

# कल्लाप्पाणा आवाडे इचलकरंजी जनता सहकारी बँक लि., (मल्टीस्टेट शेड्युलड बँक)

हेड ऑफिस: जनता बँक भवन, मेन रोड, इचलकरंजी-४१६ ११५,  
जि. कोल्हापूर ☎ +९१ २३० २४२९३००  
Website: www.ljsbank.com



## Kallappanna Awade Ichalkaranji Janata Sahakari Bank, Ltd. (Multi - State Scheduled Bank)

Head Office: "Janata Bank" Bhavan, Main Road,  
Ichalkaranji - 416 115. Dist. Kolhapur.  
Tel: +91 230 2429300 | Fax No.: +91 230 2430434

### CURRENT ACCOUNT / SMART PREMIUM CURRENT ACCOUNT OPENING FORM

Firm Customer ID / फर्मचा ग्राहक क्र.: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Branch / शाखा : \_\_\_\_\_

Customer Id / ग्राहक क्र.: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Account No. / खाते क्र.: [ ]

Date / दिनांक : [ ]

I/we wish to open a Saving Account as under (मी/आम्ही आपल्या बँकेत खालीलप्रमाणे सेव्हिंग खाते सुरु करू इच्छितो)

(✓ अशी खूण करावी)  
(Mark as ✓)

Account Type :  
खात्याचा प्रकार :

☐ Regular  
सामान्य

☐ Scheme  
योजने अंतर्गत

☐ Other  
इतर

### Title of Account / खात्याचे नाव :

Title of A/C / खात्याचे नाव : \_\_\_\_\_

Name of Proprietor/Partners/Directors/Trustees with Cust. ID (प्रोप्रायटर/भागीदार/विश्वस्त / संचालकांचे नाव/नावे व ग्राहक क्रमांक :

1 \_\_\_\_\_ 4 \_\_\_\_\_

2 \_\_\_\_\_ 5 \_\_\_\_\_

3 \_\_\_\_\_

Passport Size Photograph	Passport Size Photograph	Passport Size Photograph	Passport Size Photograph	Passport Size Photograph
1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	4 <sup>th</sup> Applicant	5 <sup>th</sup> Applicant

Signature/Thumb Impression First Holder / सही	Signature/Thumb Impression Second Holder / सही	Signature/Thumb Impression Third Holder / सही	Signature/Thumb Impression Fourth Holder / सही	Signature/Thumb Impression Fifth Holder / सही
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### Name of person's authorised to operate account / खात्यावर व्यवहार करणाऱ्यांची नावे

Name / नाव	Middle Name / वडीलांचे / पतीचे नाव	Surname / आडनाव	Gender / लिंग Male/Female/Transgender पुरुष / स्त्री / तृतीयपंथी
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____

(खात्यावर व्यवहार करण्याचा अधिकार असलेल्या व्यक्तीचा C-KYC फॉर्म घेणे)



## Operational Instruction / खाते व्यवहार करण्यासंबंधी सूचना

☐ Single ☐ Proprietor ☐ Jointly ☐ Other (Please Specify)

## Deposit Details

Payment by ☐ Cash ☐ Cheque Cheque No. Date:           Rs. \_\_\_\_\_

Name of Bank \_\_\_\_\_ Account Type \_\_\_\_\_

## Customer Details / ग्राहकांची माहिती

Profession/Business : \_\_\_\_\_ Established on :           व्यवसाय सुरु दि

GST Registration No. / जी एस टी रेजिस्ट्रेशन नं. \_\_\_\_\_ PAN No. \_\_\_\_\_ पैन नं

Annual Turnover/Sales : ₹ \_\_\_\_\_ Annual Income ₹ \_\_\_\_\_ वार्षिक उत्पन्न

Office ☐ Owned ☐ Rental ☐ Rental ☐ House No./Galla No. & Name of Society \_\_\_\_\_ घर क्रमांक गाळा नं. आणि सोसायटीचे नांव

Road No./Name \_\_\_\_\_ Area/Locality \_\_\_\_\_ रस्ता क्र./नाव विभाग

City \_\_\_\_\_ PIN \_\_\_\_\_ Nationality \_\_\_\_\_ शहर : पिन : नागरीकत्व :

Telephone No. \_\_\_\_\_ Office \_\_\_\_\_ दूरध्वनी क्र. कार्यालय :

Mobile \_\_\_\_\_ E-mail ID \_\_\_\_\_ भ्रमणध्वनी ई-मेल आयडी :

Previous Banker \_\_\_\_\_ A/c Type \_\_\_\_\_ A/c No. \_\_\_\_\_ पूर्वीच्या बँकेचे नांव खाते प्रकार : खाते क्र :

Member/ Nominal Member ☐ Yes / होय ☐ No / नाही Member/Nominal Member No. \_\_\_\_\_ सभासद / नाममात्र सभासद क्रमांक

## Account Type Mark as (✓) / खात्यामा प्रकार (✓) अशी खून करावी

☐ Individual / वैयक्तिक ☐ Joint A/C / संयुक्त ☐ Proprietorship / एकल मालकी हक्क ☐ Partnership / भागीदारी

☐ Co-op Society / को-ऑप सोसायटी ☐ Company / कंपनी ☐ Co-op Bank / को-ऑप बँक ☐ AOP / एसोसिएशन ऑफ पर्सन्स

☐ HUF / हिंदू अविभक्त कुटुंब प्रमुख ☐ LLP / एलएलपी ☐ Co-op Hou Society / को-ऑप ही सोसायटी ☐ Trust/न्यास Other/इतर

## NOMINATION FORM-DA-1 / नामांकन फॉर्म - डी ए - १ ( वारसनॉंद )

[For Individual / Sole Proprietorship Account / व्यक्तीगत अथवा एकट्याच्या मालकीची खाती असेल तर]

I/We nominate following named person as my/our nominee after my/our death and is entitled legally to receive the money as per section. 45ZA read with section 56 of Banking regulation Act, 1949 and Rule 2 (1) of the Co-operative Bank (Nomination) Rules, 1985. माझ्या / आमच्या मृत्युनंतर खालील व्यक्तीस कायदेशीररित्या पैसे मिळण्यात बकिंग रेग्युलेशन १९४९ चे कलम १६ बरोबर कलम ४५डए, तराव को-ऑपरेटर बँकेचे (नामनिर्देशन), नियम, १९८५ नियम, २(१) नुसार मी/आम्ही खालील व्यक्तीचे नामनिर्देशन करीत आहे. आहोत. (Only one person can be nominated / एका छत्यापाठी एक व्यक्तीचे नामनिर्देशन होऊ शकते.)

