar Verific	ation ¹		F	— ORM 6	0 Y	es 🔲 No		Expiry D	ate(If Ar	policable	e*)
Id Proof Code* Identification	n Number*												
(1) denotes OVD obtained through di	igital KYC Pro	ocess											
Proof of Identity Type & Code : A-Pas	ssport, B-Vol	ter Card, C-Di	iving Licen	se, D-NREG	A Job (Card, E-ľ	NPR Lette	r, F-Proof	of Posse	ssion of A	adhaar		
2.Contact Details of Applicant													
Tel. (Res)				el. (Off)			7						
							J У Г						
Mobile			31013	Alert Activ	/ation²		Yes _	No					
Email ID													
(2) SMS alerts will be activated on t				c) outside	INDLA	/if Appr	licable	nloace f	I FATCA	Doclaret	ion\ ——		
		ırpose in Jur			МОГА							- 6	
ISO 3166 Country Code of Jurisdiction of Place / City of Birth* Please choose and tick mark any on			Tax Identi	fication No.	•	ivalent (try Code Jurisdiction			IN Issuir	g Coun	try
 I am tax resident of India a I am a Tax resident of Cour 		•		•	you, Ple	ease fill a	complete	FATCA dec	laration fo	rm with red	quired det	ails*)	
Signature of													

Signature of
Primary Applicant
Place : _____
Date : ____

						c	KYC N	lumbe	er			
4. Permanent Address Details	of Ap	plicant	: Type		Resident	ial	Bu	usines	s			
House No./Building Name*												
Street / Road Name*												
Land Mark	Ħ	\pm			ΤĖ		İ	Ì				
City/Town/Village*		$\overline{\Box}$										PIN Code*
State/U.T.*	$\overline{\Box}$	\pm					Ť	Ť	Code		Country	
,	(ISO 3		untry C	ode)	1 (-	To be	filled	by Ru	siness			
Proof of Address: Passport	Voter (oriving I	, L						•	Possession of	Aadhaar
4.1 Mailing Address :	Sai	me as P	erman	ent Ad	dress							
House No./Building Name*												
Street / Road Name*		$\pm \pm$										
Land Mark		$\pm \pm$										
City/Town/Village*												PIN Code*
		$\perp \perp \perp$]	PIN Code
State/U.T.*									Code		Country	
5. Customer Profile of Applica Occupation Sa			□ colt	Employ	od/Rusins	F	T Dotin	ad		□ Hous	se Wife	Student Others
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Your Education Up Self employed since	oto HSC			duate				Gradua		Un-e f Busines	ducated	Professional (Specify)
5.1 Optional :	Years		'	Months		<i>D</i> 6	ite oi ii	icoi po	ration o	Dusines	is	
Existing Credit Facilities (Othe	r Bank	s) C	ar Loai	n Пно	ousing Lo	oan [Con	sume	r Loan	Edu	ıcation Loan 「	Credit Card Others
Assets Car Two Whe						_	_				_	
Life Policy Upto INR 1 Lak												Net Worth
6. Personal Details of Second	d Appl	icant	(Fill in	Block	Letters (Only)	Fields	Mar	ked wit	h * are	Mandatory	
CKYC Number of Primary Applica			Ì									ndatory for KYC update request)
	REFIX			First N	lame				L	ـــــــــــــــــــــــــــــــــــــ		Surname
Name* (same as Id Proof)												
Father / Spouse Name*												
Mother Name*												
Date of Birth (DDMMYYYY)						Geno	ler*	M	-Male	F-I	Female -	T-Third Gender Whether PEP Yes No
Marital Status*	M	arried		Unmai			_	 Natio	onality	*	IN -Indian	Others (ISO 3166 Country Code)
Aadhaar (in case of DBT Beneficiary*)							1			Link	with A/c PAN	
e-KYC Authentication ¹	0	ffline A	adhaa	r Verifi	cation ¹			•	FORN	1 60	Yes No	Expiry Date(If Applicable*)
Id Proof Code* Identific	ation l	Number	r*									Even A pareful Whiteanse)
(1) denotes OVD obtained throu	ıgh digi	tal KYC	Process									

Proof of Identity Type & Code: A-Passport, B-Voter Card, C-Driving License, D-NREGA Job Card, E-NPR Letter, F-Proof of Possession of Aadhaar

								СКҮ	C Nur	nbe	r														
7.Contact Details of Applicar	t																								
Tel. (Res)] .	Геl.	(Off)																	
Mobile						SMS	Al.	ert Ac	tivatio	n ²		Ye	s		No										
Email ID																	T								
(2) SMS alerts will be activated	on the a	above	given	mobile	num	ber			•				•						•	•	_				
8. Tick if Applicable Resid	ence for	г Тах р	urpo	se in Ju	risdic	tion	(s) (outsid	e IND	IA (if Ap	plica	ble,	ple	ase i	fill F/	ATC	A De	clara	atio	n)				
ISO 3166 Country Code of Jurisdice Place / City of Birth* Please choose and tick mark an 1. I am tax resident of In	y one of	f the a	pplica siden	able ta	Tax resid	Ident dent er Co	ifica dec unti	ation N claratio	o. or E	quiv	alent		ued by	y Juri	sdictio	in)* 🗌	Ι				Issu			try[
2. I am a Tax resident of	Country	/ies ou	utside	! India (If opti	on 2 is	app	olicable	to you	. Plea	se fill	a con	nplete	e FA	TCA d	eclara	tion	form	with	requi	red d	etails	:*)		
Signature of Second Applicant																		ce:_ :e:_							
9. Permanent Address Details	от Аррі	icant	: туре		Resid	entia		B	usine	SS							_							1	
House No./Building Name*																1	_		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		Щ
Street / Road Name*																	_								
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Proof of Address: Passport	Voter Ca	rd D	riving	License	NR	EGA .	ob	Card E	-NPR I	.ette	r F-Pı	roof o	of Po	sses	ssion	of Aa	adha	aar							
9.1 Mailing Address:	Same	e as Pe	ermar	ent Ad	dress																				
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15 Ar	- 11		1 -			. /-																													

L5. Applicant/s Declaration/s

- a) We hereby declare that the details furnished above are true and correct in the best of my knowledge and belief and we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false, untrue, misleading or misrepresenting, we are aware that we may be held liable for it.
- b) Our personal / KYC details may be shared with Central KYC registry.
- $c) \qquad \text{We hereby consent to receiving information from Central KYC registry through SMS/Email on the above registered number/e-mail address.}$
- d) We authorise the bank/their representative to verify the details given herein above, if deemed necessary by the Bank.
- e) We have read, understood and hereby agree to be bound by the terms and conditions laid down by the bank related to the conduct of the above accounts/services/products and that the bank may add to or change or update these terms and conditions, from time to time entirely at its own discretion.
- $f) \qquad \text{We understand that the bank may, at its absolute discretion, discontinue any of the services completely or partially.}$
- g) We have understood the advantage of Nomination and have **Nominated/ Declined to nominate** for our subject account.
- h) We hereby **agree disagree** to receive promotional material communication from the Bank regarding its products and services including third party products.
- i) We confirm we do not have any existing customer id within J&K bank apart from the one mentioned on this form. In case J&K bank Ltd finds any other customer ID existent for us, the bank may merge the customer ids as per its discretion without any prior notice.
- j) We confirm that the bank official has informed us of all the charges applicable to us and we have clearly understood and agreed to the corresponding terms.

k) We hereby give our cons	sent to link our Aadhaar numbers.		
allowed to the survivor in e		"Either or Survivor" or "Former or Survivor" prematuors or former as the case may be on submission of the dheirs of the deceased depositor/s.	
m) We hereby declare that we	do not maintain a Basic Savings Bank Deposi	t Account (BSBDA) with any other Bank/Branch (appl	icable in case of BSBD Account)
Photo 1" Applicant	I/we Confirm that I/we understand all tabove and understand the terms and cothat I/we have requested for.	the declarations that I/we have made onditions of all the services and products	Photo 2 nd Applicant
	Date	Place	
	Signature of 1 st Applicant	Signature of 2 nd Applicant	
	orginature of 1 / Approant	Signature of 2 Applicant	
16. Declaration of Average Minin	num Balance Requirement		
		t the Average monthly/quarterly/half yearly bala	nce requirement for my/our
Product name)	Product Code is II	NR (Figures) (Words)	·
/we declare that I/we have been e	explained the applicable charges by the acc	e defined Average monthly/Quarterly/Half yearly ount opening representative and that I/we under on the J&K banks website and Service charges and	stand the charges applicable.
	Signature of 1 st Applicant	Signature of 2 nd Applicant	
17. Instant Account Acknowledge	ment (If Applicable)		
/we confirm that we have receive	ed the Instant Account welcome Kit untam	pered condition and sealed. I confirm that below	deliverables being
eceived by me Cheque Book v	vithCheque LeavesDebit Card	Product Brochure T&C Booklet	
	Signature of 1 st Applicant	Signature of 2 nd Applicant	
18. Attestation/For Office Use on	lly		
	rtified True Copies Notary Risk case of PEP, separate declaration stands obt	c Category High Medium Low Thresholained)	old Limit (②)
IN PERSON VERIFICATION	ON CARRIED OUT BY	BUSINESS UNIT DETAI	LS
Identity Verification Done	Date	Name	
Emp. Name Emp. Code		Sol Sol	
Emp. Designation			
Emp. Branch			
Employee S	Signature	Bank Branch Stamp	
	T	r Augus	
		r Away a (A/C type) for Mr/Ms/Mrs _	
	business Unit	(B/O Sign)	
		() 300/	

CKYC Number

CKYC Number
1. Annexure B1 - Details of Related Person Addition of Related Person Deletion of Related Person (Please read Instructions below)
Related Person Type Guardian of Minor Assignee Authorized Representative Beneficial Owner Beneficiary Nominee
1.1 Guardian of Minor Guardian Type Mother Father Appointed by Court
For Office Use Only CKYC Number (Mandatory for KYC update request)
PREFIX First Name Middle Name Surname
Name* (same as Id Proof)
Proof of Identity of Related Person (Not required for Nominee)
Identification Number* Expiry Date(If Applicable*)
Id Proof Code & Type: A-Passport, B-Voter Card, C-Pan Card, D-Driving License, E-UID Aadhaar, F-NREGA Job Card, Z-Others
2. Applicant Declaration
We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false, untrue, misleading or misrepresenting, We are aware that we may be held liable for it. Our personal / KYC details may be shared with Central KYC Registry. We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/Email address. DatePlace
3. Address & Contact Details
4.1 Current/Permanent Address Type Residential/Business Residential Business Registered Office Unspecified Address Line 1 Address Line 2
Landmark* PIN Code*
City/Town/Village* Mobile — Mobile — Mobile
State/U.T* Code Country Code Code
Email ISO 3166 Country Code
Attestation/For Office Use only Documents Received Self-Certified True Copies Notary Risk Category High Medium Low
IN PERSON VERIFICATION CARRIED OUT BY BUSINESS UNIT DETAILS
Identity Verification Done Date Name Name
Emp. Name Sol Sol
Emp. Code Emp. Designation Emp. Branch
Bank Branch Stamp Employee Signature