मुंबई जिल्हा मध्यवर्ती सहकारी बँक मर्यादित. अप्री Mumbai District Central Co-op. Bank Ltd.



BRANCH		DATE									
Į.	ACCOUNT OPENING FORM (SAVING INDIVIDUALS)										
Important Instructions: A) Fields marked with '*' are r B) Please fill the form in Engli C) Please fill the date in DD-M D) Please read section wise de at the end.	ish and in BLOCK letters. IM-YYYY format.	 E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end. F) List of two character ISO 3166 country codes is available at the end. G) KYC number of applicant is mandatory for update application. H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated. 									
For office use only Application Type* New Update Account Type* Normal Small											
(To be filled by financial institution) KYC Number (Mandatory for KYC update request)											
Deposit Amount Rs. by cash / cheque Mode of Operation :											
1. PERSONAL DETAILS (Please refer instruction A at the end) (Prefix) (First Name) (Middle Name) (Last Name)											
Name* (Same as ID proof)		(Middle Name) (Last Name)									
नाव Maiden Name (If any)											
Father / Spouse Name*											
Mother Name*											
Date of Birth*											
Gender*	M-Male F-Female	T-Transgender Marital Status* Married Unmarri									
Nationality*	IN-Indian Other (ISO 3166 Co	ountry Code)									
Residential Status*	Resident Individual	Non Resident Indian									
Other Facility*	SMS Facility F	Person of Indian Origin Personalise Facility Mobile Bkg. Net Bkg.									
Occupation Type*	S-Service (Private Sector Co-operative sector	Public Sector Government sector)									
2. Others*	0-Others (Professional S	Self Employed Retired Housewife Student)									
3. Business*	B-Business (If Tick on Business) Place	Oignature / mame									
	Date of Commencement of Business_	Country of Incorpotation Impression									
2. TICK IF APPLIC (Please refer instruc		PURPOSES IN JURISDICTION(S) OUTSIDE INDIA									
ADDITIONAL DETAIL	LS REQUIRED* (Mandatory only if	f section 2 is ticked) Tin No.:									
ISO 3166 Country Code of	Jurisdiction of Residence*	Cersai No.:									
Tax Identification Number o	or equivalent (If issued by jurisdiction)*										
Diago / Oita and Diagon		ICO 04CC Occuptor Ocale of Birth									

मुंबई जिल्हा मध्यवर्ती सहकारी बँक मर्यादित. अंक Mumbai District Central Co-op. Bank Ltd.



A Passport Number Passport	3. PROOF OF IDE	NT	ΊΤΥ	(Po	ol)	(Ple	ease	e re	efer	ins	tru	ctio	n (C a	t the	e ei	nd))															
B- Voter ID Card C- PAN Card D- Driving Licence E- UID (Aadhaar) F- NREGA Job Card J- Others (any document notified by the central government) 4. PROOF OF ADDRESS (PoA) 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end) Gentified copy of any one of the following Proof of Address PoAl needs to be submitted) Address Type* Passport Others Voter Identity Card NREGA Job Card Others Voter Identity Others NREGA Job Card Others NREGA Job Card Others ISO 3166 Country Code ISO	(Certified copy of any one of th	e foll	lowing	g Prod	of of I	denti	ty[Pol] ne e	eds to	be si	ıbm	itted)					_																
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F-NREGA Job Card Z-Others (any occurrent notified by the central government) 4. PROOF OF ADDRESS (PoA) 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end) [Certified copy of any one of the following Proof of Address / PoA] needs to be submitted) Address Type* Residential / Business Residential Business Registered Office Unspedified Proof of Address* Passport Driving Licence UID (Addhaar) Please specify Address* Voter Identity Card NREGA Job Card Others Others Line 1 Line 2 Line 3 State / U.T. Code City/Townt/Village Pin/Post Code Iso 3166 Country Code State State District State / U.T. Code City/Townt/Village Pin/Post Code Iso 3166 Country Code State State / U.T. Code City/Townt/Village Pin/Post Code Iso 3166 Country Code State State / U.T. Code City/Townt/Village Pin/Post Code Iso 3166 Country Code State State / U.T. Code City/Townt/Village Pin/Post Code Iso 3166 Country Code State District Fax State / U.T. Code City/Townt/Village Pin/Post Code Iso 3166 Country Code State District District State / U.T. Code City/Townt/Village Pin/Post Code Iso 3166 Country Code State District District District District Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end) Tel. (Off.) Fax Fax District Contact Fax Contact Fax Contact	D- Driving Licence	Г	Т	Т			П			П		П		Π	Τ	Π	7	Dri	ving	Lice	nce	Ехр	iry [Date	Г	Τ	7	Т	\neg [Т	Т	Т	\neg
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6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)	Tel. (Off.)	٦-٢	Т	Т	Т	Т	Т	Τ	Т	T N	lob	.: [Т	Т	Т	Т	П						Fax			Τ		Τ	Т	Τ]
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	6. DETAILS OF REI	_AT	ED	PE	RS	ON	(In o	case	of a	additi	ion	al rel	late	d pe	erso	18,	plea	ise 1	fill ' <i>I</i>	\nne	xur	e B1	")	(plea	ise	refe	rins	truc	tion	G at	the	enc)
Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)	Addition of Relate	d Pe	ersor		De	letic	n of	Rel	ated	Pers	son		K۱	YC N	lumb	er of	f Re	lated	d Per	son	(if av	ailal	ole*)							\Box	I	I	
Related Person Type Guardian of Minor Nominee Assignee Authorized Representative Beneficial Owner Beneficiay	Related Person Type	7	Guar	dian	of N	line	, F	7.	Nom	inco		٦,,	olo	nec		7 /	۱,,+۲	nori-	70d I	ر مر د	.000	atat	_{ус} Г	\neg	P.o.	nofic	ial (ميدا	or	\neg	Ros	nofic	iav
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Name* (Same as ID proof)	Name* (Same as ID proof)		\perp	<u> </u>	+	+	+	+	+	+	+	+	+		\dashv	_							<u> </u>	\perp	+	+	+	\dotplus	\dotplus	+	<u> </u>	+	4

