

1. CORRESPONDENCE / LOCAL ADDRESS DETAILS (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details

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

2. CONTACT DETAILS (All communications will be sent on provided Mobile No. / Email ID) (Please refer instruction F at the end)

Tel. (Off) Tel. (Res) Mobile
 Fax Email ID

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 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 - - Place :

Annexure B1

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

Important Instructions :

- A) Fields marked with "*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- 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
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)

1. DETAILS OF RELATED PERSON (Please refer instruction G at the end)

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

Prefix First Name Middle Name Last Name
 Line 2
 (If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY (PoI)* OF RELATED PERSON (Please see instruction (H) at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

A-Passport Number Passport Expiry Date - -
 B-Voter ID Card
 C-PAN Card
 D- Driving Licence Driving License Expiry Date - -
 E-UID (Aadhaar)
 F-NREGA Job Card
 Z-Other (any document notified by the central government) Identification Number
 S-Simplified Measures Account - Document Type code Identification Number

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Signature / thumb Impression of Applicant

Date - - Place :

ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Date - -
 Emp. Name
 Emp. Code
 Emp. Designation
 Emp. Branch

Name
 Code

(Employee Signature)

(Institution Stamp)

Standing Instruction :																									
Fixed Deposit	Credit Monthly / Quarterly Interest : S.B. / C.A. / POD / A/c. No _____ Pay Order / Other Branch : _____																								
Recurring Deposit	Debit S.B. / C.A. / POD / A/c. No. _____ on Date ____ / ____ / ____ every month.																								
_____ Signature of Applicant/s																									
Staff Declaration : I/We declare that the monies deposited or which may from time to time be deposited hereafter into above mentioned account in my/our name(s) belong to me / us.																									
_____ Signature of Staff																									
In case of Minor : Name of Parent / Natural Guardian : _____ Address of the guardian : _____ _____ _____ _____	DECLARATION IN A MINOR ACCOUNT OPERATED BY THE GUARDIAN : I hereby declare that the date of birth...../...../..... of the minor who is my and I am his / her natural guardian / lawful guardian appointed by the court order dated.....(copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal / transactions made by me in his / her account. _____ Signature of the Guardian																								
Introducer Details : (Optional) Introducer's A/c No. : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Since <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Name : _____ Address : _____ Pin : _____ Phone No. _____																									
I certify that I have known Thiru. / Tmt./ Selvi _____ for the last _____ months / years and confirm his/her/their occupation and address stated in his/her/their application to open the account. I also attest his/her signature(s) _____ Signature of Introducer																									
<p>❖ Operating Instructions for Joint SB / Current Accounts : We request and authorise you, until any one of us shall give you notice in writing to the contrary, to honour all cheques or other orders drawn or Bills of Exchange accepted or notes made on our behalf signed by (1)(2)..... of us jointly and / or severally and to debit such cheques to our account with you, whether such account be for the time being credit or overdrawn. We also request you to accept the endorsement by (1)(2)..... of us jointly and / or severally on cheques, orders, bills or notes payable to us. We shall be jointly and severally liable to you for any monies owing to you from time to time in case the account is overdrawn and debit balance is caused including your commission, interest at the appropriate rate and other incidental charges. In the event of death, insolvency or withdrawal of any of us, the survivor/s of us shall have full control of any monies then and thereafter standing to our credit in our account with you and in that event the survivor/s will have full powers to operate the account and / or to close the account.</p> <p>❖ Due Date Notice : Please *send / *do not send due date notice to my / our above address (*strikeout which is not applicable).</p> <p>❖ Tax Deduction at Source : Form No. 15G/15H for exemption from TDS is enclosed (for applicant seeking exemption from TDS).</p> <p>❖ Pre closure : In the event of my / our seeking pre-closure of term deposit/RD, I/We agree that the Bank shall apply the rules for pre-closure of term deposits/RD prevailing on the date of my/our request for such pre-closure.</p> <p>❖ For Current Accounts (Individuals only) :</p> <p>(a) * At present I/We do not enjoy any credit facility with any Bank/Branch. I/We undertake to inform you as and when credit facilities are availed by me/us with other Bank(s) / Branch(es) of your Bank.</p> <p>* At Present, I am/we are having account with the following other Bank(s) / Branch(es) and enjoying facilities.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 35%;">Name of the Bank / Branch</th> <th style="width: 15%;">Nature of Facility</th> <th style="width: 15%;">Limit Sanctioned</th> <th style="width: 15%;">Balance Outstanding</th> <th style="width: 20%;">Securities</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p style="text-align: center;">(* strikeout which is not applicable)</p> <p>❖ Minimum Balance : I/We hereby undertake to maintain a minimum balance of Rs..... in the account and also agree to maintain the minimum balance as modified by the Bank from time to time. I/We also agree that the Bank has got every right to close the account for non-maintenance of minimum balance and if cheques are issued by me/us without providing adequate funds.</p> <p>❖ ATM Card / Debit Card : Available at all Branches - Terms and conditions can be obtained from Branch Managers concerned.</p>		Name of the Bank / Branch	Nature of Facility	Limit Sanctioned	Balance Outstanding	Securities																			
Name of the Bank / Branch	Nature of Facility	Limit Sanctioned	Balance Outstanding	Securities																					

