



SSB

## शालिनी सहकारी बँक लि., मुंबई

३१५, 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 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  UpdateKYC 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 specifyCaste  SC  ST  OBC  Not applicable  Others \_\_\_\_\_ please specifyMinor  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)\*  Father / 

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"/>

 Spouse 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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 Salaried  Self-Employed  Political  Professional  Housewife  Retired  Student  Others \_\_\_\_\_ Please specify Doctor  CA/CS  Lawyer  Architect  Engineer  Consultant  Agriculturist  Others \_\_\_\_\_ Please specify Landless Laborer  Below 25 Acres of Land  2.5 - 5 Acres of Land Salary  Business Income  Investment Income  Agriculture  Others \_\_\_\_\_ Please specify <=60K  60K - 1.2 Lakh  1.2 - 2 Lakh  2-3 Lakh  3-5 Lakh  5-10 Lakh  10-50 Lakh  < 50 Lakh 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	_____	Passport Expire Date <input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="checkbox"/> B- Voter ID Card	_____	
<input type="checkbox"/> C- PAN Card	_____	
<input type="checkbox"/> D- Driving License	_____	Driving License Expire Date <input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="checkbox"/> E- UID (Aadhar)	_____	
<input type="checkbox"/> F- NREGA Job Card	_____	
<input type="checkbox"/> Z- Others (any documents notified by the central government)	_____	Identification Number <input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account-Document Type Code	_____	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 SpecifyName \*  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) A- Passport NumberPassport Expire Date  -  -  B- Voter ID Card C- PAN Card D- Driving LicenseDriving License  
Expire Date  -  -  E- UID (Aadhar) F- NREGA Job Card Z- Others (any documents notified by the central government)Identification Number  S- Simplified MeasuresIdentification 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

INSTITUTION DETAILS

Date

Name : **Shalini Sahakari Bank Ltd.**

Emp. Name

Code :

Emp. Code

Emp. Designation

(Signature)

Authorised Signatory / Branch Manager

Name :  Emp Code

FOR AML / PEP LIST CHECKING

FOR KYC DEPARTMENT