



# CITIZENS CO-OPERATIVE BANK LTD.

(MULTI STATE CO-OPERATIVE BANK)

Head Office : Nr. Mahatma Gandhi Vidhyalay, Jawahar Road, Rajkot-360001.

Phone : 02812224933 / 2226732 Email: info@ccbrajkot.bank.in Web: www.ccbrajkot.bank.in

KYC APPLICATION FORM

INDIVIDUAL

## CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

### Important Instructions:

- A) Fields marked with '\*' are mandatory fields.
- B) Tick '✓' wherever applicable.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
- F) Please read section wise detailed guidelines / instructions at the end.
- G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H) List of two character ISO 3166 country codes is available at the end.
- I) KYC number of applicant is mandatory for update application.
- J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode



### For office use only

(To be filled by financial institution)

### Application Type\*

New     Update

KYC Number

(Mandatory for KYC update request)

### Account Type\*

Normal     Minor     Aadhaar OTP based E-KYC (in non-face to face mode)

### 1. PERSONAL DETAILS\* (Please refer instruction A at the end)

|   | Prefix   | First Name                                 | Middle Name                            | Last Name            |
|---|--|--|--|----------------------|
| <input type="checkbox"/> Name* (Same as ID proof) | <input type="text"/>   | <input type="text"/>                       | <input type="text"/>                   | <input type="text"/> |
| Maiden Name                                       | <input type="text"/>   | <input type="text"/>                       | <input type="text"/>                   | <input type="text"/> |
| Father / Spouse Name                              | <input type="text"/>   | <input type="text"/>                       | <input type="text"/>                   | <input type="text"/> |
| Mother Name                                       | <input type="text"/>   | <input type="text"/>                       | <input type="text"/>                   | <input type="text"/> |
| Date of Birth*                                    | <input type="text"/> D D — <input type="text"/> M M — <input type="text"/> Y Y Y Y |  |  |                      |
| Gender*   | <input type="checkbox"/> M- Male   | <input type="checkbox"/> F- Female         | <input type="checkbox"/> T-Transgender |                      |
| PAN*  | <input type="text"/>   | <input type="checkbox"/> Form 60 furnished |  |                      |

### 2. PROOF OF IDENTITY AND ADDRESS\* (Please refer instruction B at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

|  |                      |
|--|----------------------|
| <input type="checkbox"/> A- Passport Number                    | <input type="text"/> |
| <input type="checkbox"/> B-Voter ID Card                       | <input type="text"/> |
| <input type="checkbox"/> C-Driving Licence                     | <input type="text"/> |
| <input type="checkbox"/> D-NREGA Job Card                      | <input type="text"/> |
| <input type="checkbox"/> E-National Population Register Letter | <input type="text"/> |
| <input type="checkbox"/> F-Proof of Possession of Aadhaar      | <input type="text"/> |
| II <input type="checkbox"/> E-KYC Authentication               | <input type="text"/> |
| III <input type="checkbox"/> Offline verification of Aadhaar   | <input type="text"/> |

PHOTO\*



### Address

|           |                      |                                      |   |
|-----------|----------------------|--------------------------------------|---|
| Line 1*   | <input type="text"/> |                                      |   |
| Line 2    | <input type="text"/> |                                      |   |
| Line 3    | <input type="text"/> |                                      |   |
| District* | <input type="text"/> | Pin/Post Code* <input type="text"/>  | City / Town / Village* <input type="text"/> |
|           |                      | State/U.T Code* <input type="text"/> | ISO 3166 Country Code* <input type="text"/> |

### 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

|  |                      |
|--|----------------------|
| <input type="checkbox"/> A- Passport Number                              | <input type="text"/> |
| <input type="checkbox"/> B-Voter ID Card                                 | <input type="text"/> |
| <input type="checkbox"/> C- Driving Licence                              | <input type="text"/> |
| <input type="checkbox"/> D-NREGA Job Card                                | <input type="text"/> |
| <input type="checkbox"/> E- National Population Register Letter          | <input type="text"/> |
| <input type="checkbox"/> F - Proof of Possession of Aadhaar              | <input type="text"/> |
| II <input type="checkbox"/> E-KYC Authentication                         | <input type="text"/> |
| III <input type="checkbox"/> Offline verification of Aadhaar             | <input type="text"/> |
| IV <input type="checkbox"/> Deemed Proof of Address - Document Type code | <input type="text"/> |
| V <input type="checkbox"/> Self Declaration                              | <input type="text"/> |

### Address

|           |                      |                                       |   |
|-----------|----------------------|---------------------------------------|---|
| Line 1*   | <input type="text"/> |                                       |   |
| Line 2    | <input type="text"/> |                                       |   |
| Line 3    | <input type="text"/> |                                       |   |
| District* | <input type="text"/> | Pin / Post Code* <input type="text"/> | City / Town / Village* <input type="text"/> |
|           |                      | State/U.T Code* <input type="text"/>  | ISO 3166 Country Code* <input type="text"/> |

**4. CONTACT DETAILS** (All communications will be sent to Mobile number/ Email-ID provided) (Please refer instruction C at the end)

|            |               |            |               |        |               |
|------------|---------------|------------|---------------|--------|---------------|
| Tel. (Off) | _____ - _____ | Tel. (Res) | _____ - _____ | Mobile | _____ - _____ |
| Email ID   | _____         |            |               |        |               |

5. REMARKS (If any)

## 6. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. Incase any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : D D — M M — Y Y Y Y Y

Place:

Signature / Thumb Impression of Applicant

**7. ATTESTATION / FOR OFFICE USE ONLY**

Documents Received  Certified Copies  E-KYC data received from UIDAI  Data received from Offline verification  Digital KYC Process  
 Equivalent e-document  Video Based KYC

**KYC VERIFICATION CARRIED OUT BY**

Date **DD** — **MM** — **YY** **YY** **YY** **YY**

Emp. Name

INSTITUTION DETAILS

Emp. Code

**Emp. Designation**

Emp. Branch