मुंबई जिल्हा मध्यवर्ती सहकारी बँक मर्यादित.



2nd APPLICANT PERSONAL DETAILS (Please refer instruction A at the end)																										
(Prefix) (First Name)										(Middle Name) (Last Name)																
Name* (Same as ID proof) ਗਰ	Ш					\perp				\perp																Ш
Maiden Name (If any)				Ш	I	I	Ш	П		П	Ι	I	I											П	I	
Father / Spouse Name*	Ш			Ш		Ι				Ι	Ι		I												Ι	
Mother Name*				Ш	I	I	Ш			П			L											П	Ι	
Date of Birth*			L			П																				
Gender*	M-	Male	9		F-I	emal	е] 1	-Trans	sgen	der			Mari	tal S	Statu	IS*		M	larri	ed			Unn	narried
Nationality*	IN	- I ndi	an		Ot	her (I	SO 3	166	Cou	intry (Code	e)										ı				
Residential Status*	Re	side	nt In	divid	ual				No	n Res	sider	nt Inc	lian											Phot	to	
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Other Facility*	SI	/IS Fa	acilit	У					Pe	rsona	lise	Facil	ty			E	mail									
	Cr	eque	e Boo	ok					Mo	bile E	3kg.					N	let B	kg.								
Occupation Type*	S-	Serv	ice (Priva	te Sed	ctor			Pul	blic	Secto	r													
Co-operative sector Government sector) Signature / Thumb Impression																										
2. Others	0-	Othe	ers (Profe	ssion	al		Sel	f Emp	oloye	ed _	R	etire	d _	Н	ouse	ewife		St	tude	ent)		 ipres	51011	
3. Business	В-	Busi	ness	(If T	ick or	n Busi	iness) Pla	ace (of inc	orpo	ratio	n													
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2. TICK IF APPLICA (Please refer instruc					ICE	FOF	R TA	X F	PUF	RPO	SE	S IN	JU	RIS	SDIC	TIC	ON((S)	ΟU	TS	IDE	IN	DIA			
ADDITIONAL DETAIL	LS RE	QUI	REI	D* (Man	dato	ry o	nly	if s	ectic	on 2	is t	icke	d)												
ISO 3166 Country Code of	Jurisdict	ion (of Re	side	nce*		J _					Plac	e / C	ity (of Bir	th*	L							\perp		Щ
Tax Identification Number or equivalent (If issued by jurisdiction)* ISO 3166 Country Code of Birth*																										
3. PROOF OF IDENTITY (Pol) (Please refer instruction C at the end) (Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)																										
A- Passport Number		17007	07 70	- I	, 01, 111		7 50 50	10111111	T T	Т	Т	Т] F	ass	port I	Expi	rv D	ate		Г	Т	П	Т		Т	$\neg \neg$
B- Voter ID Card							$\overline{}$	$\frac{1}{1}$	$\frac{1}{1}$	$\frac{1}{1}$	$\frac{1}{1}$]		•		,			L						
C- PAN Card	\Box							$\frac{1}{1}$	$\frac{1}{1}$	$\frac{\perp}{\perp}$	<u> </u>		1													
D- Driving Licence				$\overline{}$	$\dot{\top}$		\exists	寸	\dagger	$\frac{}{}$	T	T	,] [Orivi	ng Li	cend	ce Ex	piry	Date	е Г	T		T	T	T	
E- UID (Aadhaar)				Ť	T			T	T	$\overline{}$	T	T	1							_						
F- NREGA Job Card				Ť	T			T	T		T	Ť]													
Z- Others (any document	notified by	the cei	ntral g	overnn	nent)	T	T	T	T		<u> </u>	T	_ 	dent	ificat	ion	Num	ber						T	T	

मुंबई जिल्हा मध्यवर्ती सहकारी बँक मर्यादित. अप्रें Mumbai District Central Co-op. Bank Ltd.



