



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



Head Office : Gandhisagar,
 Mahal, Nagpur - 440018

Branch : _____

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CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form Individual

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

Applications Type : New Update
 Account Type* : Normal Small
 CKYC Number
 CKYC Date

PERSONAL DETAILS **PHOTO**

Name* (Same as ID proof)
 Maiden Name (If any*)
 Father / Spouse Name*
 Mother Name*
 Date of Birth* Gender* Male Female Transgender
 Marital Status* Married Unmarried Nationality* Indian Others
 Residential Status* Resident Individual Non Resident Indian Foreign National Person of Indian Origin
 Occupation* Private Sector Service Public Sector Government Sector Business Professional
 Self Employed Retired Housewife Student Other
 Tick if applicable Residence for Tax Purposes in jurisdiction (s) outside India

Latest
Passport Size
Colour Photo

Signature / Thumb
Impression

ADDITIONAL DETAILS REQUIRED* (if Applicant is resident outside India for Tax purposes)

(Please read guidelines / details for 'Jurisdiction of Residence and Tax Identification Number')
 ISO-3166 Country Code of Jurisdiction of Residence* :
 Tax Identification Number or equivalent (If Issued by jurisdiction)* :
 Place / City of Birth : ISO-3166 Country Code of Birth* :

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

PAN : UID (Aadhaar) :
 Voter ID Card : NREGA Job Card :
 Passport Number : Passport Expiry Date :
 Driving License : Driving License Expiry Date :
 Others (any document notified by the central government) :

PROOF OF ADDRESS (PoA)

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 :
 Proof of : Passport Driving License Aadhaar Card
 Address* : Voter Identity Card NREGA CARD Others

CORRESPONDENCE / LOCAL ADDRESS DETAILS (In case the PoA is not local address or address where the customer's 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 address, Please fill 'Annexure A1')

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

ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT* (If Application 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 :

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

Tel. (Off) : Tel. (Res) : Mobile :

FAX : Email ID :

DETAILS OF RELATED PERSON (In case of additional related persons, Please fill 'Annexure B1' form)

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

Related Person Type : Guardian of Minor Nominee Assignee Authorized Representative Beneficial Owner Beneficiary

Name* :

PROOF OF IDENTITY (PoI)* (Mandatory if KYC number is not available. One Certified Copy of any one of the following Proof of Identity [PoI] needs to be submitted)

PAN :

Voter ID Card :

Passport Number :

Driving License :

Others (any document notified by the central government) :

UID (Aadhaar) :

NREGA Job Card :

Passport Expiry Date : - -

Diving License Expiry Date : - -

Mobile No. :

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

Net Worth (In INR) : As on : - -

Educational Qualification : Below SSC SSC HSC Graduate Masters Professional (CA, CS, CMA, Others)

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

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/thumb impression of Applicant

Place :

Date : - -

ATTESTATION / FOR OFFICE USE ONLY

Documents Received : Self Certified True Copies Notary

Risk Category High Medium Low

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.
- KYC Number is Mandatory for UPDATE Application.
- Tick '✓' wherever applicable.
- Tick '✓' is the respective section heading for updation.
- 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 falling which the application is liable to be rejected.
- Pin/Post Code is not mandatory if country is other than India.
- Please provide additional details wherever required if **Applicant resident outside India or Tax Purposes.**
- For Individuals :
 - Please fill 'Annexure A1' for **multiple addresses** Details.
 - Please fill 'Annexure B1' for **Related Person** Details.



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In Case of Additional Related Persons, Please Fill This Form

CENTRAL KYC REGISTRY I Know Your Customer (KYC) Application Form I Individual I Annexure B1 for Related Person Details

Instructions : Applications Type : New Update
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
Account Type* : Normal Small
CKYC Number :
CKYC Date : DD MM YY YY

DETAILS OF RELATED PERSON

Addition of Related Person Deletion of Related Person KYC Number (if available) :
Related Person Type : Guardian of Minor Nominee Assignee Authorized Representative Beneficial Owner Beneficiary
Name* :
PROOF OF IDENTITY (PoI)* (Mandatory if KYC number is not available One Certified Copy of any one of the following Proof of Identity [PoI] needs to be submitted)
 PAN : UID (Aadhaar) :
 Voter ID Card : NREGA Job Card :
 Passport Number : Passport Expiry Date : DD-MM-YYYY
 Driving License : Driving License Expiry Date : DD-MM-YYYY
 Others (any document notified by the central government) : Mobile No. :
 Addition of Related Person Deletion of Related Person KYC Number (if available) : Date :

Related Person Type : Guardian of Minor Nominee Assignee Authorized Representative Beneficial Owner Beneficiary
Name* :
PROOF OF IDENTITY (PoI)* (Mandatory if KYC number is not available One Certified Copy of any one of the following Proof of Identity [PoI] needs to be submitted)
 PAN : UID (Aadhaar) :
 Voter ID Card : NREGA Job Card :
 Passport Number : Passport Expiry Date : DD-MM-YYYY
 Driving License : Driving License Expiry Date : DD-MM-YYYY
 Others (any document notified by the central government) :
 Addition of Related Person Deletion of Related Person KYC Number (if available) : Date :

Related Person Type : Guardian of Minor Nominee Assignee Authorized Representative Beneficial Owner Beneficiary
Name* :
PROOF OF IDENTITY (PoI)* (Mandatory if KYC number is not available One Certified Copy of any one of the following Proof of Identity [PoI] needs to be submitted)
 PAN : UID (Aadhaar) :
 Voter ID Card : NREGA Job Card :
 Passport Number : Passport Expiry Date : DD-MM-YYYY
 Driving License : Driving License Expiry Date : DD-MM-YYYY
 Others (any document notified by the central government) :

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 : DD-MM-YYYY

Signature/thumb impression of Applicant

ATTESTATION / FOR OFFICE USE ONLY

Documents Received : Self-Certified True Copies Notary
Risk Category : High Medium Low

IN PERSON VERIFICATION DETAILS

Identity Verification : Done
Date : DD-MM-YYYY
Name :
Code :
Designation :
Branch :

INSTITUTION DETAILS

Name : SHIKSHAK SAHAKARI BANK LTD NAGPUR
Code :
Stamp :
Place :
Date : DD-MM-YYYY

(Employee Signature)

(Institution Stamp)



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

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Annexure A1 for Related Person Details

Instructions :

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Account Type* : Normal Small

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CKYC Date

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

Same as Current / Permanent / Overseas Address Details (In case of multiple correspondence / local address. Please fill 'Annexure A1')

Line 1* :

Line 2 :

Line 3 : City / Town / Village :

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

APPLICANT DECLARATION

I hereby declare.....

I would like.....

Signature/thumb impression of Applicant

Place :

Date :

ATTESTATION / FOR OFFICE USE ONLY

Documents Received : Self-Certified True Copies Notary

Risk Category : High Medium Low

IN PERSON VERIFICATION DETAILS

INSTITUTION DETAILS

Identity Verification : Done

Date :

Emp. Name :

Emp. Code :

Emp. Designation:

Emp. Branch :

Signature

[Employee Signature]

Name :

Code :

Stamp :

[Institution Stamp]

Place :

Date :