Name & Address of Nominee / वारसाचे नाव व पत्ता	Age/ वय	DOB (In Case of Minor) जन्मतारीख (अज्ञान असल्यास)	Relationship / खातेदाराशी नाते.

As the nominee is a minor on this date, I/We appoint Shri./Smt./Miss

आजच्या घडीला नामनिर्देशित केलेली व्यक्ती अज्ञान आहे, म्हणून माझ्या/आमच्या मृत्युच्या वेळी मी/आम्ही श्री/श्रीमती/कुमार

Address / पत्ता \_\_\_\_\_

to receive the amount of the deposit on behalf of the nominee in the event of my/our death during the minority of the nominee.

या व्यक्तीची अज्ञान व्यक्तीचे वाली म्हणून नेमणूक करतो. नामनिर्देशित केलेली व्यक्ती माझे/आमचे मृत्युचे वेळे अज्ञान असल्यास ह्या व्यक्तीला रक्कम मिळावी.

Date / दिनांक :          

Applicant's Signature / अर्जदाराची सही

Witness / साक्षीदार : १ )

Signature/ सही \_\_\_\_\_

Name / नाव \_\_\_\_\_

Address / पत्ता \_\_\_\_\_

Witness / साक्षीदार : २ )

Signature/ सही \_\_\_\_\_

Name / नाव \_\_\_\_\_

Address / पत्ता \_\_\_\_\_





# कल्लाप्पाणा आवाडे इचलकरंजी जनता सहकारी बँक लि., (मल्टीस्टेट शेड्युलड बँक)

## Introducer's Details / ओळख देणाऱ्याचा तपशील

Introducer's Name / ओळख देणाऱ्याचे नाव : \_\_\_\_\_ Branch / शाखा : \_\_\_\_\_

Customer ID / ग्राहक क्र.: \_\_\_\_\_ Account No. / खाते क्र.: \_\_\_\_\_  
☐ SB ☐ CD

Tel./Mob. / दूरध्वनी/मो.: \_\_\_\_\_ E-mail ID/ ई-मेल : \_\_\_\_\_

I know the applicant/s for the last ..... months/years. I confirm the identity, occupation and address of the applicant/s.

मी अर्जदारास मागील ..... महिने/वर्षापासून ओळखतो/ओळखते. अर्जदाराचा पत्ता, ओळख, व्यवसाय याची मी खात्री देतो/देते.

Introducers Signature / ओळख देणाऱ्याची सही

## Declaration / जाहीरनामा

[For Proprietorship or Partnership Firm only / फक्त एकल मालकीच्या अथवा भागीदारी संस्थासाठी]

To,  
The Branch Manager,  
KAIJS Bank Ltd.

\_\_\_\_\_ Branch

Dear Sir,

I/We the undersigned, hereby declare that I am / we are the sole proprietor / Only partners of the firm \_\_\_\_\_ & am solely/are jointly & severally responsible for the liabilities there of. I/we shall advice you in writing of any change that may take place in the constitution / Partnership and I/ all the present partners will be liable to you, on any obligation which may be standing in the firm's name in your book on date of receipt of such notice and until all obligation shall been liquidated.

मी/आम्ही खालील स्वाक्षरी करणार या द्वारे असे जाहीर करतो की, \_\_\_\_\_ मालकी / भागीदारी संस्थापूर्णपणे माझ्या मालकीची असून मालकी / भागीदारी संस्थेचे फक्त आम्हीच मालक / भागीदार असून या मालकी/भागीदारी संस्थेच्या सर्व व्यवहारांची देणी देण्याचे संपूर्ण जबाबदारी केवळ माझी / आमचीच आहे. मालकी / भागीदारी संबंधी वेळोवेळी होणाऱ्या घटनात्मक बदलाबदल मी / आम्ही बँकेस वेळेवर माहिती देण्याचे जबाबदारी माझी / आमची आहे. माझी / आमची मालकी / भागीदारी संस्था बँकेस कोणत्याही प्रकारचे देणे / कर्ज खात्यावरील नावे रक्कम व इतर सर्व जबाबदाऱ्या पार पाडण्यास मी/आम्ही सदर बदलची सुचना मिळाल्यावर त्या जबाबदाऱ्या पूर्ण करणाऱ्या हमी देवू आहोत.

(फक्त सही घेणे शिक्का नको)

Signature / सही

Signature / सही

Sole Proprietor/Partner 1 \_\_\_\_\_ Partner 4 \_\_\_\_\_

Partner 2 \_\_\_\_\_ Partner 5 \_\_\_\_\_

Partner 3 \_\_\_\_\_ (जादा भागीदार असल्यास स्वतंत्र जाहीरनामा घेणे)

Place / ठिकाण \_\_\_\_\_

## For Branch Use Only - Official Customer Visit

Name of Branch Official Visiting \_\_\_\_\_ IJ No. \_\_\_\_\_

I have visited the place of business and I found business details correct as mentioned in this form by customer.

Date / दिनांक : \_\_\_\_\_

Stamp & Visiting Official Signature

## Verification of Credit facility in other Bank

Having credit facility in other Bank Yes / होय No / नाही

Name of Bank having Credit Facility. \_\_\_\_\_ Branch Name \_\_\_\_\_

Date of 'No Objection Certificate' letter Send to this Bank \_\_\_\_\_

Date of Correspondence Received from Bank \_\_\_\_\_

Correspondence Details \_\_\_\_\_

Branch Officer/ Branch Manager Sign





**For Office Use ( To be Verify by Branch only )**

**Check Points for Compliance of KYC Policy (आपला ग्राहक ओळखा)**

**Bring original documents for verification and please submit self attested copies of documents/**

**सर्व मूळ दस्तावेज खातरजमा करण्यासाठी सोबत आणावेत. व दाखल करित असलेल्या सर्व कॉपीजवर खातेदाराची सही असणे आवश्यक आहे.**

**List A- Proof of identity (Any one-Tick the document obtained)**

- |  |  |
|--|--|
| <input type="checkbox"/> Passport          | <input type="checkbox"/> Defense ID Card           |
| <input type="checkbox"/> Voter ID Card     | <input type="checkbox"/> Govt. ID Card             |
| <input type="checkbox"/> PAN Card          | <input type="checkbox"/> EMp.ID Card               |
| <input type="checkbox"/> Driving License   | <input type="checkbox"/> Aadhaar Card              |
| <input type="checkbox"/> Photo Credit Card | <input type="checkbox"/> Any other Proof (Specify) |

(Mark as (✓))