4. PROOF OF ADDRESS (PoA)	
4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)	
(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)	
Address Type* Residential / Business Business District Unspedified	
Proof of Address* Passport Driving Licence UID (Aadhaar) Please specify	
Voter Identity Card NREGA Job Card Others	
Address*	
Line 1	Ш
Line 2	
Line 3 State / U.T. Code	
City/Town/Village Pin/Post Code ISO 3166 Country Code	
State District District	
4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)	
Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')	
Address*	_
Line 1	닏
Line 2	Щ
Line 3 State / U.T. Code	Ш
City/Town/Village Pin/Post Code ISO 3166 Country Code	
State District District	
5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the e	nd)
Tel. (Off.)	
	_
Tel. (Res.)	
5. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the	end)
Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)	
Tradition of Holacod Forder District of Holacod Forder No Humber of Holacod Forder (if available)	
Related Person Type Guardian of Minor Nominee Assignee Authorized Representative Beneficial Owner Bene	iciay
Name* (Same as ID proof)	

मुंबई जिल्हा मध्यवर्ती सहकारी बँक मर्यादित.



MINOR DECLARATION	NC																						
Type of Guardian	Father	M	other	\Box	Cour	rt Ap	poin	ted															
Full Name of Guardian :	Mr.	Ms.	Т	П	Т	П	П		П	Т	Т	П			Π			П	Т	Т	Т	П	
I / We hereby declare that the date of birth of the minor who is my is/and I am his /honatural and lawful guardian / guardian appointed by court order, date/ (copy enclosed). I shall represent the said minor in all future transaction of any description in the above account until the said minor attains majority. I / We indemnify the Bank against the claim of the above minor any withdrawal / transaction made by me in his / her account. Date: Signature of Guardian													ture										
7. NOMINATION FOR	RM																						
Nomination under section 45ZA of the Banking Regulation Act, 1949 and Rules 1985 in respect of Bank Deposits I / We													osit.										
Additional details, if any																							
Name*		\Box	Т		Т	П	П		П	Т	Т	П			Т			П	Т	Т	Т	П	\neg
Relationship with the Depositer Address									Age .		[Date o	f bir	th of no	mine	e :	I		I][5
Line 1		П	Т	П	Т				П	Т	Т	Τ	Г		Τ	Т	Π	П	Т	П	Т	П	
Line 2				\vdash	\top	Н			H	\top	+	T		\vdash	\top	T		П		\dashv	\top	Н	
Line 3									П								St	tate /	U.T.	Cod	de		
City/Town/Village					Pir	n/Pos	st Co	ode							İ	ISO :	3166	6 Cou	ntry	Cod	de _		
As the nominee is a minor on the Address	t on behal leath durii	If of the n	ominee	of the no	ominee									First Depo									
I want the name of the nominee					9	,			Date	:					\perp		Pl	lace .					
Signature/Thumb Impression (Name									Name					of the Sec									
8. APPLICANT DECL	.ARAT	ION*																					
 I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We under take 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/We am/are aware that I/We may be held liable for it. My/Our Personal KYC Details may be shared with Central KYC Registry. I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Signature / Thumb Impression of Applicant																							
Date*:		P	ace* [- igila		1110			.0101	. от пр	phount	
9. REMARKS (If any)																							
																							\exists

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10. ATTESTATION / FOR OFFICE USE ONLY														
Documents Received*	Self-certified True Copies Notary	Risk Category High Medium Low												
IN PER	SON VERIFICATION CARRIED OUT BY	IN PERSON VERIFICATION CARRIED OUT BY												
Identity Varification	Done Date:	Name Name												
Emp. Name*														
Emp. Code*		Code												
Emp. Designation*		Organisation Name*												
Emp. Branch*		Organisation Code*												
	(Br. Manager Signature) Stamp	(Branch Address) Stamp												

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

General Instructions:

- 1 Fields marked with '*' are mandatory fields.
- 2 Tick '√' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country coderespectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick (\checkmark) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of 'Small Account Type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

A Clarification / Guidelines on filling 'Personal Details' section

- 1 Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

- 1 Jurisdiction(s) of Residence:Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA.
- 2 Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/Insurance number, citizen/personal identification/services code/number, and resident registration number)

C Clarification / Guidelines on filling 'Proof of Address [PoA]' section

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z-Others (any document notified by the central government)' is ticked.

D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

- 1 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.
- 2 State / U.T. Code and Pin / Post Code will not be mandatory for Overseas addresses.

E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, Please fill 'Annexure A1'

F Clarification / Guidelines on filling 'Contact details' section

- 1 Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-999999999).
- 2 Do not add '0' in the beginning of Mobile number.

Clarification / Guidelines on filling 'Related Person details' section

1 Provide KYC number of related person if available.

H Clarification / Guidelines on filling 'Related Person details - Proof of Identity [Pol] of Related Person' section

- 1 In case of nominees, proof of identity is not required.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked