

# Kankaria Maninagar Nagarik Sahakari Bank Ltd.

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

Phone : 25460815, 25461740, 25462763, Fax : 25465921



**For office use only** (To be filled by financial institution)

Application Type\*  New  Update

KYC Number  (Mandatory for KYC update request)

Account Type\*  Normal  Simplified (for low risk customers)  Small

**1. PERSONAL DETAILS** (Please refer instruction A at the end)

Name\* (Same as ID proof) Prefix  First Name  Middle Name  Last Name

Maiden Name (If any\*)

Father / Spouse Name\*

Mother Name\*

Date of Birth\* DD-MM-YYYY

Gender\*  M- Male  F- Female  T-Transgender

Marital Status\*  Married  Unmarried  Others

Citizenship\*  IN- Indian  Others (ISO 3166 Country Code )

Residential Status\*  Resident Individual  Non Resident Indian  Foreign National  Person of Indian Origin

Occupation Type\*  S-Service ( Private Sector  Public Sector  Government Sector)  O-Others ( Professional  Self Employed  Retired  Housewife  Student)  B-Business  X- Not Categorised

**PHOTO**

**2. TICK IF APPLICABLE**  **RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA** (Please refer instruction B at the end)

**ADDITIONAL DETAILS REQUIRED\*** (Mandatory only if section 2 is ticked)

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\*

**3. PROOF ID IDENTITY (PoI)\*** (Please refer instruction C 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 DD-MM-YYYY

B- Voter ID Card

C- PAN Card

D- Driving Licence  Driving Licence Expiry Date DD-MM-YYYY

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government)  Identification Number

S- Simplified Measures Account - Document Type code  Identification Number

**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  Unspecified

Proof of Address\*  Passport  Driving Licence  UID (Aadhaar)  Voter Identity Card  NREGA Job Card  Others

Simplified Measures Account - Document Type code

**Address**

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Pin / Post Code\*  State / U.T. Code\*  ISO 3166 Country Code\*

**4.2 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')

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

**4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES\*** (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details  Same as Correspondence / Local Address details

Line 1\*   
Line 2   
Line 3  City / Town / Village\*   
State\*  ZIP / Post Code\*  ISO 3166 Country Code\*

**5. 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

**6. 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\*)

Related 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 of section 6 are optional)

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

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

**7. REMARKS** (If any)

**8. 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 am aware that I may be held liable for it.

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

Signature / Thumb impression of Applicant

**9. ATTESTATION / FOR OFFICE USE ONLY**

Documents Received  Certified Copies

**KYC VERIFICATION CARRIED OUT BY**

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

Employer Signature

**INSTITUTION DETAILS**

Name   
Code

Institution Stamp



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For office use only

Application Type\*  New  Update

(To be filled by financial institution)

KYC Number

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(Mandatory for KYC update request)

 **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																			
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												

**3. APPLICANT DECLARATION**

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Signature / Thumb impression

Date :    -   -      Place:          

Signature / Thumb impression of Applicant

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KYC Number

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**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\*)

Related 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 of section 1 are optional)

**PROOF OF IDENTITY [PoI] OF RELATED PERSON\*** (Please see instruction (H) at the end) A- Passport Number

Passport Expiry Date

 B- Voter ID Card
 C- PAN Card
 D- Driving Licence

Driving Licence Expiry Date

 E- UID (Aadhaar)
 F- NREGA Job Card
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Signature / Thumb impression

Date : Place: 

Signature / Thumb impression of Applicant

**3. ATTESTATION / FOR OFFICE USE ONLY**Documents Received  Certified Copies**KYC VERIFICATION CARRIED OUT BY**

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Employer Signature

**INSTITUTION DETAILS**

Name

Code

Inablation Stamp