**List B- Proof of Address (Any one-Tick the document obtained)**

- |  |  |
|--|--|
| <input type="checkbox"/> Passport            | <input type="checkbox"/> Ration Card                               |
| <input type="checkbox"/> Voter ID Card       | <input type="checkbox"/> Bank A/c Stt.                             |
| <input type="checkbox"/> Latest Utility Bill | <input type="checkbox"/> Employer's letter with address            |
| <input type="checkbox"/> Driving License     | <input type="checkbox"/> Letter from public authority with address |
| <input type="checkbox"/> Rent/Lease Deed     | <input type="checkbox"/> Aadhaar Card                              |
| <input type="checkbox"/> Credit Card Stt.    | <input type="checkbox"/> Any other proof (Specify)                 |

**For Business Documents (Mark as (✓) / व्यवसायिक कागदपत्रे (अशी खूण करावी)**

**Sole Proprietorship/Partnership / स्वतःच्या मालकीच्या व्यवसाय / भागीदारी संस्था**

- |   |
|---|
| <input type="checkbox"/> Photographs of Sole Proprietor / All authorized Signatories<br>मालकाचे छायाचित्र / अधिकृत स्वाक्षऱ्या करणाऱ्यांची छायाचित्रे   |
| <input type="checkbox"/> Udyog Aadhar Memorandum Certificate<br>उद्योग आधार मेमोरेंडम व सर्टिफिकेट  |
| <input type="checkbox"/> Certified Copy of Partnership Deed (in case of Partnership firm)<br>भागीदारी कराराची मोहोरबंद प्रत (जर भागीदारी कंपनी असेल तर)   |
| <input type="checkbox"/> Partnership Registration Certificate / भागीदारी नोंदणी दाखला<br>Request letter to open the account & mode of operation signed by all partners on letterhead.<br>खाते उघडण्यासाठी विनंती अर्ज आणि सर्व भागीदारांच्या स्वाक्षरीसह लेटरहेडवर खात्यावर व्यवहार करण्याच्या पध्दती बदल पत्र. |
| <input type="checkbox"/> Last Year Financial Statement & IT Return<br>मागील वर्षाचे आयकर रिटर्न व आर्थिक पत्रके   |
| <input type="checkbox"/> PAN and Proof of address for sole Proprietor/  |
| <input type="checkbox"/> All Partners as mentioned above.<br>पॅन आणि मालकाचे / सर्व भागीदारांचे रहिवाशी दाखले   |

**Private Ltd./LLP/Ltd. Company / प्रायव्हेट कंपनी/एल एल पी / पब्लिक कंपनी**

- |   |
|---|
| <input type="checkbox"/> Certified Copy of Memorandum and Articles of Association<br>कंपनीचे मेमोरेंडम आणि आर्टिकल्सची अधिकृत प्रत.   |
| <input type="checkbox"/> Certified Copy of Certificate of Incorporation<br>संस्था नोंदणीची अधिकृत प्रत  |
| <input type="checkbox"/> Certified Copy of Certificate of Commencement of business<br>(in case of Public Ltd. Co)<br>व्यवसाय/धंदा सुरुकरण्यासंबंधीच्या प्रमाणपत्राची अधिकृत प्रत<br>( जर पब्लिक संस्था असेल तर) |
| <input type="checkbox"/> Business Permission / व्यवसायाचा परवाना  |
| <input type="checkbox"/> Resolution to Open the Account, Mode of Operation &<br>List of Authorize signatories /<br>खाते उघडण्यासंबंधीचा ठराव आणि व्यवहार करण्याची पध्दत व सर्व अधिकृत स्वाक्षऱ्यांची यादी       |
| <input type="checkbox"/> List of all directors & Addresses<br>सर्व संचालकांची नावे व पत्त्यांची यादी  |

**HUF / हिंदू अविभक्त कुटुंब संस्था**

- |   |  |
|---|--|
| <input type="checkbox"/> Latest Photographs of Karta / कल्यांचे अद्यावत छायाचित्र | <input type="checkbox"/> HUF letter signed by Karta & all major co-perceners<br>हिंदू अविभक्त कुटुंबाचे कल्यानि स्वाक्षरी केलेले पत्र आणि सर्व सदस्यांचे संमतीपत्र |
| <input type="checkbox"/> HUF PAN CARD, KYC Documents / पॅनकार्ड, के वाय सी पेपर्स | <input type="checkbox"/> ITR Return, Financial Statements / आयकर रिटर्न व आर्थिक पत्रके  |
| <input type="checkbox"/> Ration Card / कौटुंबिक पुरवठा पत्रिका                    |  |

**Trust/Club/Society/Association/Bank / ट्रस्ट/क्लब/सोसायटी/असोसिएशन/बँक**

- |  |  |
|--|--|
| <input type="checkbox"/> Photographs of all authorized signatories<br>सर्व अधिकृत व्यक्तींची अद्यावत छायाचित्रे  | <input type="checkbox"/> Certified true copy of certificate of Registration<br>नोंदणीप्रमाण पत्राची अधिकृत प्रत  |
| <input type="checkbox"/> Certified true copy of trust deed (for trust)<br>विश्वस्त संस्थेच्या उपविधीची अधिकृत प्रत (विश्वस्त संस्था असल्यास)                     | <input type="checkbox"/> Banking Licence<br>बँकींग परवाना  |
| <input type="checkbox"/> Certified true copy of bye-laws<br>(for Club/Society/Association/ Co-op. Bank)<br>घटनेची अधिकृत प्रत (क्लब/सोसायटी/असोसिएशन/को-ऑप. बँक) | <input type="checkbox"/> Resolution to open the Account, Mode of operation &<br>List of authorized signatories. / खाते उघडण्यासंबंधीचा ठराव आणि व्यवहार करण्याची पध्दत व सर्व अधिकृत स्वाक्षऱ्यांची यादी |

**All Account Types / सर्व खात्यासाठी**

- |  |   |
|--|---|
| <input type="checkbox"/> Latest Shop / Establishment Act Licence<br>अद्यावत शॉप नोंदणी परवाना    | <input type="checkbox"/> Grampanchayat NOC / ग्रामपंचायतचा नाहरकत दाखला                                   |
| <input type="checkbox"/> GST Registration (Three Pages) जी एस टी रेजिस्ट्रेशन<br>(तिन्ही पानासह) | <input type="checkbox"/> Certificate of practice issued by CA/CS<br>यांनी जारी केलेले प्रक्टिस प्रमाणपत्र |
| <input type="checkbox"/> Last Year Income Tax Return, Financial Statement                        | <input type="checkbox"/> Latest Telephone Bills, Light Bill /<br>अद्यावत टेलिफोन, बीज बिल                 |



