

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 Institution

Application Type * ☐ New ☐ Update

KYC Number

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 (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	
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[illegible]

Section 1A

* Aadhar No.

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 (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

[illegible]

	Prefix	Frist Name	Middle Name	Last 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)

[illegible]

☐ Spouse Name

If PAN not available Father's name is mandatory

* Occupation Type ☐ Service ☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ Others ☐ Professional

☐ 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"/>	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"/>	<input type="text"/>	<input type="text"/>	<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 dicuments
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 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

Date

Emp. Name

Emp. Code

Emp. Designation

INSTITUTION DETAILS

Name : **Shalini Sahakari Bank Ltd.**

Code :

(Signature)

Authorised Signatory / Branch Manager

Name :

Emp Code

FOR AML / PEP LIST CHECKING

FOR KYC DEPARTMENT