

**SSB****शालिनी सहकारी बँक लि., मुंबई**

३९५, ना. म. जोशी मार्ग, मुंबई ४०० ०११. दुरध्वनी : २३०९ ३१७९ / 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 of 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-YYY format.

- E) KYC number of applicant is mandatory for update application. Date \_\_\_\_\_

**For Office use only**To be filled by  
financial InstitutionApplication Type \* ☐ New ☐ UpdateKYC Number  (Mandatory for KYC update request)Account Type \* ☐ Normal ☐ Simolified (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 specifyCaste ☐ SC ☐ ST ☐ OBC ☐ Not applicable ☐ Others \_\_\_\_\_ please specifyMinor ☐ Yes ☐ No (Please provide guardian details)**Section 1B**\* Mother Name Maiden Name (If any \*) \* 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)\* ☐ Father / ☐ Spouse Name 

If PAN not available Father's name is mandatoru

\* Occupation Type ☐ Service ☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ Others ☐ Progessional☐ Self-Employed ☐ Retired ☐ Housewife ☐ Student ☐ Business ☐ Not Categorized\* Educational Qualification ☐ Undergraduate ☐ Graduate ☐ Public Sector ☐ Government Sector ☐ Others ☐ Professional ☐ Others \_\_\_\_\_ Please specify\* Employment Type ☐ Salaried ☐ Self-Employed ☐ Politicial ☐ 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. ☐ Propeerietorship ☐ 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"/>	Passport Expire Date	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving License	<input type="text"/>	Driving License Expire Date	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="checkbox"/> E- UID (Aadhar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any documents notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account-Documents Type Code	<input type="text"/>	Identification Number	<input type="text"/>

## 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 (POI) 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 PersonKYC Number of Related Person (If Available\*) Related Person Type\* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative\* Title ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Others \_\_\_\_\_ Please Specify

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

(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)☐ A- Passport Number  Passport Expire Date  -  - ☐ B- Voter ID Card ☐ C- PAN Card ☐ D- Driving License Driving License  
Expire Date  -  - ☐ E- UID (Aadhar) ☐ F- NREGA Job Card ☐ Z- Others (any documents  
notified by the central government) Identification Number ☐ S- Simplified Measures  
Account-Document Type Code Identification Number **6. REMARKS (If any)**





## 7. APPLICATION DECLARATION

- I hereby declared 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 maybe 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

Date

Emp. Name

Emp. Code

Emp. Designation

(Signature)

### INSTITUTION DETAILS

Name : **Shalini Sahakari Bank Ltd.**

Code :

Authorised Signatory / Branch Manager

Name :

Emp Code

### FOR AML / PEP LIST CHECKING

### FOR KYC DEPARTMENT