# कल्याण्णा आवाडे इचलकरंजी जनता सहकारी बँक लि., (मल्टीस्टेट शेड्युल्ड बँक)

## Check Points for compliance of KYC Policy (आपला ग्राहक ओळखा)

Description	Yes/No (Y/N)	Description	Yes/No (Y/N)
1. Copy of PAN Card	<input type="checkbox"/>	6. Identity of prospective customer does not match with person with known criminal background/banned in individual terrorist	<input type="checkbox"/>
2. Recent photograph/s of the applicant/all the joint applicants obtained	<input type="checkbox"/>	7. Risk Rating has been done & marked in system	<input type="checkbox"/>
3. Proof of identification (as per list A) obtained	<input type="checkbox"/>	8. Branch Official Visit Report	<input type="checkbox"/>
4. Proof of identification (as per list B) obtained	<input type="checkbox"/>	9. Confirmation of cash credit A/c in other bank	<input type="checkbox"/>
5. Business Documents	<input type="checkbox"/>	10. If HUF, then HUF Declaration	<input type="checkbox"/>

### Customer Risk Rating Mark as (✓)

Risk Rating of Customer at Initial Stage :	High	Medium	Low
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### For Branch Verification

Introducer's signature verified & found correct. I have verified all the relevant Documents and the Account Holder Have signed before me. Particulars of Form DA1 are entered and nomination has been registered.

Date

Clerk

Officer

Asst. Manager / Branch Manager

### Periodical Updation of Customer Identification Procedure

(Once in 2 years in case of High Risk Account, once in 8 years in case of Medium Risk account and once in 10 years in case of low Risk account)

	Date of Updation	Entered in Omni Software Date	Year Of Next Review	Details of Identification Procedure (Including)	Authorised Signature With Date
Please Paste a Latest Passport Size Photo				Name of ID Proof : _____ Name of Address Proof : _____ Photograph (Latest) Obtained : Yes / No Other Documents, If any : _____	
Please Paste a Latest Passport Size Photo				Name of ID Proof : _____ Name of Address Proof : _____ Photograph (Latest) Obtained : Yes / No Other Documents, If any : _____	
Please Paste a Latest Passport Size Photo				Name of ID Proof : _____ Name of Address Proof : _____ Photograph (Latest) Obtained : Yes / No Other Documents, If any : _____	

Note: To be filled at the time of fresh KYC updation only.

### PERIODICAL REVIEW OF RISK RATING

(Once in 2 years in case of High Risk Account, once in 8 years in case of Medium Risk account and once in 10 years in case of low Risk account)

Sr. No.	Date of Review	Risk Rating (Low / Medium / High)	Entered in Omni Software Date	Next Review Due Date	Officer Signature
1					
2					
3					
4					
5					
6					

Note: Sr. No. 1 should be filled at the time of account opening & later as per periodic review.





## E-Banking Services Application

Branch / शाखा : \_\_\_\_\_

Customer Id / ग्राहक क्र. : \_\_\_\_\_

Account No./ खाते क्र. : \_\_\_\_\_

I/We wish to avail following E-Banking Services.

☐ Net - Internet Banking ( Separate form to be filled / स्वतंत्र अर्ज सादर करण्यात यावा )☐ Debit cum ATM CardI/We request you to issue ☐ Insta Card ☐ Personalised Debit Card ☐ Platinum Card ☐ Other \_\_\_\_\_☐ SMS Banking

I wish to register my account for SMS-Messaging. My Mobile Number \_\_\_\_\_

☐ Aadhaar - Linking कृपया माझे सेव्हिंग खाते आधार नंबरशी जोडण्यात यावे.

Please link my account to following Aadhaar No.

Enrolment No.

\_\_\_\_\_

OR

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ E-Statement Frequency☐ Monthly☐ Quarterly☐ Yearly

Email ID : \_\_\_\_\_

☐ Mobile Banking ( Separate form to be filled / स्वतंत्र अर्ज सादर करण्यात यावा )

## Declaration / जाहीरनामा

I/we have read and understood the terms & conditions. I/we accept and agreed to be bound by terms and conditions applicable from time to time. I/we agree that Bank may debit my/our account for service charges as applicable from time to time for the use of required services. Terms & Conditions as mentioned on page no. 7 & 8 of this form has been read, understood & binding on me. / मी/आम्ही नियम वाचले व समजून घेतले. मला/आम्हाला सर्व नियम मान्य असून, नियमांत वेळोवेळी होणारे बदल पाळण्यास आम्ही बांधील आहोत. माझ्या/आमच्या खात्यातून वेळोवेळी आवश्यक असणारे सर्व्हिस चार्जेस घेण्यास माझी/आमची मान्यता आहे. पान न. ७ व ८ वरील नमूद केलेले सर्व नियम व अटी वाचले असून ते सर्व मला मान्य व कबुल आहेत.

Date

D D M M Y Y Y Y

First Holder

Second Holder

Third Holder

Fourth Holder

Fifth Holder

## For Branch Use Only

The Above chosen services by customer has been marked in system properly &amp; Welcome kit has been given to customer.

वरील प्रमाणे ग्राहकाने मार्क केलेले सर्व सूचना सिस्टीममध्ये अपडेट केलेले आहे आणि वेलकम किट ग्राहकास दिले आहे.

Date

D D M M Y Y Y Y

Officer

Asst. Manager / Branch Manager

## For Central Account Opening Cell ( CKYC ) Use Only

Details Updated at CAOC,

confirmed all A/c No., A/c Holder, all signatures and other details

D D M M Y Y Y Y

## As per Account Opening Form

Name of the Officer : \_\_\_\_\_ IJ No.: \_\_\_\_\_

Signature :

Date :

