

CENTRAL KYC REGISTRY

Know Your Customer (KYC) Application Form | Individual & Related Person [To be filled by Account Holder] CKYC-1 CKYC Number

For office use only Application Type

CBS ID: For office use only Application Type* New Update Delete 1. INDIVIDUAL DETAILS (Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available, father's name is mandatory.) Purpose Savings Current Deposits Others, specify Name of Applicant Name* (as per ID Proof) **Preferred Name** Maiden Name* (Fathers Name mandatory in absence of PAN) Father's/Spouse Name* Mother's Name* PHOTOGRAPH Gender* Male Female Third Gender Date of Birth Please affix Marital Status* Married Widow Others Single Divorce a recent passport size photograph Status* **Resident Individual** Non Resident Foreign National (Passport copy mandatory for NRIs & Foreign Nationals) Person of Indian Origin Nationality* Indian Other (Please specify) Form 60 (Please enclose a self attested copy of your PAN Card / Form60 only in case eligible under Income Tax Act 1962 Rule No. 114B) **ΡΔΝ*** **Preferred Mobile* International Mobile** Number' Preferred E-mail ID* Qualification* Illiterate Non Matric Undergraduate Graduate Post Graduate Others Occupation Service Profession **Business / Self Employed** Retired Private Sector Jewellers / Bullion Doctor Housewife Public Sector Physician Builder & Developer Government Sector Real Estate Agent Lawyer Student Engineer Agriculture & Allied Activities Architect Small Businessman Not Categorised **Chartered Accountant Transport & Tourism** Others Designer Govt. Free Lancer **Culinary Field** Industrialist Artist Trader Scientist Self Employed Professional Software Developer Self Employed Non Professional Media / Entertainment Share Broker Consultant Teaching / Tutions **Religion*** Caste Average Income (In ₹)* Nil 1 to <60,000 60,001 to < 1,20,000 1,20,001 to <6,00,000 6,00,001 to < 12,00,000 > 12,00,000 PEP Politically Exposed Person (PEP) / Relative of PEP No Yes **Disability:** Yes If Yes, Nature of Disability (Medical certificate required incase of differently/Specially abled) Visually Impaired – Partially Blind Handicapped - Upper limb(s) disability Mentally Challenged - Autistic No Visually Impaired - Blind Mentally Challenged - Cerebral Palsy Handicapped - Lower limb(s) disability Mentally Challenged - III Mentally Challenged - Others Handicapped - Manual Dexterity Handicapped - Disability in co-ordination with different organs of the body The following details are mandatory in case Residence for tax purposes in jurisdiction(s) outside India Country of Juridiction of Residence* TIN (If issued by juridiction)** TIN issuing country Place/City of Birth* Country of Birth

+ Tax Identification Number (TIN): TIN needs to 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 / service code/number, and resident registration number. If you have any questions about your tax residency, please contact your tax advisor.



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Know Your Customer (KYC) Application Form | Individual

[To be filled by Account Holder]

2. ADDRESS	2. /	AD	DR	ESS
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Permanent Address (O	overseas address incase of NRI)						
Address Type	Resident / Business / Overseas	Residential	Business	Registered office	Unspecified		
Line1*							
Line 2			City/Town	n/Village*			
District*	State		Zip/Pin C	ode*	Country Code		
Current Address Details (Current address of primary holder will be marked as account address and all deliverables for account will be sent to this address) Permanent address will be taken as communication address, if no address is mentioned in correspondence address. For NRI - local address is mandatory							
Address Type	Resident / Business / Overseas	Residential	Business	Registered office	Unspecified		
Line1*							
Line 2			City/Town/Vil	lage*			
District*	Zip/Pin Co	de*	State		Country Code		
Contact Details (All communications will be sent to contact details of primary holder)							
Tel.: (off)	Tel (F	les)					

You may convey promotional information through Calls/SMS/Letters.