◆ **Senior Citizens (Completed 60 years of age)** : Please provide copy of Secondary School Leavin Certificate / LIC Policy / Voter's Identity Card / Pension Payment Order / Birth Certificate issued by the compete authority / Pass-port / 3ny other relevant document providing proof for age.

NOMINATION (Nomination Form DA-1) Nomination under Sec. 45ZA of the Banking Regulation Act/1949 and rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposit.

I/We nominate the following person to whom in the event of my / our / minor's death the amount of deposit in the above account may be returned by the Bank. As nominee is minor on this date, I/We appoint Thiru /Tmt/.....to receive the amount of deposit in the account on behalf of the nominee in the event of my tOur minor's death during the minority of the nominee.

Name & Address Nominee: _____

Nominee's Relationship Depositor _____ Age of Nominee _____ Years _____

If nominee is minor, date of birth : _____

Signature of Depositor

Nomination received and registered on : No. _____ Date _____

Authorised Officer

FORM No. 60

1. Full Name and Address of the declarant :			
2. Particulars of transactions:			
3. Amount of Transaction	Rs.		
4. Are you assessed'to Tax	Yes / No.		
5. If Yes : (a) Details of Ward/Circle/Range where the last return of Income Tax was filed? (b) Reason for not having PAN / GIR No.			
6. Details of document *being produced in support of address in Col. 1			

I/We..... do hereby declare that what is sfated above is true to the best of my knowledge and belief.

Verified today, the.....day of.....

Date :

Place :

Signature(s)

- ✓ Passport copy
- ✓ Employee ID Card
- ✓ Driving licence (laminated card) with photograph
- ✓ Introducer's confirmation

- ✓ Photo Identity Card
- ✓ Gas Connection Receipt
- ✓ Latest Telephone Bill
- ✓ Ration Card

- ✓ Voter's ID card
- ✓ Latest Electricity Bill
- ✓ PAN card or Form 60 in lieu of PAN card

Any other State' Central Govt. Documentevidencing Address / Identity or Local Body / NGO / MFI

Account No.

Grid for account number digits

FOR BANK'S USE

- 1. Applicant(s) interviewed and the purpose of opening account as ascertained is...
2. Introducer called at the Bank/Branch and interviewed (or) introducer did not call at the Bank/ Branch, but confirmation obtained by... (mode of confirmation) / particulars of identification verified with the originals and copies obtained

Signature of the Chief Managers / Manager/ Asst. Manager.....

Name & Code No

3. Authorisation for Account Opening :

- Account may be opened
Cheque Book may be / need not be issued

Signature of Branch Chief Managers / Manager / Asst. Manager.....

Name & Code No.....

- 4. Account opened on..... (Date) by Mr. / Mrs..... (Name of the Staff/ (Code No.) Customer ID No.....
5. Verified the opening of the account and letter of thanks sent to the customer on..... and to the introducer on.....
6. Acknowledgement received from customer on..... and from introducer on.....
7. Passbook / Deposit Receipt No..... delivered to the customer on.....
8. The specimen signature(s) of the applicant/s was scanned and added to the account by..... (Staff name). Verified the scanning of the specimen signature(s) and adding to the account.
9. Nomination details entered in the system /Nomination Register on.....vide Registration No.....
10. ATM / Debit Card No..... / ID despatched on..... (if sent subsequent to date of opening, to be filled in immediately after despatch).

Risk Classification and Fixing of Threshold Limit

- 11. Potential activity expected in the Account (Monthly / Annual Turnover) Rs.....
12. Source(s) of Funds :.....
13. Annual income Rs.....The threshold limit is fixed at Rs.....
14. Risk Classification : Low Medium High
15. Reasons for risk classification made .

