



शिक्षक सहकारी बँक लि.
SHIKSHAK SAHAKARI BANK LTD.
(शेड्यूल्ड बँक)



Head Office : Gandhisagar,
Mahal, Nagpur - 440 018.

Branch : _____

C/A
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CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity

Instructions :

- A) Fields marked with "*" are mandatory fields.
B) Please Fill the form in English and in BLOCK Letters.
C) Please read guidelines / detailed instructions overleaf

Application Type : ☐ New ☐ Update

KYC Number : _____

ENTITY DETAILS

Name* (Same as ID proof) : _____

Date of Incorporation or Formation* : DD - MM - YYYY Place of Incorporation or Formation* : _____

Date of Commencement of Business* : DD - MM - YYYY

Entity / Constitution Type* : ☐ Sole Proprietorship ☐ Private Limited Co ☐ Association ☐ FPI Category I
☐ HUF ☐ Public Limited Co. ☐ Society ☐ FPI Category II
☐ Partnership ☐ LLP ☐ Foundation ☐ FPI Category III
☐ Trust ☐ Liquidator ☐ Financial Institution ☐ Other _____ Please Specify _____

Tick if Applicable : ☐ Residence for Tax purposes outside India or No Residence for Tax purposes

ISO -3166 Country Code of Jurisdiction of Residence* : **IN**

Tax Identification Number or equivalent (If issued by jurisdiction)* : _____

(Please read guidelines / details for 'Jurisdiction of Residence' and 'Tax Identification Number')

Fill if Applicable : Number of controlling person(s) resident outside India for tax purposes : _____

(Please provide details of each Controlling Person resident outside India for Tax purposes separately in 'Annexure C2')

PROOF OF IDENTITY* (One Certified Copy of any one of the following Proof of Identity[PoI] needs to be submitted)

☐ PAN : _____ ☐ TAN : _____ ☐ CIN : _____

DOCUMENTS SUBMITTED*

- ☐ Certification of Incorporation or Formation / Registration Certificate ☐ Memorandum and Articles of Association/ Partnership Deed/ Trust deed
☐ Resolution of Board / Managing Committee ☐ OVD in respect of person authorized to transact

PROOF OF ADDRESS (One Certified Copy of any one of the following Proof of Address [PoA] needs to be submitted)

CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (One Certified Copy of any one of the following Proof of Address [PoA] needs to be submitted)

Line 1* : _____

Line 2 : _____

Line 3 : _____ City / Town / Village : _____

State/U.T* : _____ Pin / Post code : _____ ISO -3166 Country Code : **IN**

Proof of Address* : ☐ Certification of Incorporation or Formation ☐ Registration Certificate

CORRESPONDENCE / LOCAL ADDRESS DETAILS (In case the PoA is not the local address or address where the customer is currently residing. To be declared only and no PoA is required)

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, Please fill 'Annexure A1')

Line 1* : _____

Line 2 : _____

Line 3 : _____ City / Town / Village : _____

State/U.T* : _____ Pin / Post code : _____ ISO -3166 Country Code : **IN**

ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT* (If Applicant is resident outside India for Tax purposes)

☐ Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1* : _____

Line 2 : _____

Line 3 : _____ City / Town / Village : _____

State/U.T* : _____ Pin / Post code : _____ ISO -3166 Country Code : **IN**

CONTACT DETAILS (Communications will be done on provided Mobile no. and Email-ID)

Tel. (Off)* : _____ Mobile* : _____

FAX* : _____ Email ID* : _____

☐ **DETAILS OF RELATED PERSON (In case of additional related persons, Please fill 'Annexure B2' form)**

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number (if available) :

Related Person Type* : ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Authorized Signatory ☐ Court Appointed Official

PERSONAL DETAILS (Mandatory In case the KYC number of Related Person is not available)

Name* : Prefix First Name Middle Name Last Name

PAN : ☐ UID : ☐ DIN :

Tick if Applicable : ☐ Politically Exposed Person ☐ Related to Politically Exposed Person

ADDRESS DETAILS (Mandatory In case the KYC number of Related Person is not available)

Line 1*

Line 2

Line 3 City / Town / Village* :

State/U.T* Pin / Post code : Country :

Latest
Passport Size
Colour Photo

Signature / Thumb
Impression

☐ **OTHER DETAILS**

Income Range ☐ Below 1 Lac ☐ 1 Lac to 5 Lac ☐ 5 Lac to 10 Lac ☐ 10 Lac to 15 Lac ☐ 15 Lac to 25 Lac ☐ 25 Lac and above ☐ Above 1 CR

Net Worth (In INR) As on :

Any Other Information

APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.

