The Bhatkal Urban Co-operative Bank Ltd. Bhatkal

A/c No.: _____ **Br. Code :** _____ **Branch:**

CENTRAL KYC REGISTRY Know Your Customer (KYC) Application Form individual

Important Instructions:

A) Fields marked with * are mandatory fields
B) Please fill the form in English and in BLOCK letters.
C) Please fill the date in DD-MM-YYYY format.
D) KYC number of applicant is mandatory for update application.
E) For particular section update, please tick( ) in the box available before the section number and strike off the sections not required to be updated.

For office use only — Application Type* ☐ New ☐ Update — Customer No. _____

(To be filled by financial instruction) KYC Number _____ *(Mandatory for KYC update request)*

Account Type ☐ Normal ☐ Simplified (for low risk customers) ☐ Small

☐ 1. PERSONAL DETAILS

	Prefix	First Name	Middle Name	Last Name
☐ Name* *(Same as ID proof)*				
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				

Date of Birth* __ __ - __ __ - __ __ __ __ ☐ Religion _____ Caste _____

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender

Marital Status* ☐ Married ☐ Unmarried ☐ Others

Citizenship* ☐ IN- Indian ☐ Others (ISO 3166 Country Code ☐☐)

Residential Status* ☐ Resident Individual ☐ Non Resident Indian

☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector)

☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student)

☐ B-Business ☐ X- Not Categorised

Affix Photo

☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA

ADDITIONAL DETAILS REQUIRED *(Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence* _____

Tax Identification Number or equivalent (If issued by jurisdiction)* _____

Place / City of Birth* _____ ISO 3166 Country Code of Birth * ☐☐

☐ 3. PROOF OF IDENTITY (PoI)*

(Certified copy of any one of the following Proof of Identity (PoI) 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 (Aadhaar) _____

☐ F-NREGA Job Card _____

☐ Z- Others (any document notified by the central government) _____ Identification Number _____

☐ S- Simplified Measures Account -Document Type code ☐☐ Identification Number _____

4. PROOF OF ADDRESS (PoA)*

☐ 4. 1 CURRENT /PERMANENT / OVERSEAS ADDRESS DETAILS

(Certified copy of any one of the following Proof of Address (PoA) needs to be submitted)

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar)

☐ Voter Identity Card ☐ NREGA JOB Card ☐ Others _____

☐ Simplified Measures Account - Document Type code ☐☐

Address

Line 1* _____

Line 2* _____

Line 3 _____ City / Town / Village* _____

District* _____ Pin / Post Code* ☐☐☐☐☐☐ State / U.T Code* ☐☐ ISO 3166 Country Code* ☐☐

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS

☐ **Same as Current / Permanent /Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')**

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

☐ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Line 1*

Line 2

Line 3 City / Town / Village*

State* ZIP / Post Code* ISO 3166 Country Code

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

Tel. (Off) – Tel. (Res) – Mobile –

FAX – Email ID

6. DETAILS OF RELATED PERSON

☐ Addition of Related Person ☐ KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

	Prefix	First Name	Middle Name	Last Name
Name*				

(If KYC number and name are provided below details of section 6 are optional)

PROOF OF IDENTITY (PoI) OF RELATED PERSON*

☐ A- Passport Number Passport Expiry Date – –

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date – –

☐ E- UID (Aadhaar)

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government)

☐ S- Simplified Measures Account - Document Type code

7- REMARKS (If any)

8- APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false 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 : – – Place :

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date – –

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Authorised Signature

The Bhatkal Urban Co-operative Bank Ltd. Bhatkal

Branch:

SAVINGS BANK ACCOUNT OPENING FORM

Customer No ☐ CKYC No. ☐ A/c No. ☐

Name of the Depositor 1. ☐

2. ☐

3. ☐

Risk Category ☐ Low Risk ☐ Medium Risk ☐ High Risk

MODE OF OPERATION (Please tick any one of the boxes)

☐ Self ☐ Either or Survivor ☐ Former or Survivor ☐ Anyone or Survivor

☐ Anyone or Survivor ☐ Jointly by all holders ☐ Others(Please specify)

INITIAL AMOUNT CREDIT DETAILS

Deposit Amount of Rs. ..... (in words) .....

