



SSB

रालिनी सहकारी बँक लि., मुंबई

३९५, ना. म. जोशी मार्ग, मुंबई ४०० ०९९. दुरध्वनी : २३०९ ३९७९ / २३०८ ६८०५

Email : shalini.bank82@gmail.com

CENTRAL KYC REGISTRY || KNOW YOUR CUSTOMER (KYC) APPLICATION || FORM INDIVIDUAL

Important Instructions

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

Date _____

For Office use only

To be filled by
financial Institution

Application Type * New Update

KYC Number (Mandatory for KYC update request)

Account Type * Normal Simplified (for risk customers) Small e-KYC

1. PERSONAL DETAILS

* Title Mr. Mrs. Dr. Other _____ please specify

* Full Name

Same as ID proof

Section 1A * Aadhar No. (Aadhar Number will be Government subsidies / Payments)

* Religion Hindu Muslim Christian Sikh Zoroastrian
 Jain Others _____ please specify

Caste SC ST OBC Not applicable Others _____ please specify

Minor Yes No (Please provide guardian details)

Section 1B

* Mother Name

Prefix	Frist Name	Middle Name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Maiden Name
(If any *)

Prefix	Frist Name	Middle Name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Date of Birth - - * Marital Status Married Unmarried Others _____ please specify

* Gender M - Male F - Female T - Transgender

* Nationality India Others Country Name (if ticked on Others)

Prefix	Frist Name	Middle Name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Father /

Spouse Name

If PAN not available Father's name is mandatory

* Occupation Type Service Private Sector Public Sector Government Sector Others Progessional
 Self-Employed Retired Housewife Student Business Not Categorised

* Educational Qualification Undergraduate Graduate Public Sector Government Sector Others Professional Others _____ Please specify

* Employment Type Salaried Self-Employed Political Professional Housewife Retired Student Others _____ Please specify

* Profession Doctor CA/CS Lawyer Architect Engineer Consultant Agriculturist Others _____ Please specify

* If Agriculturist Landless Laborer Below 25 Acres of Land 2.5 - 5 Acres of Land

* Source of Income Salary Business Income Investment Income Agriculture Others _____ Please specify

* Gross Annual Income <=60K 60K - 1.2 Lakh 1.2 - 2 Lakh 2-3 Lakh 3-5 Lakh 5-10 Lakh 10-50 Lakh < 50 Lakh

* Type of Company Partnership Private Ltd. Proprietorship Public Ltd. Public Sector Others _____ Please specify

(* Are you a politically Exposed person or related to one Yes No)



2. PROOF OF IDENTITY (POI) *

(Certified copy of Any one of the following Proof of Identity (POI) needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text" value="XXXXXXXXXXXXXX"/>	Passport Expire Date <input type="text" value="XX"/> - <input type="text" value="XX"/> - <input type="text" value="XXXX"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text" value="XXXXXXXXXXXXXX"/>	
<input type="checkbox"/> C- PAN Card	<input type="text" value="XXXXXXXXXXXXXX"/>	
<input type="checkbox"/> D- Driving License	<input type="text" value="XXXXXXXXXXXXXX"/>	Driving License Expire Date <input type="text" value="XX"/> - <input type="text" value="XX"/> - <input type="text" value="XXXX"/>
<input type="checkbox"/> E- UID (Aadhar)	<input type="text" value="XXXXXXXXXXXXXX"/>	
<input type="checkbox"/> F- NREGA Job Card	<input type="text" value="XXXXXXXXXXXXXX"/>	
<input type="checkbox"/> Z- Others (any documents notified by the central government)	<input type="text" value="XXXXXXXXXXXXXX"/>	Identification Number <input type="text" value="XXXXXXXXXXXXXX"/>
<input type="checkbox"/> S- Simplified Measures Account-Document Type Code	<input type="text" value="XXXXXXXXXXXXXX"/>	Identification Number <input type="text" value="XXXXXXXXXXXXXX"/>