I would like to share my personal / KYC details with Central KYC Registry.

☐ Signature / Stamp of Applicant

Place : Date :

ATTESTATION / FOR OFFICE USE ONLY

Documents Received : ☐ Self-Certified ☐ True Copies ☐ Notary

IN PERSON VERIFICATION DETAILS

Identity Verification : ☐ Done

Date :

Emp. Name :

Emp. Code :

Emp. Designation :

Emp. Branch :

Signature :

[Employee Signature]

Place : Date :

INSTITUTION DETAILS

Name :

Code :

Stamp :

[Institution Stamp]

☐ **INSTRUCTIONS**

Important Points

- Application should be completed in **ENGLISH** and in **BLOCK** letters
- Tick '✓' wherever applicable.
- Please fill the form in **legible handwriting** so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the client.
- You are required to submit a **Proof of Identity** and **Proof of Address** for Current/Permanent/Overseas address provided by you.
- Name: Please state your name as Prefix (Mr/Mrs/Ms/Dr/etc.), First, Middle and Last Name in the space provided. This should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- Pin/Post Code** is not mandatory if country is other than India
- Please provide additional details if **Residence for Tax purposes outside India or No Residence for Tax Purposes**
- For Legal Entry :
 - Please fill 'Annexure A2' for **multiple addresses** Details.
 - Please fill 'Annexure B2' for **Related Person** Details.
 - Please fill 'Annexure C2' for **Controlling Person** Details.
- KYC Number** is Mandatory for UPDATE Application.
- Tick '✓' in the respective section heading for updation

In Case of Additional Related Persons, Please Fill This Form

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity | Annexure B2 for Related Person Details

Instructions :

- A) Fields marked with **are mandatory fields.
 B) Please Fill the form in English and in BLOCK Letters.
 C) Please read guidelines / detailed instructions overleaf

Application Type : ☐ New ☐ Update

KYC Number :

DETAILS OF RELATED PERSON

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number (if available) :

Related Person Type*: ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Authorized Signatory ☐ Court Appointed Official

PERSONAL DETAILS (Mandatory In case the KYC number of Related Person is not available)

Name*: Prefix First Name Middle Name Last Name

PAN : ☐ UID : ☐ DIN :

Tick if Applicable : ☐ Politically Exposed Person ☐ Related to Politically Exposed Person

ADDRESS DETAILS (Mandatory In case the KYC number of Related Person is not available)

Line 1*

Line 2

Line 3 City / Town / Village* :

State/U.T* Pin / Post code : ISO-3166 Country Code :

Latest
Passport Size
Colour Photo

Signature / Thumb
Impression

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number (if available) :

Related Person Type*: ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Authorized Signatory ☐ Court Appointed Official

PERSONAL DETAILS (Mandatory In case the KYC number of Related Person is not available)

Name*:

PAN : ☐ UID : ☐ DIN :

Tick if Applicable : ☐ Politically Exposed Person ☐ Related to Politically Exposed Person

ADDRESS DETAILS (Mandatory In case the KYC number of Related Person is not available)

Line 1*

Line 2

Line 3 City / Town / Village* :

State/U.T* Pin / Post code : ISO-3166 Country Code :

Latest
Passport Size
Colour Photo

Signature / Thumb
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☐ Addition of Related Person ☐ Deletion of Related Person KYC Number (if available) :

Related Person Type*: ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Authorized Signatory ☐ Court Appointed Official

PERSONAL DETAILS (Mandatory In case the KYC number of Related Person is not available)

Name*:

PAN : ☐ UID : ☐ DIN :

Tick if Applicable : ☐ Politically Exposed Person ☐ Related to Politically Exposed Person

ADDRESS DETAILS (Mandatory In case the KYC number of Related Person is not available)

Line 1*

Line 2

Line 3 City / Town / Village* :

State/U.T* Pin / Post code : ISO-3166 Country Code :

Latest
Passport Size
Colour Photo

Signature / Thumb
Impression

APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.

I would like to share my personal / KYC details with Central KYC Registry.

Place: Date:

☐ Signature / Stamp of Applicant

ATTESTATION / FOR OFFICE USE ONLY

Documents Received : ☐ Self-Certified ☐ True Copies ☐ Notary

IN PERSON VERIFICATION DETAILS

Identity Verification : ☐ Done

Date :

Emp. Name :

Emp. Code :

Emp. Designation :

Emp. Branch :

Signature

INSTITUTION DETAILS

Name :

Code :

Stamp :

Place :

Date :

[Institution Stamp]

In Case of Multiple Correspondence / Local Addresses, Please Fill This Form.

