

Important Instructions:

THE VISAKHAPATNAM COOPERATIVE BANK LTD.

(Regd. No. MSCS/CR/1101/2014)

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

(MULTI STATE COOPERATIVE BANK)

CENTRAL OFFICE: # 47-3-27/3, 5th Lane, Dwarakanagar, Visakhapatnam-530 016

A) Fields marked with '*' are mandatory fields.			F	F) Please read section wise detailed guidelines / instructions at the end.																										
B) Tick '√' wherever applicable.					G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.																									
C) Please fill the form in English and in BLOCK letters.					H) List of two character ISO 3166 country codes is available at the end.																									
D) Please fill the date in DD-MM-YYYY format.			hov		 I) KYC number of applicant is mandatory for update application. J) The 'OTP based E-KYC' check box is to be checked for accounts opened using 																									
 For particular section update, pl section number and strike off th to be updated. 				J			ed E-K							neck	eu i	or ac	cou	nis o _l	pen	ea u	Siri	g								
For office use only		ation T			New			Updat	е																					
(To be filled by financial institution) KYC N	Number			ш										(Mano	dato	ry for	KY	C up	oda	te r	equ	est)						
	Accou	nt Typ	e*		Norm	al	1	Minor		Aadh	aar O	TP	base	ed E	-KY(C (in	non	-face	to f	ace	mo	de))							
☐ 1. PERSONAL DETAILS* (F	Please refer i	instruct	ion A a	t the en	d)																									
	Prefix			First	Name							Mi	iddle	Nar	ne									La	st N	lame	E			
☐ Name* (Same as ID proof)																											\perp			
Maiden Name																									\perp	\perp	\perp			
Father / Spouse Name]								\perp			
Mother Name																											\perp			
Date of Birth*	D D -	M M	- Y	YY	1																									
Gender*	☐ M- Male				F- Fem	nale				T-Tra	nsger	nder																		
PAN*								Form	60 ft	urnish	ned																			
2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)																														
I. Certified copy of OVD or equivalent	ent e-docume	ent of C	OVD or	OVD of	tained	thro	ugh di	igital I	(YC	proce	ss ne	eds	to be	e su	bmit	ted (any	one o	of the	e fol	low	ing	OV	Ds)						
 A- Passport Number 																									ſ	P	нот	ro*		
☐ B-Voter ID Card																														=
C-Driving Licence					П	Т			1																					
☐ D-NREGA Job Card		$\overline{}$		$\overrightarrow{\Box}$	$\overline{\Box}$	Ť	$\overline{\Box}$	$\overline{}$	_	\top	П	Т	Т	Т	Т													В		
	nieter Letter			$\overline{}$	$\overline{}$	÷	\pm	\pm	$\overline{\Box}$	\pm	$\overline{\Box}$		÷	÷	÷											1		7		
E-National Population Re			L		$\frac{1}{\sqrt{\lambda}}$	\pm	$\frac{1}{\sqrt{\Lambda}}$	\pm	\vdash	\pm	1				_													Ь		
F-Proof of Possession of	Hadriaar		L F		$\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt$	$\frac{\vee}{}$	***	$\frac{\Delta}{\Delta}$	Н	\pm	_														4					
II L E-KYC Authentication			2	XXX		XVX		X	Щ	+	_													L						
III Offline verification of Aadh	naar		L	XIXI		\times	\mathbb{Q}	XI_	Ш																					
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District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*						_																								
☐ 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end) ☐ Same as above mentioned address (In such cases address details as below need not be provided)																														
☐ Same as above mentioned ac	ldress (In su	ch case	es addr	ess det	ails as l	oelov	w nee	d not	be pr	ovide	d)																			
Certified copy of OVD or equivalent	ent e-docume	ent of C	OVD or	OVD ob	tained	thro	ugh di	igital k	(YC	proce	ss ne	eds	to be	e su	bmit	ted (any	one o	of the	e foll	low	ing	OV	Ds)						
 A- Passport Number 																														
□ B-Voter ID Card																														
☐ C- Driving Licence																														
☐ D-NREGA Job Card										\top	П	Т	Т	Т	Т															
☐ E- National Population Re	egister Letter			$\overrightarrow{\Box}$	$\overline{\Box}$	Ť	$\overrightarrow{\Box}$	一	$\overline{\Box}$	一	$\overline{\Box}$	Ť	Ť	Ť	T															
F - Proof of Possession of			5			$\overline{\lambda}$		$\overline{\Lambda}$	$\overline{\Box}$	一																				
II E-KYC Authentication			F			$\overline{\mathcal{A}}$		\overline{A}	\Box	\pm	1																			
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III Offline verification of Aadh		_	. [XXI)	VV)	V	VV.	<u> </u>																						
IV Deemed Proof of Address	- Document	Туре	code																											
V Self Declaration																														
Address												_															_			_
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District*				Pin / F	ost Co	de*	\Box						Sta	ate/L	J.T C	code	*					ISC	31	66 C	oun	ntry C	ode	*		

