



NKGSB Bank
NKGSB Co-op. Bank Ltd.

APPLICATION FORM
ISSUE OF PERPETUAL NON- CUMULATIVE PREFERENCE SHARE (PNCPS) (SERIES I)
OF RS.10/-EACH AT PAR UNDER TIER-I CAPITAL

Branch Code Date

PNCPS No

Applicant Type: Individual ☐ Other than Individual ☐

Please fill in the form in 'BLOCK' letters.

I/We hereby apply for No. of Perpetual Non- Cumulative Preference Share of ₹10 each at par amounting to ₹

Rs. (in words)

Dividend rate maximum@ 10.25 % p.a. (Non Cumulative)

Name of the first Applicant:

Mr./Ms./Mrs./M/s. SURNAME FIRST NAME MIDDLE NAME
MOBILE EMAIL
TEL DATE OF BIRTH PAN

Name of the Second Applicant:

Mr./Ms./Mrs./M/s. SURNAME FIRST NAME MIDDLE NAME
MOBILE EMAIL
TEL DATE OF BIRTH PAN

Name of the Third Applicant:

Mr./Ms./Mrs./M/s. SURNAME FIRST NAME MIDDLE NAME
MOBILE EMAIL
TEL DATE OF BIRTH PAN

Dividend on PNCPS to be credited to account of first applicant with NKGSB BANK (Mention 15 Digit Account No.)

SB/CA A/c. Branch Code

If account of first applicant is maintained with other Bank, give NECS details:

Bank & Branch Name

Address

City State IFSC Code Pin

* Account No

*MICR No.

*Account Type SB-10 CA-11 OD-13

(*Mandatory for dividend payout via NECS)

DECLARATION

By making this application, I/We acknowledge that I/We have read and understood the terms and conditions of the issue of Perpetual Non-Cumulative Preference Shares (Series I) of NKGSB Co-operative Bank Ltd, as disclosed in the offer document received by me/us.

Specimen Signature
First Applicant

Specimen Signature
Second Applicant

Specimen Signature
Third Applicant

L.H. Thumb Impression of Mr./Ms./Mrs.

Thumb Impression attested by



Signature- 1st Applicant

Signature- 2nd Applicant

Signature- 3rd Applicant

Introducer's Name _____

[illegible]

Date

Introducer's Signature

₹ _____ ₹ in words _____

By Cheque No./DD/PO No. _____ Dated _____ Name of Account Holder _____
 Drawn on Bank _____ Branch _____ Date of Realization

D	D	M	M	Y	Y	Y	Y
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Address of the applicant/s has been confirmed on the basis of _____

Photographs has/have been affixed and signed in my presence Yes ☐ No ☐

Photo ID ☐ Election card ☐ Passport ☐ Any Other ☐

Applicant/s / introducer has/have signed in my presence	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Copy of PAN submitted	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

First Applicant Customer ID

Second Applicant Customer ID									
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Third Applicant Customer ID

Purpose: Share Linkage ☐ Investment ☐ Allotment Date Signature & Code No. of Branch Official

FIRST APPLICANT

Mr./Ms./Mrs./M/s.					SURNAME					FIRST NAME					MIDDLE NAME				

[illegible][illegible]

City Pin code State

OCCUPATION: Salaried ☐ Self Employed ☐ Business ☐ Firm/Company/ Trust ☐ Others

Office Address:

	Office Tel. No.
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[illegible]

Shareholder of Bank Yes ☐ No ☐ Membership No

KYC Documents submitted: Address Proof ☐ PAN Card ☐ Any other Identity Proof (Specify) _____

Date of Birth DD MM YY YYY Qualification PAN



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SECOND APPLICANT

Mr./Ms./Mrs./M/s.	SURNAME	FIRST NAME	MIDDLE NAME
<div></div>			
Address: Flat/House No. <div></div>		Bldg/Society Name <div></div>	
Road/Lane <div></div>		Area <div></div>	
City <div></div>	Pin code <div></div>	State <div></div>	
OCCUPATION: Salaried <input type="checkbox"/>		Self Employed <input type="checkbox"/>	Business <input type="checkbox"/>
		Frim/Company/ Trust <input type="checkbox"/>	Others <div></div>
Office Address: <div></div>			
<div></div>		Office Tel. No. <div></div>	
City <div></div>	Pin code <div></div>	State <div></div>	
Shareholder of Bank Yes <input type="checkbox"/>		No <input type="checkbox"/>	Membership No <div></div>
KYC Documents submitted: Address Proof <input type="checkbox"/>			
PAN Card <input type="checkbox"/>			
Any other Identity Proof (Specify) <div></div>			
Date of Birth <div></div>	Qualification <div></div>		PAN <div></div>

THIRD APPLICANT

Mr./Ms./Mrs./M/s.	SURNAME	FIRST NAME	MIDDLE NAME
<div></div>			
Address: Flat/House No. <div></div>		Bldg/Society Name <div></div>	
Road/Lane <div></div>		Area <div></div>	
City <div></div>	Pin code <div></div>	State <div></div>	
OCCUPATION: Salaried <input type="checkbox"/>		Self Employed <input type="checkbox"/>	Business <input type="checkbox"/>
		Frim/Company/ Trust <input type="checkbox"/>	Others <div></div>
Office Address: <div></div>			
<div></div>		Office Tel. No. <div></div>	
City <div></div>	Pin code <div></div>	State <div></div>	
Shareholder of Bank Yes <input type="checkbox"/>		No <input type="checkbox"/>	Membership No <div></div>
KYC Documents submitted: Address Proof <input type="checkbox"/>			
PAN Card <input type="checkbox"/>			
Any other Identity Proof (Specify) <div></div>			
Date of Birth <div></div>	Qualification <div></div>		PAN <div></div>



I/We	SURNAME	FIRST NAME	MIDDLE NAME
1. Mr./Ms./Mrs./M/s.			
2. Mr./Ms./Mrs./M/s.			
3. Mr./Ms./Mrs./M/s.			

PNCPS Certificate No.	Name & Address of Nominee	Relationship with the PNCPS holder, if any	Age	If nominee is Minor his/her Date of Birth	Customer ID

On behalf of the nominee in the event of of my / our death in whose favour the transmission of PNCPs Certificate may be effected by THE NKGSB Co.Op. BANK LTD., during the minority of the nominee.

WITNESS(ES)

1) Signature_____

Signature & Code no of Branch Official

2) Signature_____

Signature & Code no of Branch Official

Date _____

Signature of Bank Official