D D M M Y Y Y Y





## Terms and Conditions / नियम व अटी

1. **Meaning** - The Term Bank refers to the Kallappa Anna Awade Ichalkaranji Janata Sahakari Bank Ltd.; 'ATM' refers to the Automated Teller Machine installed of the branches of the Bank. 'Card Holder' refers to the Authorized User of 'ATM Card'. The 'CIS' refers to Card Issuing Branch of the Bank and 'ITC' refers to Information Technology Cell at Head Office of the Bank. The applicant (hereinafter called THE CARDHOLDER) along with the joint a/c holder, if any, of the Savings / Current account unconditionally accept the following terms & conditions for using the ATM Card.
2. **ATM-Account Eligibility:** a. A satisfactorily KYC complying savings / current account to be eligible for opening of an ATM Account. b. The cardholder shall give his preference of such account(s) held by him in writing on this application form for the issue of 'ATM card'. c. An account operated under joint signature(s) shall be eligible to be an 'ATM Account'. d. Special Accounts: In case of Partnership Firm, Private Limited, Ltd Company, Co-operative Soc, Trust, HUF and Pensioners account ATM cards will not be allotted. e. Joint Account: In case of joint account, the card shall be offered in the first name, who will be authorized to utilize to this card. But all accountholders in joint account will be held responsible made through ATM.
3. **ATM - PIN (Personal Identification Number):** PIN Select: Each ATM card holder shall be issued his or her 'Personal Identification Number' (PIN) to gain access to the ATM services and to operate account. The Card holder should change his pin immediately on receipt of printed pin mailer issued by Branch. The PIN shall under no circumstances be disclosed or open to any third party or keep the card & pin together. The card holder should keep memory of his PIN and maintain its secrecy to avoid any misuse and keep custody of ATM card safe and inaccessible. The cardholder shall be solely responsible for the consequences arising out of the disclosure of his PIN and / or unauthorized use of ATM card and shall be liable for any increased liability which he may incur on account of unauthorized use of the PIN & ATM card.
4. **ATM Card Validity:** The ATM card will be valid maximum for a period of seven years from the date of issuance of card. However, validity period may be extended for further period under notice to the card holder.
5. **Minimum Balance:** Minimum balance at all times is required to be maintained as may be specified by the bank from time to time while enjoying the Debit-Cum-ATM Card facility. The bank has liberty to entail the penal interest or service charges as per the Bank's rules from time to time. The bank reserves the right to continue or discontinue this service unilaterally without assigning the reason to the customer.
6. **Fees:** All fees related to ATM facility as determined by the Bank from time to time shall be payable forthwith on issuance of card and recovered by debiting the ATM card holders account if not paid in cash. In case of insufficient balance to debit account Bank has full right to stop the operation of ATM card and /or cease account or Bank shall withdraw the ATM card facility.
7. **Non transferability:** ATM card is non transferable under any circumstances. The ATM Card is and shall be meant for individual and not joint operations by any number person/s more than one.
8. **Card Ownership:** The card is and shall remain the property of the Bank and will be surrendered to the Bank upon request or in the event of cardholder no longer requiring the service.
9. **Loss of card:** In case of loss or theft of the ATM card the cardholder shall intimate to bank immediately on same date in writing of loss / theft of ATM card. The cardholder shall advise the branch as prompt as possible in writing of the loss of the card howsoever off coming. The cardholder shall however be responsible for all transactions effected by use of the card until it is on confiscated / cancelled it is mandatory on the part of the cardholder to lodge police complaint at the nearest police station where the incidence of theft occurs. The cardholder shall, however be responsible and liable for all transactions effected by the use of the card till it is cancelled. Account holder will have to give in writing application for issuance of new card. Another ATM card will be issued to account holder in lieu of lost / stolen/damage ATM card on payment of card fees /charges. The card holder will have to give the declaration form to the respective branch in the prescribed format as specified by bank.
10. **Refusal / termination / withdrawal of ATM CARD:** The Bank has absolute right and sole discretion to refuse to issue or to renew or to cancel or to suspend or to call off or to withdraw facility for misuse, malfunction, tampering ATM, non payment of account charges, interest, dues etc. without assigning any reason therefore or giving prior notice.
11. **Indemnification:** ATM cardholder shall indemnify the Bank for the loss or damage caused, directly or indirectly, by his act of commission / omission contrary to any of the terms and conditions, or even otherwise.
12. **Closure / Termination:** ATM cardholder if desires to close the ATM account or terminate ATM facility can do so provided minimum seven working days prior written notice to Bank is given along with surrendering ATM Card to the Bank. The closure of such account will be allowed only on settlement of all-dues in connection with ATM facility.
13. **Account Status Change:** Any change in the mode of operation, transfer or change of ATM card account shall not be allowed unless Bank's written permission is sought. For any change or transfer ATM card will have to be surrendered to the bank and a fresh card will be issued on payment of fees / charges.
14. **CHANGE IN STATUS OF SAVING / CURRENT ACCOUNT:** Any change in mode of operation of Savings / Current account of the cardholder by way of closure, transfer or any other such way will not be allowed, unless the card is surrendered and duly if any against it are paid.
15. **NOTICE TO WITHDRAW DEPOSIT / CLOSING THE ACCOUNT:** If the cardholder desires to close his / her Savings / Current account or even otherwise decides to terminate the use of ATM Card facility he / she shall forthwith surrender the card at the branch and obtain a valid receipt.
16. **DELISTING OF CARD:** A card can be de-listed for loss of card misuse of card expiry of validity period of card damage of card on specific request form the cardholder option of customer withdrawing from the scheme demise/Lunacy/insolvency of the cardholder any other eventuality such as police case, judicial order, operation of law etc., which may demand delisting.
17. **Authority & Responsibility:** i) The Bank shall not be responsible for any loss or damage arising directly or indirectly as a result at any malfunction failure of the ATM card or the ATM or for the temporary Insufficiency of funds in such machine or otherwise whatsoever. ii) The Bank reserves the right to limit the amount which may be withdrawn by cardholder daily any time without giving, any prior notice. The Bank also reserves the right to restrict the ATM to certain Hours of the day as may be notified and displayed from time to time. iii) The Bank reserves the right to amend, add or delete any of terms & conditions or rules without prior notice to ATM account Holder. iv) It is sole responsibility of the cardholder, for the transaction done by ATM card as with cardholder's knowledge or authority, express or implied.
18. **Refund of Amount:** If the cardholder withdraws the amount from the other BANKS Network ATM, and if the cardholder not receives the amount then he / she has to fill up the complaint form to branch within 30 days from the date of transaction. After the process is done it will take nearly 07 days to credit the amount to the customer account.
19. **DELIVERY OF CARD:** Upon receiving information from the Bank that the card is ready the cardholder shall go to the designated officer / branch manager of the bank and take delivery of the card after sufficiently establishing his / her identity.
20. **DELAY IN TRANSACTIONS:** The Bank is and shall not be held responsible for any loss or damage or in convince caused to the cardholder if the cardholder is not honored in the desired manner for whatsoever reasons disrupted due to failure of software / hardware or exhaustion of cash in ATM Centre. However Bank will take reasonable care in servicing the cardholder.
21. **TRANSACTIONS RECORD:** A cardholder shall accept the Bank's record of transactions as final conclusive and binding for all purposes.
22. **DRAWING LIMIT FIXATION:** The Customer can withdraw Rs.20,000/- (Rs. Twenty Thousand) per day through the balance amount. The exposure limit shall be decided by the bank from time to time as and when required, which will be binding on customers.
23. **CHANGE OF T&C:** The Bank reserves the right to act or to delete any / or to vary any one of these terms & conditions of any time without any notice.
24. **IRREVOCABILITY OF POWERS:** All authorization and powers conferred herein on the bank are irrevocable.
25. **Instant Debit Card :** Instant Debit card will be provided in Well- Come Kit. This Debit card doesn't have printed card holders name. Except this, all other terms and conditions as above said are same for Instant debit card. If any customer wants his/her name printed on card, then he/She have to make an application for personalized debit card and needs to submit Instant Debit Card to bank.
26. The transaction made after Bank's working hours shall be recorded on the account of cardholder on next day as value date.





