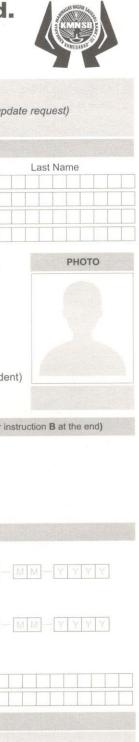
Kankaria Maninagar Nagarik Sahakari Bank Ltd.

'Bhagwan Chambers', Cross Road, Maninagar, AHMEDABAD-382445.

Phone: 25460815, 25461740, 25462763, Fax: 25465921



For office use only	Application Type* New	□ Update	
(To be filled by financial institu		(Mandatory for KYC update request,	
	Account Type* Norm	□ Simplified (for low risk customers) □ Small	
1. PERSONAL DETA	ILS (Please refer instruction A at the end)	
	Prefix First Name	Middle Name Last Nar	ne
☐ Name* (Same as ID proo	f)		
Maiden Name (If any*)			
Father / Spouse Name*			
Mother Name*			
Date of Birth*	DD-MM-YYYY		РНОТО
Gender*	☐ M- Male	F- Female T-Transgender	
Marital Status*	☐ Married	☐ Unmarried ☐ Others	
Citizenship*	☐ IN- Indian	Others (ISO 3166 Country Code)	
Residential Status*	Resident Individual Foreign National	Non Resident Indian Person of Indian Origin	
Occupation Type*	☐ S-Service (☐ Private Sector ☐ O-Others (☐ Professional ☐ B-Business ☐ X- Not Categorised	☐ Public Sector ☐ Government Sector) ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student)	
2. TICK IF APPLICA	BLE RESIDENCE FOR TAX PURI	POSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at	the end)
Tax Identification Numbe Place / City of Birth*	f Jurisdiction of Residence* r or equivalent (If issued by jurisdiction TY (Pol)* (Please refer instruction C at	ISO 3166 Country Code of Birth*	
	the following Proof of Identity [Pol] needs to		
A- Passport Number	ne following Proof of Identity [Polj rieeds to		VVV
B- Voter ID Card		Passport Expiry Date	
C- PAN Card			
		Driving Licence Expiry Date DD - MM - Y	YYY
D- Driving Licence			
E- UID (Aadhaar)			
F- NREGA Job Card	to Alford by the control resource and	Identification Number	
	nt notified by the central government) Account - Document Type code	Identification Number	
4. PROOF OF ADDRE	ESS (PoA)*		
	NENT / OVERSEAS ADDRESS DETAILS	(Please see instruction D at the end)	
	ee following Proof of Address [PoA] needs		
	esidential / Business Residential		Unspecified
		ng Licence UID (Aadhaar)	8525
		GA Job Card Others	
Address	mplified Measures Account - Docum	ent Type code	
Line 1*			
Line 2			
Line 3		City / Town / Village*	
District*	Pin / Post Code	* State / U.T. Code* ISO 3166 Country (Code*