Signature of the CM*.....Code No.....
Name.....Date.....

*In the absence of Chief Manager, Manager / Asst. Manager has to sign.



CHENNAI CENTRAL COOPERATIVE BANK LTD.,

.....Branch / Head Office

A/c. No.

CUSTOMER PROFILE

(Annexure of Account Opening Form to be obtained for each applicant separately)

Full Name : _____ Father / Husband's Name : _____

A. OCCUPATION

1. Occupation : Salaried Self employed / Professional Business Student
 Retired Agriculture & Allied Others (specify.....)
2. If self employed : Doctor / C.A. Lawyer Engineer Business Others
3. Source of Funds :
4. Monthly Income Upto Rs. 20000/- Upto Rs. 50000/- Upto Rs. 1 lakh
 Upto Rs. 5 lakhs Upto Rs. 10 lakhs Above Rs. 10 lakhs
5. Annual Turnover

B. PERSONAL :

6. Date of Birth : DD MM YY 7. Marital Status : Married Unmarried
8. Educational Qualification : Upto HSC Graduate Post Graduate
 Professional (Pl. Specify))
9. Spouse's Qualification : Upto HSC Graduate Post Graduate
10. Residential Status Residential Individual Non Residential Individual
 Foreign National Person of Indian Origin
11. Family Members / Relative Status

Age Group	Upto 10 years	11 to 12 yrs.	13 to 20 yrs.	21 to 45 yrs.	46 to 60 yrs.	Above 61 yrs.	Total
No. of Males							
No. of Females							

12. Any relative settled abroad : Yes No. If yes, please mention their names and address :

Names	Address
1.	
2.	
3.	

13. How many times you have been abroad in last three years : Never 1-5 Times Above 5 Time
14. Do you have a Credit Card : Yes No. If yes, Name of the card :

C. DEALING WITH OTHER BANKS :

15. Name of the Bank and Branch :
16. Type of Accounts / Facilities :

D. EXISTING CREDIT FACILITIES :

17. Personal Loan Yes No. 21. Housing Loan Yes No.
18. Consumer Loan Yes No. 22. Against Security Yes No.
19. Car Loan Yes No. 23. Education Loan Yes No.
20. Jewel Loan Yes No. 24. Others Yes No.

E. ASSETS : Total Rs.....(approximate)

25. Vehicle Car Two Wheeler Others None
26. House you live in Ancestral Owned Rented Employee's
27. Insurance Policy Upto Rs. 1 lakh Upto Rs. 2 lakhs Upto Rs. 5 lakhs Above Rs. 5 lakhs
28. Other Investment Upto Rs. 1 lakh Upto Rs. 2 lakhs Upto Rs. 5 lakhs Above Rs. 5 lakhs
29. Any other Assets

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 hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address

Date - - Place :

Signature / thumb Impression of Applicant

Instructions/Guidelines for filling Individual KYC Application Form

General Instructions:

1. Self-Certification of documents is mandatory.
2. KYC number of applicant is mandatory for update/change of KYC details.
3. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
4. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [I].
5. If any proof of identity or address is in a foreign language, then translation into English is required.
6. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
7. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
8. Sole proprietor must make the application in his individual name & capacity.
9. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
10. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
11. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/ Passport of Minor/Birth Certificate must be provided.

A. Clarification / Guidelines on filling 'Identity 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. 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 Identity [PoI]' section, if PAN Card copy is not enclosed/For PAN exempt Investors

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.
3. Others - Identity card with applicant's photograph issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.
4. Letter issued by a gazetted officer, with a duly attested photograph of the person.

D. Clarification / Guidelines on filling 'Proof of Address [PoA]' 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.
3. Others includes - Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions,

Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

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 A'
3. Others includes - Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

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 91-9999999999).
2. Do not add '0' in the beginning of Mobile number.

G. 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 [Poll of Related Person] section

1. Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

I. List of people authorized to attest the documents after verification with the originals:

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/ Consulate General in the country where the client resides are permitted to attest the documents.
6. Government authorised officials who are empowered to issue Apostille Certificates.

J. List of people authorized to perform In Person Verification (IPV):

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (for investors investing directly).
5. In case of NRI applicants, a person permitted to attest documents, may also conduct the In Person Verification and confirm this in the KYC Form.

K. PAN Exempt Investor Category

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.