3. PROOF OF ADDRESS (POA) *

CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please See Instruction D at the end)

(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 License UID (Aadhar)
 Voter Identity Card NREGA Job Card Others

Title * Simplified Measures Account - Document Type code

CURRENT ADDRESS (for Bank Use : Officially Valid Document Submitted as Address Proof)

* Type of Address Residential Business Registered Office

* Address Line 1

* Address Line 2

* Address Line 3

* State * Country * Pin Code

PERMANENT ADDRESS (for Bank Use : Officially Valid Document Submitted as Address Proof)

* Type of Address Residential Business Registered Office

* Address Line 1

* Address Line 2

* Address Line 3

* State * Country * Pin Code

PREFERRED MAILING ADDRESS Same as Permanent Address Same as Current Address

* Type of Address Residential Business Registered Office

* Address Line 1

* Address Line 2

* Address Line 3

* State * Country * Pin Code



ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA TAX PURPOSE *

(Application if section 2 is ticked Yes)

* Type of Address Residential Business Registered Office

* Address Line 1

* Address Line 2

* Address Line 3

* State * Country * Pin Code

4. CONTACT DETAILS (All communications will be provided Mobile No. / Email ID)

Tel. (Off) - Tel. (Res) -

Mobile - Email ID

5. DETAILS OF RELATED PERSON

Addition of Related Person Deletion of Related Person

KYC Number of Related Person (If Available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

* Title Mr. Ms. Mrs. Dr. Others _____ Please Specify

Name * Prefix First Name Middle Name Last name

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

PROOF OF IDENTITY (POI) OF RELATED PERSON *

(Certified copy of Any one of the following Proof of Identity (POI) needs to be submitted)

<input type="checkbox"/> A- Passport Number <input type="text" value="XXXXXXXXXXXXXX"/>	Passport Expire Date <input type="text" value="XXXXXX"/> - <input type="text" value="XXXXXX"/> - <input type="text" value="XXXXXX"/>
<input type="checkbox"/> B- Voter ID Card <input type="text" value="XXXXXXXXXXXXXX"/>	
<input type="checkbox"/> C- PAN Card <input type="text" value="XXXXXXXXXXXXXX"/>	
<input type="checkbox"/> D- Driving License <input type="text" value="XXXXXXXXXXXXXX"/>	Driving License Expire Date <input type="text" value="XXXXXX"/> - <input type="text" value="XXXXXX"/> - <input type="text" value="XXXXXX"/>
<input type="checkbox"/> E- UID (Aadhar) <input type="text" value="XXXXXXXXXXXXXX"/>	
<input type="checkbox"/> F- NREGA Job Card <input type="text" value="XXXXXXXXXXXXXX"/>	
<input type="checkbox"/> Z- Others (any documents notified by the central government) <input type="text" value="XXXXXXXXXXXXXX"/>	Identification Number <input type="text" value="XXXXXXXXXXXXXX"/>
<input type="checkbox"/> S- Simplified Measures Account-Document Type Code <input type="text" value="XXXXXXXXXXXXXX"/>	Identification Number <input type="text" value="XXXXXXXXXXXXXX"/>

6. REMARKS (If any)



7. APPLICATION 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. In case of the above information is found to be false or untrue 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.

Place :

Date : - -

Signature (Thumb Impression Applicant)

8. CUSTOMER SIGNATURE (Sign within the box and use black ink for Signature)

Please affix recent
Passport Size Photo
Please sign across the
Photograph

Name _____

9. ATTESTATION / FOR OFFICE USE ONLY

Document Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Name : Shalini Sahakari Bank Ltd.

Code :

Date

Emp. Name

Emp. Code

Emp. Designation

(Signature)

Authorised Signatory / Branch Manager

Name : Emp Code

FOR AML / PEP LIST CHECKING

FOR KYC DEPARTMENT