4.2 CORRESP																					- 6				- 4	41\						
Same as Curren	t / Permar	nent / (Overse	as Add	dress	detail	s (In	case	or mi	ultiple	corr	espo	naer	ice /	local	ado	ares	sses	s, p	leas	еп	II A	nne	xur	e A	1)	T					
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Line 3		++	++	-		Din /	Pos	st Co	do*				+		Sta	to /	11.	-			044	11.7	1116			316	6 C	oun	try	Cod	e*	
District*																																
4.3 ADDRESS IN								PPLIC	CANT	IS R		Same													plic	able	e if s	sect	ion :	2 is	ticke	ed)
Same as Current	/ Perman	ent / C	verse	as Add	iress c	ietalis	5				H	Same	e as	COII	esho	niue	IIICe	7 L	UCe	II AC	Jure	355	Jela	1115	Т							
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Line 3 State*						+	+			Ħ	7	ZIP /	Pos	t Co	de*		T		ily	/ 10	OW	7			-	166	Col	untr	уС	ode	k .	
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5. CONTACT	DETAILS	S (All o	commu	unicatio	ons wi	II be	sent	on pr	ovide	d Mo	bile r	10. / E	Emai	I-ID)	(Plea	ise r	efer	ins	truc	tion	Fa	it the	end	d)								
Tel (Off)								el. (R	-											M	lob	ile										
FAX							Er	mail I	D																							
6. DETAILS O	F RELA	TED	PERS	ON (II	n case	of ac	lditio	nal re	lated	pers	ons,	pleas	e fill	'Anı	nexu	re B	1')	plea	ase	refe	er in	stru	ction	Ga	it the	e end	d)					
Addition of Related	Person	☐ De	letion	of Relat	ted Per	son					KYC	Numl	ber o	f Rela	ated F	Pers	on (if av	aila	ble*)				Ι							
Related Person Typ	e*			n of M	inor	E:	rot N	ame	Ass	signe	е				AL	utho				res	ent	ativ	е				Lo	et N	Nam	٥		
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PROOF OF IDEN	en Taliana	OFR	ELATE	ED PE	RSON	* (Pl	ease	see i	nstru	ction	H at	the e	nd)																			
A- Passport Nu	ımber													Р	assp	oort	Ex	pir	уΕ	ate	1			D		īV	1 M		Y	YY	Y	
B- Voter ID Car	rd																															
C- PAN Card																																
D- Driving Lice	nce													D	rivin	ng L	ice	nce	E	хріі	ry [Date	9	D	D]-	- 1/	1 1/4		Y	YY	Y	
E- UID (Aadha	ar)																															
F- NREGA Job	Card																															
Z- Others (any	documen	t notif	ied by	the c	entral	gove	ernm	ent)			T	1-1			T	lo	den	tific	ati	on	Nu	mb	er	T	T						П	
S- Simplified M	leasures	Acco	unt - I	Docur	nent ⁻	Туре	COC	le			1					Ide	ent	ifica	atic	n N	lur	nbe	r	Ī	İ					Ì		
7. REMARKS	(If any)																															
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8. APPLICAN																																
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I hereby consent to re	ceiving info	rmation	from C	entral K	YC Regi	istry th	roug	h SMS/	Email	on the	above	regis	tered	numb	er/em	nail a	ddre	SS.														
Date:	M — Y	YY	Y		F	Place	:															S	igna	ture	/Th	umb	impi	ressi	on of	f App	lican	
9. ATTESTATI	ON / FC	OR OF	FICE	USE	ONL	Υ																										
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CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Correspondence / Local Address

Kankaria Maninagar Nagarik Sahakari Bank Ltd.

'Bhagwan Chambers', Cross Road, Maninagar, AHMEDABAD-382445.

Phone: 25460815, 25461740, 25462763, Fax: 25465921



For office u	use only	Application Type*	☐ New	Up	date											
(To be filled b	by financial institution)	KYC Number						(Ma	andat	ory for	KYC	ıpdate	reques	t)		
1. COR	RESPONDENCE /	LOCAL ADDRESS D	ETAILS	(Please s	ee instru	ction E at t	the end)									
Same as	Current / Permanent	/ Overseas Address de	etails													
Line 1*																
Line 2																
Line 3								City	/ Tow	n / Vil	age*					
District*		Pin /	Post Code	e*			State / I	U.T Cod	de*		ISC	3166	Countr	y Cod	e*	
2. CON	TACT DETAILS (AII	communications will be	sent on pro		bile no./E	Email-ID) (F	Please re	fer instru		at the	end)					
FAX			Email II	D												
I hereby decl changes there	LICANT DECLARA lare that the details furnishe rein, immediately. In case at held liable for it.	TION and above are true and correct to any of the above information is:	o the best of n found to be fa	ny knowled Ise or untru	ge and beli e or mislea	ef and I unde	ertake to inf representing	form you o g, I am awa	of any are							
Date :	D-MM-YY	Y Y Place	e:							Sig	nature /	Thumb i	npressio	n of Ap	plicant	

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

Kankaria Maninagar Nagarik Sahakari Bank Ltd.

'Bhagwan Chambers', Cross Road, Maninagar, AHMEDABAD-382445.