3. APPLICANT DECLARATION

Date : D D

- I/We hereby declare that the details furnished are true and correct to the best of my knowledge and belief and I/We 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/We are aware that I/We may be held liable for it.
- I/We hereby confirm that my/our latest photograph has been affixed and I/We have submitted a self attested photocopy KYC document in support of POI & POA. The information provided by us/me on this Form is true, correct, and complete. I/We also confirm that I/We are aware of the FATCA / CRS Terms and Conditions and hereby accept the same.
- 3. I/We certify that the information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best my/our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment / categorization of the account as a Reportable Account or otherwise.
- 4. I/We permit/authorise 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 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.
- 5. I/We also agree that my/our failure to disclose any material fact known to me/us, now or in future, may invalidate my/our application and the Bank would be within its rights to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) / RBI for the purpose or take any other action as may be deemed appropriate by the Bank if the deficiency is not remedied by me/us within the stipulated period.
- I/We hereby accept and acknowledge that the Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the Bank.
- Should there be any change in information/incorrect provided by me/us, I/we declare and undertake the responsibility to intimate the bank within 30 days the date of change with supporting documentary evidence.
- It shall be my/our responsibilities to educate myself/ourself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the rules thereunder.
- 9. I/We also agree to furnish such information and/or documents as the Bank may require from time to time on account of any change in law either in India or abroad in the subject matter herein.

Place :

- I/We shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information..
- 11. The details provided by me / us in the form is as per the notified rules 114G to 114H of the income tax act 1962.
- I/We have read, understood and hereby accept & agree to the Terms & Conditions given for all the products & services I/We have requested.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.
- 14. I/We have been explained about the nature of information that may be shared upon authentication. I/We have been given to understand that my information submitted to the bank, herewith, shall not be used for any other purpose than mentioned above, or as per requirements of law.
- 15. I/We hereby declare that all the above information voluntarily furnished by me is true, correct and complete.
- 16. If there is a mismatch in my Date of Birth / Name / Middle Name / Surname in the document(s) submitted by me. I, hereby, confirm that the Date of Birth / Name / Middle Name / Surname mentioned in this form is/are correct. [We, hereby, indemnify SVC Co-operative Bank Ltd. against any claims and damages incurred by SVC Co-operative Bank Ltd. for relying and acting on this declaration.
- 17. I have affixed my present signature in the Account Opening Form. Since, I do not have any document with my present signature, I have signed in the presence of Bank staff and have submitted my latest identity proof document _______. I confirm my identity; a copy of my identity proof is enclosed, herewith. Request you to consider my signature on the Account Opening Form, as my present signature.
- 18. I/We hereby agree that in the event of any change in my correspondence address, I/We will immediately inform the Bank. In case the address submitted by me as proof, undergoes a change, I/We note to submit the fresh proof of address to the Branch for updating in the account records. I/We further confirm that if the copy of the proof of address if not submitted to the satisfaction of the bank, within 6 months, the Bank shall have the right to freeze / close the account. I/We, hereby, indemnify SVC Co-operative Bank Ltd. against any claims and damages incurred by SVC Co-operative Bank Ltd. for relying and acting on this declaration.
- I/We hereby give consent to the Bank for downloading my/our CKYC record from Central KYC Records Registry.

Signature / Thumb Impression of Applicant

ATTESTATION / FOR OFFICE USE ONLY						
KYC Verification carried out by:			If politically exposed, approval obtained			
D D M Y Y Y			AML UN match list verification done and no match found			
Emp. Name						
Emp. Code P. A. No.			Branch Officer Signature with			
Emp. Designation			Branch Round Stamp			
Branch						
Documents Received Digital KYC Process Data Received From Offline Verification						
Document Name	ID Proof	Address Proof	Document Name ID Address Proof Proof			
Passport Number			NREGA Job Card			
Passport Expiry Date D D M M Y Y Y Y			National Population Register Letter			
Voter ID Card			Proof of possession x x x x x x x x x			
Driving License			E-KYC Authentication X X X X X X X X X X			
Driving License Expiry Date D D M M Y Y Y Y			Offline Verification of X X X X X X X X X X			
REMARKS (If any)						