#### Any Branch Banking:

1. The Bank shall facilitate payment and collection of cheques through all its branches while I/we shall have one account at the branch (for short 'Home Branch'). Bank shall also accept cash from me/us/ and pay in cash against presentation of cheques drawn by me/us in favor of myself/ourselves with the Home Branch as per the applicable limits for the account. The cash transaction will be on the same lines as is the case when deposits/withdrawals take place at the home branch. Charges for cash deposit in branch other than home branch will be as per bank rules.
2. While the instruments for and on my/our behalf will be collected in local clearing, the credit in respect of the proceeds there under will be afforded at the home branch on and subject to realization at the respective center(s) Branch(es).
3. The Bank entitle to debit by its home and any other branch(es) in my/our account as its base branch against the cheques presented at various branches of the Bank.
4. My/our written intimation of "stop payment" to the various branches of the Bank will be at my/our risk and I/we agree to grant a lead time of at least 24 hours for intimation of such "stop payment" instruments to all its branches. In case of any mutilated and/or erroneous information which may emerge by of due any communication error and if the "stop payment" is not carried out in good faith based in the said information, the bank shall not be held responsible for the said act.
5. I/We agree to inform my/our existing bankers for the avallment of any of the facilities hereby granted to me/us. I/we also agree from time to time to furnish such information details and the documents to the existing bankers and also the bank as is mandatory under the law and force from time to time or as the bank regards necessary and/or expedient under the banking practice/procedure.
6. The agreement herein contained shall not affect prejudice or derogate from the bank's rights and privileges under the law including the right to claim set off general and the bankers disposing or retaining lien or similar rights pertaining to my our credit balance in the account with the bank.
7. In the event of any malfunctioning and/or break down in the working of the said network for the reasons beyond the control of the bank, the benefits and the facilities hereby granted to me/us will stand suspended during such break-down in which case the bank will not in any manner be liable and /or responsible to me/us for any damages/compensation and/or for any other consequences arising out of such suspension.
8. I/we agree to hold the Bank indemnified in case the bank suffers any loss in account of operation of the scheme for my/our benefit.

#### Current Account:

1. The current account should be used to route the transactions of only business/commercial nature. In the event of occurrence of such transactions or any such transactions that may be constructed as dubious or undesirable, the Bank reserves the right to unilaterally freeze operations in such accounts and/or close the accounts.
2. Bank will not pay any interest on current deposit.
3. The customer should maintain minimum balance as may be required from time to time in the account and communicated at the time of opening of the account. Changes in the bank/service charges or minimum balance requirements are displayed on the notice board of the branches and on the website. The non-maintenance of the adequate balance shall automatically entitle the Bank to levy the charges for non-maintenance of balance. In such an event, the Bank shall have first right to set-off any available credit that may be available in the account including from amounts flowing into said account for collection proceeds or any deposits. Notwithstanding the above, if the Bank is of opinion that if the customer does not maintain minimum balance and/or if the account remains a Zero balance and/or the overall conduct of the account is not satisfactory, the Bank shall have a right to close the account by issuing reasonable period notice. In the event, if the said account is funded within reasonable period, the Bank may not exercise the said right to closure. If not, the Bank shall close the account without any further notice to customer.
4. If there is no transaction in the account for 2 years, the account automatically gets classified as a 'dormant account' whereupon further debit transactions are not permitted in the ordinary course. A request for activation of the account along with complete KYC has to be made by the customer.
5. Satisfactory conduct of the account entails maintaining stipulated minimum balance as well as sufficient balance to honour cheques issued to third parties. If there are high incidences to the contrary, the Bank reserves the right to close the accounts without any further notice to the customer.
6. Any special instructions, both financial and non-financial in nature, like Standing Instructions, Stop Payment Instructions, Issuance of cheque books, Demand Drafts, Pay Orders, request for ATM card, ECS Credit & Debit, Issuance of duplicate card/PIN must be communicated in writing. Otherwise, it shall not be binding on the Bank to comply with such instructions, Charges as applicable will be leviable to customer.
7. The Current Account entitles free access to The Kallappanna Awade Ichalkaranji Janata Sahakari Bank Limited, Internet Banking unless otherwise stated.
8. All other charges for services like RTGS, NEFT, E-Tax payment facility, SMS Banking, ATM Card Usage and any other services etc. will be applicable as per banks rules issued from time to time.
9. Any change of address or contact details should be immediately communicated in writing to the bank along with address proof. If bank is unable to inform any changes in rules or service charges due to wrong submission of contact details or due to failure to submit the updated contact details by applicant, then it will be sole responsibility of applicant and all the changes will be binding.
10. There is no restriction on number of deposits or withdrawals that can be made into the account.
11. Accounts may be transferred between branches of the Bank at the request of account holder(s). Request for closure of account should accompany with pass-book if taken, unused cheque leaves and Debit-Cum-ATM card. Joint accounts can be closed only at the request of all such joint signatories.

#### Declaration:

I/We read the terms and conditions on the Bank's Website ([www.ijbank.com](http://www.ijbank.com)) and detailed in the terms and conditions available at Branch, governing the opening of account with bank and those relating to use of various services including but not limited to above explained i.e. ATM cum Debit Card facility, Branch Banking and Saving Deposit Account etc. I/we have understood the same and agree to abide by such/any other terms and conditions that may be in force from time to time. I/we have also read the Bank's Schedule of charges for the respective and agree to abide by the same. I/we have also understood that all the terms & conditions and the service charges are subject to change without any prior notice. The information furnished / declaration given by me/us in this form is true and I/we shall be held responsible for the same at all time. I/We also understand that the continuation of the accounts is at the Bank's sole discretion, and in case of dissatisfaction with the conduct of the account, the bank has right to close the account after giving suitable notice of withdraw some/all services /concessions granted to me/us.