4. CONTACT DETAI	LS (All communications will be se	The to Mobile Humber/ Email-ID pro	inou, (i loudo fotor monutation o at	the end)			
Tel. (Off)		Tel. (Res)	1	Mobile			
Email ID							
5. REMARKS (If an	y)						
6. APPLICANT DE	CLARATION						
to inform you of any cha		e and correct to the best of my know e any of the above information is fo held liable for it.	=				
I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. [Signature / Thumb Impression]							
Date: DD — M	Place: DDD - MM M - Y Y Y Y Place: Signature / Thumb Impression of Applicant						
7. ATTESTATION / F	FOR OFFICE USE ONLY						
Documents Received	☐ Certified Copies	☐ E-KYC data received from	JIDAI Data received from Offl	line verification Digital KYC Process			
	Equivalent e-document	☐ Video Based KYC					
KY	C VERIFICATION CARRIED OUT	ВУ	INS	STITUTION DETAILS			
Date			Name				
Emp. Name			Code				
Emp. Code							
Emp. Designation							
1							
Emp. Branch							



V ☐ Self Declaration

Annexure A1

THE VISAKHAPATNAM COOPERATIVE BANK LTD.

(Regd. No. MSCS/CR/1101/2014)

(MULTI STATE COOPERATIVE BANK)

CENTRAL OFFICE: # 47-3-27/3, 5th Lane, Dwarakanagar, Visakhapatnam-530 016

CENT	RAL KYC REGISTE	RY Know Your Customer (KYC) Application Form Related Person						
Impor	tant Instructions:							
B) Tic	lds marked with '*' are mak k '√' wherever applicable.	G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is						
	ease fill the form in English							
,	ease fill the date in DD-MN							
box	r particular section update x section number and strik uired to be updated							
For off	ice use only	Application Type* ☐ New ☐ Update ☐ Delete						
(To be	filled by financial instit	tution) KYC Number (Mandatory for KYC update request)						
□ 1. D	ETAILS OF RELATED	PERSON (Please refer instruction D & E at the end)						
☐ Add	dition of Related Perso	Deletion of Related Person Updation KYC Number of Related Person (if available*)						
Relate Name	d Person Type*	☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative Prefix First Name Middle Name Last Name						
Name		(If KYC number and name are provided, below details are optional)						
Maide	n Name							
Father	/ Spouse Name							
Mothe	r Name							
Date o	f Birth*							
Gende	er*	☐ M- Male ☐ F- Female ☐ T-Transgender						
PAN*		Form 60 furnished						
	2. PROOF OF IDENTITY AND ADDRESS* 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)							
		ilent e-document of OVD of OVD obtained through digital KTC process needs to be submitted (anyone of the following OVDs)						
	A- Passport Number B-Voter ID Card	□ РНОТО*						
	C- Driving Licence							
	D-NREGA Job Card							
	E- National Population R							
	F - Proof of Possession of	of Addinate The Control of the Contr						
	E-KYC Authentication							
Ш□	III Offline verification of Aadhaar							
Addres	S							
Line 1* Line 2								
Line 3		City / Town / Village*						
District*		Pin / Post Code* State / U.T Code* ISO 3166 Country Code*						
☐ 3 CI	□ 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)							
		dress (In such cases address details as below need not be provided)						
		allent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)						
	A- Passport Number							
	B-Voter ID Card							
	C- Driving Licence							
	D-NREGA Job Card							
	E- National Population Re	egister Letter						
	F - Proof of Possession of	f Aadhaar Aadhaar						
∥ □	E-KYC Authentication							
ш	Offline verification of Aadh	naar Naar						
IV 🗆	Deemed Proof of Address	2 - Nocument Type code						

Address							
Line 1*							
Line 2							
Line 3		City / Town / Village*					
District*	Pin / Post Code*	State / U.T Code* ISO 3166 Country Code*					
□ 4. CONTACT DETA	NILS						
Tel. (Off)	— Tel. (Res)	— Mobile — —					
Email ID							
☐ 5. REMARKS (If an	ıy)						
6. APPLICANT DECLARATION							
1.5	I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to						
, , ,	ges therein, immediately. Incase any of the above information is naware that I may be held liable for it.	ound to be false or untrue or misleading					
	eiving information from Central KYC Registry through SMS/Ema	on the above					
registered number/emai	il address.						
Date:	M — Y Y Y Y Place:	Signature /Thumb Impression of Applicant					
7. ATTESTATION / FO	DR OFFICE USE ONLY						
Documents Received	☐ Certified Copies ☐ E-KYC data received ☐ Equivalent e-document ☐ Video Based KYC	from UIDAI Data received from Offline verification Digital KYC Process					
K	YC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS					
Date		Name					
Cara Name		Code					
Emp. Name							
Emp. Code							
Emp. Code							
Emp. Code Emp. Designation							
Emp. Code Emp. Designation							