I/ we wish to avail following facilities : ☐ ATM RuPay Debit Card ☐ SMS Alerts

FORM DA-1 (NOMINATION FORM) - In case of no nomination also, the said form shall be signed by the account holder

Nomination Under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Co-oparative Banks (Nomination Rules 1985 in respect of bank deposits)

☐ I wish to nominate ☐ I do not wish to nominate

I/we ..... nominate the following person to whom, in the event of my/our/minor's death, the amount of deposit in the below mentioned account may be returned by the Bhatkal Urban Co-operative Bank Limited.....Branch.

Type of A/c & Deposit A/c No.	Name & Address of the Nominee	Age	Relationship
	Mr/Mrs/Ms/		

If nominee is Minor, Date of Birth : ..... As the nominee is a minor on this date, I/We appoint Mr/Mrs/Ms/.....related to the Minor as..... and residing at ..... to receive the amount of above deposit account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

....

Signature of the Witness Signature of account holder(s)

Note: Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

Nomination Registration Serial No . ☐ and Date ☐

CLOSE RELATIVE / OTHER KNOWN PERSONS DECLARATION- (To be filled by the application/Known persons close relative if the applicant does not have any address proof)

I hereby confirm that, Mr/Mrs/Ms/ (Applicant's Name) ..... who is desirous of opening an account with your Bank is my (Relationship) ..... He/She is residing with me /known to me since ..... (month)..... (year) at the below mentioned address :.....

.....

..... Mobile No. :..... Phone No :.....

The applicant does not hold a documentary address proof in his/her independent name, since the applicant is residing with me/known to me the address proof in my name is being provided to the bank for the purpose of verification. I have no objection towards receiving any correspondence from the bank in the name of the applicant at my above mentioned address. I enclose herewith the below documents.

1. Self-attested (Document Name) ..... as Identity proof.
2. Self-attested (Document Name) as Address proof.

Name of the Declarant .....

Customer ID (if an existing customer) : .....

.....
Signature of the Declarant

INTRODUCTION

I/We personally know the above applicant(s) for a period of ..... Months/Years and confirm his/her/their identity and address(es)mentioned in the form.

Name of the Introducer .....

Type of Account ..... Account No. ..... Branch .....

Telephone /Mobile Number .....

Introducer Customer Code Number

.....
Signature of Introducer

Declaration and Signature of the Account Holder(s)

I/We agree to abide by the Bank's rules and regulations relating to the conduct and operations of Saving Bank Account which is in existence and which may be changed from time to time by the Board of Directors. I/We further hereby authorize the Bank to debit such service charges to my account without any further consent. I /we shall maintain sufficient balance in my/our account to enable the Bank to the said service charges due to the Bank.

Further, I/We also hereby agree and give consent for the disclosure of the information, as the Bank may deem appropriate & necessary to Credit information Bureau (India) Ltd., and any other Agencies authorized by Reserve Bank of India.

a) Information data relating to me/us.
b) the information or date relating to any credit facility availed of/ to be availed by me/us and
c) default, if any committed by me/us, in discharge of my/our obligation.

Photograph of the Applicant Please sign ACROSS the Photo	Photograph of the Applicant Please sign ACROSS the Photo	Photograph of the Applicant Please sign ACROSS the Photo
(Specimen Signature of Account holders in case of individual A/c)	(Specimen Signature of Account holders in case of joint A/c)	(Specimen Signature of Account holders in case of joint A/c)
1)	1)	1) .....
2)	2)	2) .....
3)	3)	3) .....

Place :.....

Date: .....

For Bank's Use

Account Opening form verified and found correct and KYC Complied

Date :.....

.....
Authorised Signatory

.....
Branch Manager / Officer

From :

Date :

.....

.....

.....

To,

The Manager,
The Bhatkal Urban Co-op. Bank Ltd.,
.....Branch.

Dear Sir,

Sub. : Introductory reference given to Mr./Miss./Mrs.....

Ref. : Your SB / Current A/c. No......

This is to confirm that I have signed introductory reference in Account Opening Form of SB / Current A/c. No.....of Mr./Miss./Mrs.....

Further I would like to inform you that, I know the said Mr./Miss./Mrs.....

for over.....year / month.

Thanking you,

Yours faithfully,

Signature
(Introducer)