Date / दिनांक :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

First Holder

Second Holder

Third Holder

Fourth Holder

Fifth Holder




**Kallappanna Awade Ichalkaranji Janata Sahakari Bank Ltd. (Multi-State Scheduled Bank)**
**CENTRAL KYC REGISTRY Know Your Customer (KYC) Application Form - For Legal Entity**

Application Type\*

☐ New

☐ Update

Cust. ID :-

(To be filled by financial institution ) KYC Number

(Mandatory for KYC Update request )

Region Code

01

Branch Name :

Branch Code

A/c No.

☐ **1. ENTITY DETAILS ( Please refer instruction A at the end )**
☐ Name\*

Entity Constitution Type\*

☐

(Please refer instruction A at the end)

Date of Incorporation / Formation\*

Date of Commencement of Business

Place of Incorporation / Formation\*

Country of Incorporation / Formation\*

Tin or Equivalent issuing Country

PAN\*

Form 60 Furnished

GST Registration Number

☐ **2. PROOF OF IDENTITY (PoI) Please refer instruction B at the end)**
☐ Officially valid document (s) in respect of person authorised to transact

☐ Certificate of incorporation / Formation

☐ Registration Certificate No.

☐ Memorandum and Articles of Association

☐

Partnership Deed

☐

Trust Deed

☐ Power of attorney granted to its manager, officers or employees to transact on behalf.

☐ Activity Proof-1 ( For Sole Proprietorship Only)

☐

Activity Proof-2 ( For Sole Proprietorship Only )

☐ Resolution of Bard / Managing Committee

☐ **3. Address (Please see instruction C at the end)**
**3.1 Registered Office Address /Place of Business**

Proof of Address\*

☐

Certificate of incorporation / Formation

☐

Registration Certificate

☐

Other Document

Line 1

Line 2

Line 3

City/Town/Village \*

Pin/POst Code\*

Taluka / Tehsil

District

State / U.T. Code

ISO 3166 Country Code IN-INDIA

☐ **3.2 Local Address ( if Different From Above)\***

Line 1

Line 2

Line 3

City/Town/Village \*

Pin/POst Code\*

District\*

State/U.T Code\*

ISO 3166 Country Code IN-INDIA

☐ **4. Contact Details ( All Communication will be sent to Mobile Number/Email ID Provided\* may be used)(Please refer instruction D at the end)**

Tel. (Off.)

Fax

Mobile\*

Email ID

Mobile\*

Email ID

☐ **5. Remarks ( if any )**



■ 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 any of the above information is found to be false or untrue 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/E-Mail on above registered number/email address as well as consent to download My/Our CKYC records from the central KYC records registry pertaining to Digital Personal Data Protection Act 2023.

7. ATTESTATION/FOR OFFICE USE ONLY	
------------------------------------	--

Document Received ☐ Certified Copies ☐ Equivalent e-document ☐

☐ CENTRAL KYC REGISTRY /Know your Customer (KYC) Application Form/Legal Entity/Other than Individuals

A. Fields marked with are mandatory fields. B. Tick ( ✓ ) Wherever applicable.  
C. Please fill the date in DD-MM-YYYY format. D. Please fill the form in English and in BLOCK Letters.  
E. KYC number of the applicant is mandatory for update application  
F. List of State / U.T. Code as per Indian Motor Vehicle act 1988 is available at the end.  
G. List of two character ISO 3166 country codes is available at the end.  
H. Please read section wise detailed guidelines / instructions at the end.  
I. For particular section update, please tick ( ✓ ) in the box available before the section and strike off the sections not required to be updated.

A. Clarification/Guidelines for filling Entity Details section

1. Entity Constitution Type
 

A - Sole proprietorship B - Partnership Firm C - HUF D - Private Limited Company E - Public Limited Company F - Society G - Association of Person(ACP)/ Body of Individuals ( BOI)	H - Trust I - Liquidator J - Limited Liability Partnership: K - Artificial Liability Partnership L - Public Sector Banks M - Central/State Government Department or Agency N - Section 8 Companies (Companies Art, 2013)	O - Artificial Jurisdical Person P - International Organization or Agency / Foreign embassy or consular office etc. Q - Not Categorized R-Others R - Other S - Foreign Portfolio Investors
--	--	--
  2. IN case of companies and partnerships, PAN of the entity is mandatory. In case of other entities, FORS 60 may be obtained if PAN is not available.
  - B. Clarification/ Guidelines for filling ' Proof of Identity( Pol ) section
    1. Activity Proof -1 and Activity Proof-2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by Reserve Bank of India in this regard.
    2. Please refer to the relevant Instructions by the regulator regarding applicable documents for the legal entity.
    3. Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
    4. 'Equivalent e - document' means an electronic equivalent of a document, Issued by the issuing authority of such document with its valid digital signature Including document issued to the digital locker account of the client as per rule 9 of the Information Technology ( Preservation and Retention of Information by Intrmediaries 4 Providing Digital Locker Facilities ) Rules,2016
    5. "Digital KYC process" has to be carried out as stipulated in PML Rules,2005.
    6. KYC requirements for Foreign Portfolio Investors ( FPIs) will be as specified by the concerned regulator from time to time.
  - C. Clarification/Guidelines for filling 'Proof of Address (POA)' section
    1. State/U.T Code and Pin/Post Code will not be mandatory for Overseas addresses.
    2. Certified copy of document or equivalent e-document to be submitted.
  - D. Clarification/Guidelines for filling 'Contact Details' section
    1. Please mention two-digit country code and 10 digit mobile number ( e.g. for Indian mobile number mention 91 - 9999999999 ).
    2. Do not add '0' in the beginning of Mobile number.
  - E. Clarification/Guidelines for filling 'Related Person Details' section
    1. Personal Details  
The name should match the name as mentioned in the Proof of Identity submitted failing to which the application is liable to be rejected.
    2. Proof of Address (POA)  
PoA to be submitted only if the submitted pol does not have an address or address as pol is invalid or not in force.  
State/UT Code and Pin/Post Code will not be mandatory for Overseas addresses.  
IN case of deemed POA such as utility bill, the document need not be uploaded on CKYCR  
REs may use the Self Declaration check bok where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the Identity informaion available in the Central Identities Date Repository.
    3. If KYC number of Related Person is available, no other details except " Person Type' and ' Name of the Related Person' are required.
    4. Regulated Entity ( RE) shall redact 9 first 8 digits ) of the Aadhaar number from Aadhaar data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
    - F Provision for capturing signature of multiple authorised persons is to be made by the RE.




