

CENTRAL KYC REGISTRY

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

Space for barcode

For office use only	Application Type*	New	Update D	elete If existing, CB	S ID:		
					Doc. No.:		
	Account Type*	Normal	Minor	Aadhaar OTP bas	sed EKYC (non face to face	e mode)	
1. INDIVIDUAL DETAIL	S (Either father's r	name or spouse's	name is to be ma	andatorily furnished. In case	PAN is not available, father's nar	me is mandatory.)	
Purpose	rpose Savings Current Deposits Others, specify						
Role Type	Individual Related Person (Guardian for Minor Director Promoter Karta Truste						
			Benefic Authoris		Owner Court Appointment Court		
Name of Applicant	Title	First		Middle	Last	,	
Name* (as per ID Proof) Preferred Name	Title Filst Middle Last						
Maiden Name*	Title Filst Milddle Last Please affix						
(Fathers Name mandatory in absence of PAN) Father's/Spouse Name*	a recent passport Title						
•	line Inject Injec						
Mother's Name* Gender*	Male	Female	Third Gender Date of Birth* D D M M Y Y Y Y				
Marital Status	Single	Married	Divorce	Widow Others			
Status*		ent Individual Non Resident Foreign National (Passport copy mandatory for NRIs & Foreign Nationals)					
Nationality*		Indian Other (Please specify)					
PAN*	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)						
Preferred Mobile*	Preferred E-mail ID*						
Qualification	Illiterate Non Matric Undergraduate Graduate Post Graduate Other						
Occupation Type*	Type* S-Service (Private Sector Public Sector Government Sector) O-Others (Professional Self Employed Retired Housewife Student)						
	B - Business	s X- Not	Categorised				
Profession							
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						
Political Exposure:	Yes	No	Disability	Yes, Type of Disab	oility	(Medical certificate required incase of differently/Specially abled)	
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)* ⁺ 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.							
	/idual include a social securit	y/insurance number, citize	en/personalidentification/s	service code/number, and resident registrat	lon number. If you have any questions about your	tax residency, please contact your tax advisor.	
2. ADDRESS		income of NDI					
Permanent Address (Ov Address Type	Resident / Busi	•		ential Business	Registered office	Unspecified	
Line1*							
Line2							
Line3		01.1	. //LT O . L . #		own/Village*	100 0400 0 1	
District*	A (Commont address of		e/U.T Code*	Zip/Pin Code*		ISO 3166 Code	
					erables for account will be sent to condence address. For NRI - I		
Address Type	Resident / Busi	ness / Overseas	Reside	ential Business	Registered office	Unspecified	
Line1*							
Line2				Cit. /T-	NAMO // illago*		
Line3 District*		7in/l	Pin Code*		own/Village* J.T Code*	ISO 3166 Code	
	unications will be sent to contact details of primary holder)						
Tel.: (off) Tel (Res)							
You may convey promotional information through Calls/SMS/Letters							

SVC CO-OPERATIVE BANK LTD. | (Multi-State Scheduled Bank) (Formerly The Shamrao Vithal Co-op Bank Ltd.)

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3. APPLICANT DECLARATION

- 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.
- 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:

Date : D D M M Y Y Y Y

REMARKS (If any)

- 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.
- 12. 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. 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.
- 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.

ATTESTATION / FOR OFFICE USE ONLY KYC Verification carried out by: **Documents** EKYC Data received from UIDAI **Certified Copies** Received Date **Equivalent E-Document** Digital KYC Process Emp. Name Data Received From Offline Verification Emp. Code P. A. No. **Document Name** ID Address Emp. Designation Proof Proof Emp. Branch **Passport Number** CBIS ID: Passport Expiry Date If politically exposed, approval obtained Zero day calling done Voter ID Card AML UN match list verification done and no match found **Driving License** Driving License Expiry Date Branch Officer Signature with Branch Round Stamp NREGA Job Card National Population Register Letter For CAO Use Proof of possession of Aadhaar X | X | X | X | X | X | X | XBiometric ref. no. AOF details verified with KYC documents: E-KYC Authentication $X \times X \times X \times X \times X$ Signature of KYC scrutiny CAO Official with Name & PA / RP stamp and date Offline Verification of X X X X X X X X XAadhaar Deemed POA Cust ID Customer details verified and authorized: Self Declaration for Mailing Address