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1. DETAILS OF RELATED PERSON (Please refer instruction G at the end)	For office use only	Application Type* New Upda	ate	
Addition of Related Person Deletion of Related Person Gavallable* Related Person Type* Gauardian of Minor Assignee Authorized Representative Prefix First Name Middle Name Last Name Name* (If KYC number and name are provided, below details of section 1 are optional) PROOF OF IDENTITY [Po] OF RELATED PERSON* (Please see instruction (H) at the end)	(To be filled by financial institu	ution) KYC Number	(Mandatory fo.	r KYC update request)
Related Person Type* Guardian of Minor Prefix First Name Middle Name Last Name Name* Middle Name Last Name Name* Middle Name Last Name Last Name Name* Middle Name Last Name Name* N	1. DETAILS OF RELA	ATED PERSON (Please refer instruction G at the	end)	
Related Person Type* Guardian of Minor Assignee Authorized Representative Middle Name Last Name Name* (If KYC number and name are provided, below details of section 1 are optional) PROOF OF IDENTITY [Pol] OF RELATED PERSON* (Please see instruction (H) at the end) Passport Number Passport Number Passport Expiry Date Pass	Addition of Related Person	☐ Deletion of Related Person	KYC Number of Related Person (if available*)	
PROOF OF IDENTITY [Pol] OF RELATED PERSON* (Please see instruction (H) at the end) A- Passport Number B- Voter ID Card C- PAN Card D- Driving Licence E- UID (Aadhaar) F- NREGA Job Card S- Simplified Measures Account - Document Type code 1 Identification Number Identification Number Identification Number 2. APPLICANT DECLARATION 1 Inerely 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 am aware that I may be held liable for it. 3. ATTESTATION / FOR OFFICE USE ONLY Documents Received Certified Copies KYC VERIFICATION CARRIED OUT BY Date Emp. Name Emp. Name Emp. Name Emp. Code Emp. Designation Emp. Branch	Related Person Type*	Prefix First Name	Middle Name	
A- Passport Number B- Voter ID Card C- PAN Card D- Driving Licence E- UID (Aadhaar) F- NREGA Job Card Z- Others (any document notified by the central government) S- Simplified Measures Account - Document Type code Identification Number Lidentification Number Identification Number 2. APPLICANT DECLARATION Inequality in case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. 3. ATTESTATION / FOR OFFICE USE ONLY Documents Received Certified Copies KYC VERIFICATION CARRIED OUT BY Name Emp. Name Emp. Name Emp. Designation Emp. Branch Driving Licence Expiry Date Driving Licence E		TAP A TOTAL DE TITAL DE CONTROL D		
B- Voter ID Card C- PAN Card D- Driving Licence E- UID (Aadhaar) F- NREGA Job Card Z- Others (any document notified by the central government) S- Simplified Measures Account - Document Type code Identification Number Leneby declare that the details furnished above are true and correct to the best of my knowledge and belief and Lundertake to inform you of any changes therein, immediately, incase any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. 3. ATTESTATION / FOR OFFICE USE ONLY Documents Received Certified Copies KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAILS Name Emp. Name Emp. Name Emp. Designation Emp. Branch Inabilition Stomp		[Pol] OF RELATED PERSON* (Please see instr	uction (H) at the end)	
D- Driving Licence E- UID (Aadhaar) F- NREGA Job Card Z- Others (any document notified by the central government) S- Simplified Measures Account - Document Type code Identification Number Identification Number Identification Number 2. APPLICANT DECLARATION Interest 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 am aware that I may be held liable for it. Date: Signature / Thumb impression of Applicant 3. ATTESTATION / FOR OFFICE USE ONLY Documents Received Certified Copies KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAILS Name Emp. Name Emp. Code Emp. Designation Emp. Branch	B- Voter ID Card		Passport Expiry Date	
Z- Others (any document notified by the central government) S- Simplified Measures Account - Document Type code 1 Identification Number 1 Identification Number 1 Identification Number 2. APPLICANT DECLARATION 1 Inereby 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 am aware that I may be held liable for it. Signature / Thumb impression of Applicant 3. ATTESTATION / FOR OFFICE USE ONLY Documents Received	D- Driving Licence		Driving Licence Expiry Date	DD-MM-YYYY
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 am aware that I may be held liable for it. Date Date	Z- Others (any docume			
3. ATTESTATION / FOR OFFICE USE ONLY Documents Received Certified Copies KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAILS Date Emp. Name Emp. Code Emp. Code Emp. Designation Emp. Branch Inablation Stamp	 I hereby declare that the details changes therein, immediately. In 	furnished above are true and correct to the best of my knowledge		Signature / Thumb impression
Documents Received	Date: DD-MM-	Y Y Y Y Place:	Si	ignature / Thumb impression of Applicant
Code Emp. Code Emp. Designation Emp. Branch INSTITUTION DETAILS INSTITUTION DETAILS	3. ATTESTATION / FO	OR OFFICE USE ONLY		
Code Emp. Code Emp. Designation Emp. Branch INSTITUTION DETAILS INSTITUTION DETAILS	Documents Received	Certified Copies		
Emp. Name Emp. Code Emp. Designation Emp. Branch Inablation Stamp			INSTITUTION	DETAILS
Inablation Stamp	Emp. Name Emp. Code			
Employer Signature	Emp. Branch		Inablation	
		Employer Signature		