**Kallappa Anna Awade Ichalkaranji Janata Sahakari Bank Ltd. (Multi-State Scheduled Bank)**
**CENTRAL KYC REGISTRY Know Your Customer (KYC) Application Form - Legal Entity - Related Person**

 Application Type \* ☐ New ☐ Update ☐ Delete

Cust. ID :-

 (To be filled by financial institution) KYC Number  (Mandatory for KYC Update request)

 Region Code  01 Branch Name  Branch Code  A/c No. 
☐ **1. DETAILS OF RELATED PERSON** (Please refer instruction E at the end)

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person

 KYC Number of Related Person  If KYC number is available, only 'Related Person Type' & Name is mandatory

**Related Person Type\***
☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner  
☐ Court Appointment Official ☐ Proprietor ☐ Beneficiary ☐ Authorised Signatory  
☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please Specify)

 DIN (Director Identification Number)  (Mandatory if Related Person Type is Director)

**1.1 PERSONAL DETAILS** (Please refer instruction E at the end)

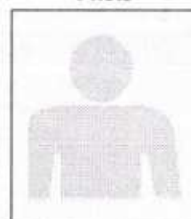
Name *	Prefix	First Name	Middle Name	Last Name
(Same as ID Proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father/Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M-Male	<input type="checkbox"/> F-Female	<input type="checkbox"/> T-Transgender	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried
PAN*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Form 60 Furnished <input type="checkbox"/>

☐ **1.2. PROOF OF IDENTITY AND ADDRESS \*** (Please refer instruction E at the end)

i Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A - Passport	<input type="text"/>	Expiry Date	<input type="text"/>
<input type="checkbox"/> B - Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C - Driving Licence	<input type="text"/>		
<input type="checkbox"/> D - NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> E - National Population Register Letter	<input type="text"/>		
<input type="checkbox"/> F - Proof of Possession of Aadhaar	<input type="text"/>		
ii <input type="checkbox"/> E - KYC Authentication	<input type="text"/>		
iii <input type="checkbox"/> Offline verification of Aadhaar	<input type="text"/>		

Photo


**Address**

Line 1

Line 2

City/Town/Village *	Pin / Post Code*	District*
State / U. T Code *	ISO 3166 Country Code * IN - INDIA	Mob. No.

☐ **1.3. CURRENT ADDRESS DETAILS** (Please refer instruction E at the end)

☐ Same as above mentioned address (In such cases address details as below need not be provided)

i Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A - Passport Number	<input type="text"/>
<input type="checkbox"/> B - Voter ID Card	<input type="text"/>
<input type="checkbox"/> C - Driving License	<input type="text"/>
<input type="checkbox"/> D - NREGA Job Card	<input type="text"/>
<input type="checkbox"/> E - National Population Register Letter	<input type="text"/>
<input type="checkbox"/> F - Proof of Possession of Aadhaar	<input type="text"/>
ii <input type="checkbox"/> E - KYC Authentication	<input type="text"/>
iii <input type="checkbox"/> Offline verification of Aadhaar	<input type="text"/>
iv <input type="checkbox"/> Deemed PoA	<input type="checkbox"/> Self Declaration

**Address**

Line 1

Line 2

City/Town/Village *	Pin / Post Code*	District*
State / U. T Code *	ISO 3166 Country Code * IN - INDIA	



**1.4. Contact Details**Tel. (Off.)     -       Tel. (Resi)     -      Email ID **2. APPLICANT 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 any of the above information is found to be false or untrue 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/E-Mail on above registered number/email address as well as consent to download My/Our CKYC records from the central KYC records registry pertaining to Digital Personal Data Protection Act 2023

Date :    -    -       Place : Signature /Thumb Impression of Authorised Person's **3. ATTESTATION / FOR OFFICE USE ONLY**Document Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from offline verification ☐☐ Digital KYC Process ☐ Equivalent e-document ☐ Video Based KYC

KYC VERIFICATION CARRIED OUT BY

Emp. Name Emp. Code Emp. Designation Emp. Branch Date    -    -      Branch Manager/Officers' Signature with stamp **IMPORTANT INSTRUCTIONS :**

- A. Fields marked with '\*' are mandatory fields. B. Tick '✓' wherever applicable.  
C. Please fill the date in DD-MM-YYYY format. D. Please fill the form in English and in BLOCK Letters.  
E. KYC number of the applicant is mandatory for update application.  
F. List of State / U.T. Code as per Indian Motor Vehicle act 1988 is available at the end.  
G. List of two character ISO 3166 country codes is available at the end.  
H. Please read section wise detailed guidelines / instructions at the end -  
I. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

**CENTRAL KYC REGISTRY Instructions / Check list / Guidelines for filling Legal Entity / Other than Individuals KYC Application Form****A Clarification / Guidelines for filling Entity Details section****1 Entity Constitution Type**

- |  |   |   |
|--|---|---|
| A - Sole Proprietorship                                      | H - Trust   | O - Artificial Juridical Person                   |
| B - Partnership Firm   | I - Liquidator                                    | P - International Organisation or Agency /Foreign |
| C - HUF  | J - Limited Liability Partnership                 | Embassy or Consular Office etc.                   |
| D - Private Limited Company                                  | K - Artificial Liability Partnership              | Q - Not Categorized                               |
| E - Public Limited Company                                   | L - Public Sector Banks                           | R - Others  |
| F - Society  | M - Central/State Government Department or Agency | S - Foreign Portfolio Investors                   |
| G - Association of Persons (AOP) / Body of Individuals (BOI) | N - Section 8 Companies (Companies Act, 2013)     |   |

2 In case of companies and partnerships, PAN of the entity is mandatory. In case of other entities, FORM 60 may be obtained if PAN is not available.

**B Clarification / Guidelines for filling 'Proof of Identity(PoI)' section**

- 1 Activity Proof - 1 and Activity Proof - 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
- 2 Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
- 3 Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
- 4 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 5 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- 6 KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

**C Clarification / Guidelines for filling 'Proof of Address (PoA)' section**

- 1 State / U.T. Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 2 Certified copy of document or equivalent e-document to be submitted.

**D Clarification / Guidelines for filling 'Contact Details' section**

- 1 Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

**E Clarification / Guidelines for filling 'Related Person Details' section**

- 1 **Personal Details**
- The name should match the name as mentioned in the Proof of Identity submitted failing to which the application is liable to be rejected.
- 2 **Proof of Address (PoA)**
- PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
  - State / U.T. Code and Pin / Post Code will not be mandatory for Overseas addresses.
  - In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
  - REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.
- 3 If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.
- 4 Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

**F Provision for capturing signature of multiple authorised persons is to be made by the RE.**