

## THE SHAHADA PEOPLE'S CO-OPERATIVE BANK LTD., SHAHADA Head Office: Near Dondaicha Road, Shahada - 425 409. Dist. Nandurbar (M.H.)

CENTRAL KYC REGIST	RY I Know Your Custom	er (KYC) Application Fo	rm I Individual													
Important Instructions :				र्माण अर्र												
<ul><li>A) Fields marked with '*' are ma</li><li>B) Self-Certification of documen</li></ul>		<ul><li>E) Please read section wise detailed guidelines / instructions at the end.</li><li>F) KYC number of applicant is mandatory for update application.</li></ul>														
C) Please fill the form in English		G) For particulars section update, please tick (🗸) in the box available before the section														
D) Please fill the date in DD-MM	I-YYYY format.	number and strike off the sections not required to be update.														
For office use only	Application Type*	New Update														
(To be filled by financial insti	tution) KYC Number	(Mandatory for KYC update request)														
	Account Type*	☐ Normal ☐ Simplifi	ied (for low risk customers)													
☐ 1. PERSONAL DET/	ΔII S															
		it Name	Middle Name Last Name	ast Name												
Name* (Same as ID proof																
Maiden Name (If any*)																
Father / Spouse Name*																
Mother Name*																
Date of Birth*			РНОТО	5												
Gender*	M- Male F- Female T- Transgender															
Marital Status*	☐ Married ☐ Unmarried ☐ Others															
Nationality*	☐ IN- Indian															
Residential Status*	Resident Individual	☐ Non Resider														
	Foreign National Person of Indian Origin															
Occupation Type*	S-Service (Private		, _													
	☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B-Business															
	X-Note Categorised															
				*												
			Signature / thumb Impression of Application	ant												
2. TICK IF APPLICA	BLE RESIDENCE FOR	TAX PURPOSES IN JUR	RISDICTION(S) OUTSIDE INDIA													
	REQUIRED* (Mandatory only															
•	of Jurisdiction of Residence															
	r or equivalent (If issued by		ountry Code of Birth* I N													
Place / City of Birth*		150 3166 00	ountry Code of Birth [1]N													
3. PROOF OF IDEN	TITY (Pol)*															
(Certified copy of any one of	r the following Proof of Identity	[Pol] needs to be submitted)														
A- Passport Number			Passport Expiry Date													
☐ B- Voter ID Card																
C- PAN Card																
☐ D- Driving Licence			Driving Licence Expiry Date													
☐ E- UID (Adhaar)																
☐ F- NREGA Job Card			· •													
	ent notified by the central gove															
S- Simplified Measur	es Account - Document Ty	pe code	Identification Number													
4. PROOF OF ADD	RESS (PoA)*															
	ANENT / OVERSEAS ADDRES	SS DETAILS														
(Certified copy of any one of	r the following Proof of Address	s [PoA] needs to be submitted	<del>d</del> )													
Address Type*	Residential / Busines	s Residential	☐ Business ☐ Registered Office ☐ Uns	pecified												
Proof of Address*	Passport	Driving Licence	UID (Aadhar)													
	☐ Voter Identity Card	☐ NREGA Job Card	d Others													
Address	Simplified Measures	Account-Document Type	code													
Line 1*																
Line 2*																
Line 3*			City / Town / Village*													
			State Code* MH ISO 3166 Country Co													

4.2 CORRESPONDE  Same as Current / Pe								case	e of	multi	ple	corre	spond	dend	ce / lo	ocal	add	ress	ses,	ple	ase	fill 'A	Anne	exur	re A	1')							
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Line 2*		Ŧ		Ħ	Ħ		T	Ŧ	Ť	Ħ	T	+		Ť	Ħ	Ŧ	Ħ	Ť	T	T	П	寸	Ŧ	Ī	T	Ħ	H	П	寸	Ŧ	T	$\overline{\Box}$	
Line 3*		+			$\pm \pm$	+		十	t	$\forall$	十	+	$\vdash$	÷	$\forall \forall$	$\exists$	十	+	City	// T	OWI	n / \	/illa	no*	, _	Ħ	Ħ	-	十	+	T	$\Box$	=
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District*					_	Pin	/ P	ost	Coc	ie. [							3	otat	e C	,oa	e" [	IVI .	П	13	50	310	) O (	Jou	ntry	/ C0	ue	1	TA
5. CONTACT DE	TAILS (	All c	ommu	nicatio	ns wi	ll be s	end	on p	irovi	ded	Mol	oile no	o. / E-	-mai	I ID)																		
Tel. (Off)						-	ГеI.	(Re	s.)				]-[								Mol	bile			-[						Ι		
FAX	]-[					-	E-m	ail II	D														-										
☐ 6. DETAILS OF R ☐ Addition of Related Related Person Type*		n [	Del	etion ardiar	of Re	elateo Minor	l Pe	ersoi	n l	(YC	Nu No	ımbe mine	r of F ee	Rela	ated	Pe	rsor Ass	ı (if sigr	nee		le*)[												
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Name*		(If	KYC	L_ numbe	ar and	nam	2 210	nro	vide	d he	alow	, deta	ile of	500	tion 6	San	e on	tion	ال الو														
PROOF OF IDEN	TITY [P								vide	su, De	SIOV	v ueta	illo Ui	360	tion c	all	е ор	uon	ai)														
A- Passport Numb	oer													P	assp	por	t Ex	pir	/ D	ate					]-[		]-	-					
☐ B- Voter ID Card																																	
C- PAN Card																																	
☐ D- Driving Licence							T				7				)rivin	ng I	Lice	nce	E>	pir	y D	ate	Г	Т	7-[					T			
E- UID (Adhaar)								$\overline{\Box}$			_																	-					
F- NREGA Job Ca	ard			T		П	Ť	$\Box$	T		7																						
Z- Others (any doc	hannand	otifie	d by t	he ce	ntral o	over	nme	nt) [	$\overline{}$	T	_			Т	-	7 1	den	tific	atio	on I	Nun	nbe	r [		Т	T	Т				T	П	
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7. REMARKS (If:	any)																																
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8. APPLICANT DECLARATION  I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I 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 am/are aware that, I/We may be held liable for it.  My personal / KYC details may be shared with Central KYC Registry  I hereby consent to receiving information from Central KYC Registry through SMS/E-mail on the above registered number/e-mail address.																																	
	ng informa	ition fr	rom Cei I	ntraiKY			_	1 SIVIS	S/E-r	nail oi	n the	above	regist	ered	numb	oer/e	e-mail	add	ress						1 70%	5.				- 5 .8	- 12 -		
Date :					Ы	ace	:															31	gnat	ure	/ 10	ump	imp	ness	ion	of Ap	piic	ant	
9. ATTESTATION	I / FOR	OF	FICE	USE	ONL	Y																											
Documents Received	C	ertifi	ed Co	pies																													
KYC	VERIFI	CATI	ON C	ARRIE	D OL	JT BY																											
Date		-				]																											
Emp. Name		-		+		_	1											6 t		-										****			
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