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity | Annexure A2 for Local Address

Instructions :

- A) Fields marked with '*' are mandatory fields.
 B) Please Fill the form in English and in BLOCK Letters.
 C) Please read guidelines / detailed instructions overleaf

Application Type : ☐ New ☐ Update

KYC Number

CORRESPONDENCE / LOCAL ADDRESS DETAILS (In case the PoA is not the local address or address where the customer is currently residing. To be declared only and no PoA is required)

Line 1*

Line 2

Line 3 City / Town / Village* :

State/U.T* Pin / Post code : ISO-3166 Country Code :

☐ **CONTACT DETAILS** (Communications will be done on provided Mobile no. and Email-ID)

Tel. (Off) : STD Code Mobile :

FAX : STD Code Email ID :

APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.
 I would like to share my personal / KYC details with Central KYC Registry.

[Signature/ Stamp]

☐ Signature / Stamp of Applicant

Place: Date:

ATTESTATION / FOR OFFICE USE ONLY

Documents Received : ☐ Self-Certified ☐ True Copies ☐ Notary

IN PERSON VERIFICATION DETAILS

Identity Verification : ☐ Done

Date :

Emp. Name :

Emp. Code :

Emp. Designation :

Emp. Branch :

Signature :

INSTITUTION DETAILS

Name :

Code :

Stamp :

Instructions :

- A) Fields marked with '*' are mandatory fields.
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 C) Please read guidelines / detailed instructions overleaf

Application Type : ☐ New ☐ UpdateKYC Number ☐ **DETAILS OF CONTROLLING PERSON RESIDENT OUTSIDE INDIA**☐ Addition of Controlling Person ☐ Deletion of Controlling Person**Type of Control**

- In case of Legal Person ☐ Ownership ☐ Other Means ☐ Senior Managing Officials
 In case of Trust ☐ Settlor ☐ Trustee ☐ Protector ☐ Beneficiary ☐ Other
 In case of Other Legal arrangement ☐ Settlor-Equivalent ☐ Trustee-Equivalent ☐ Protector-Equivalent ☐ Beneficiary-Equivalent ☐ Other-Equivalent

PERSONAL DETAILSName* ISO -3166 Country Code of Jurisdiction of Residence* : Tax Identification Number or equivalent (If issued by jurisdiction)* :

(Please read guidelines / details for 'Jurisdiction of Residence' and 'Tax Identification Number')

Place / City of Birth* : ISO -3166 Country Code of Birth* : Date of Birth* **ADDRESS DETAILS**

Line 1*
 Line 2
 Line 3 City / Town / Village* :
 State/U.T* Pin / Post code : ISO-3166 Country Code :

☐ Addition of Controlling Person ☐ Deletion of Controlling Person**Type of Control**

- In case of Legal Person ☐ Ownership ☐ Other Means ☐ Senior Managing Officials
 In case of Trust ☐ Settlor ☐ Trustee ☐ Protector ☐ Beneficiary ☐ Other
 In case of Other Legal arrangement ☐ Settlor-Equivalent ☐ Trustee-Equivalent ☐ Protector-Equivalent ☐ Beneficiary-Equivalent ☐ Other-Equivalent

PERSONAL DETAILSName* ISO -3166 Country Code of Jurisdiction of Residence* : Tax Identification Number or equivalent (If issued by jurisdiction)* :

(Please read guidelines / details for 'Jurisdiction of Residence' and 'Tax Identification Number')

Place / City of Birth* : ISO -3166 Country Code of Birth* : Date of Birth* **ADDRESS DETAILS**

Line 1*
 Line 2
 Line 3 City / Town / Village* :
 State/U.T* Pin / Post code : ISO-3166 Country Code :

APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.

I would like to share my personal / KYC details with Central KYC Registry.

[Signature/ Stamp]

☐ Signature / Stamp of ApplicantPlace: Date: **ATTESTATION / FOR OFFICE USE ONLY**Documents Received : ☐ Self-Certified ☐ True Copies ☐ Notary**IN PERSON VERIFICATION DETAILS**Identity Verification : ☐ DoneDate : Emp. Name : Emp. Code : Emp. Designation : Emp. Branch : Signature :

[Employee Signature]

INSTITUTION DETAILSName : Code : Stamp :

[Institution Stamp]