



Nutan Nagarik Sahakari Bank Ltd.

(Multi State - Scheduled Bank)

Regd. Office : Central (Admn.) Office : Opp. Samartheshwar Mahadev,

Nr. Law Garden, Ellisbridge, Ahmedabad-380006.

Phone : 079-26443724, 26444558 Toll Free : 18002333737

E-mail: admin@nutanbank.com Website : www.nutanbank.com

CIF

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity | Other Than Individual

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Tick '✓' wherever applicable.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please fill the form in English and in BLOCK letters.
- E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G) List of two character ISO 3166 country codes is available at the end.
- H) Please read section wise detailed guidelines/instructions at the end.
- I) 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. ENTITY DETAILS* (Please refer instruction A at the end)

Name* _____

Entity Constitution Type* (Other Specify) _____ (Please refer instruction A at the end)

Date of Incorporation / Formation* -- Date of Commencement of Business --

Place of Incorporation / Formation* Country of Incorporation / Formation*

PAN* Form 60 furnished TIN or Equivalent issuing Country

TIN / GST Registration Number

2. PROOF OF IDENTITY (PoI)* (Please refer instruction B at the end)

- Officially valid document(s) in respect of person authorised to transact.
- Certificate of Incorporation / Formation Registration Certificate
- Memorandum and Articles of Association Partnership Deed Trust Deed
- Resolution of Board / Managing Committee Power of attorney granted to its manager, officers or employees to transact on its behalf Bye Laws
- Activity Proof-1 (For Sole Proprietorship Only) Activity Proof-2 (For Sole Proprietorship Only) Other _____

3. ADDRESS* (Please see instruction C at the end)

3.1 Registered Office Address / Place of Business*

Proof of Address* Certificate of Incorporation / Formation Registration Certificate Other Document

Line 1* _____

Line 2* _____

Line 3* _____ City / Town / Village* _____

District* _____ PIN / Post Code* _____ State / U.T. Code* ISO 3166 Country Code*

3.2 Local Address in India (If different from Above)*

Line 1* _____

Line 2* _____

Line 3* _____ City / Town / Village* _____

District* _____ PIN / Post Code* _____ State / U.T. Code* ISO 3166 Country Code*

4. CONTACT DETAILS

Tel. (Off) - FAX -

Mobile - Email ID

Mobile - Email ID

5. NUMBER OF RELATED PERSONS (Please refer instruction E at the end)

7. APPLICANT DECLARATION (Please refer instruction G at the end)

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

Signature / Thumb Impression of authorised persons.

(1) _____ (2) _____ (3) _____

(4) _____ (5) _____ (6) _____

(7) _____ (8) _____

Date : Place : **8. ATTESTATION / FOR OFFICE USE ONLY**Documents Received Certified Copies Equivalent e-document

KYC VERIFICATION CARRIED OUT BY		INSTITUTION DETAILS	
Identity Verification <input type="checkbox"/> Done	Date <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>	Name	<input type="text" value="NUTANNAGARIKSAHAKARIBANKLTD"/>
Emp. Name	_____	Code	<input type="text" value="IN1471"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Emp. Code	_____	<div style="border: 1px solid black; height: 100px; width: 100%; text-align: center; color: lightgray;">Round Seal of Branch</div>	
Emp. Designation	_____		
Emp. Branch	_____		

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Legal Entity / Other than Individuals KYC Application Form**A Clarification / Guidelines for filling Entity Details section**

1. Entity Constitution Type

- | | | |
|---|--|---|
| A- Sole Proprietorship | H- Trust | O- Artificial Juristical Person |
| B- Partnership Firm | I- Liquidator | P- International Organization or Agency/
Foreign Embassy or Consular Office etc. |
| C- HUF | J- Limited Liability Partnership | Q- Not Categorized |
| D- Private Limited Company | K- Artificial Liability Partnership | R- Others |
| E- Public Limited Company | L- Public Sector Banks | |
| F- Society | M- Central/State Government Department or Agency | |
| G- Association of Persons (AOP) / Body of Individuals (BOI) | N- Section 8 Companies (Companies Act, 2013) | |

2. In case of Companies and partnership, PAN of the entity is mandatory. In case of other entities, FORM 60 may be obtained if PAN is not available.

B Clarification / Guidelines for filling 'Proof of Identity [PoI]' section

- Activity Proof-1 and Activity Proof-2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instruction issued by the Reserve Bank of India in this regards.
- Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
- Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
- 'Equivalent e-document' means an electronic equivalent of a document issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the information Technology (Preservation and Retention of information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.

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

- State / U. T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- Certified copy of document of equivalent e-document to be submitted.

D Clarification / Guidelines for filling 'Contact Details' section.

- 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.

E Clarification / Guidelines for filling 'Related Person Details' section

- Personal Details
 - The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- Proof of Address (PoA)
 - PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
 - State / U. T Code and Pin / Post Code will not be mandatory of Overseas addresses.
 - In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
 - REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.
- If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.
- Regulated Entity (RE) shall redat (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

F Provision for capturing signature of multiple authorised persons is to be made by the RE.**List of two- digit state codes as per Indian Motor Vehicle Act, 1988**

State	Code	State / U.T	Code
Gujarat	GJ	Maharashtra	MH



Nutan Nagarik Sahakari Bank Ltd.

(Multi State - Scheduled Bank)

Regd. Office : Central (Admn.) Office : Opp. Samartheshwar Mahadev,

Nr. Law Garden, Ellisbridge, Ahmedabad-380006.

Phone : 079-26443724, 26444558 Toll Free : 18002333737

E-mail: admin@nutanbank.com Website : www.nutanbank.com

Annexure A2 | Legal Entity . Other Than Individuals

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

Important Instructions:

A) Fields marked with *** are mandatory fields.

B) Tick ' ' wherever applicable.

C) Please fill the date in DD-MM-YYYY format.

D) Please fill the form in English and in BLOCK letters.

E) KYC number of applicant is mandatory for update application.

F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.

G) List of two character ISO 3166 country codes is available at the end.

H) Please read section wise detailed guidelines / instructions at the end.

I) 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 E at the end)

Addition of Related Person

Deletion of Related Person

Update Related Person details

KYC Number of Related Person (if available*)

If KYC number is available, only 'Related Person Type' and 'Name' is mandatory

Related Person Type*

Director

Promoter

Karta

Trustee

Partner

Court Appointment Official

Proprietor

Beneficiary

Authorised Signatory

Beneficial Owner

Power of Attorney Holder

Other (Please specify)

DIN (Director Identification Number)

(Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please refer instruction E at the end)

Prefix

First Name

Middle Name

Last Name

Name* (Same as ID proof)

Maiden Name

Father / Spouse Name

Mother Name

Date of Birth*

Gender*

M-Male

F-Female

T-Transgender

Nationality*

IN-Indian

Others (ISO 3166 Country Code)

PAN*

 / Form 60 furnished

Education :

Non Matric

Undergraduate

Graduate

Post-Graduate

Annual Income : (In Rupees)

Upto 5 Lacs

5 Lacs to 10 Lacs

Above 10 to 25 Lacs

Above 25 Lacs.

1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end)

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)

A-Passport Number

B-Voter ID Card

C-Driving Licence

D-NREGA Job Card

E-National Population Register Letter

F-Proof of Possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

PHOTO*

Address

Line 1*

Line 2

Line 3 City / Town / Village*

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

1.3 CURRENT ADDRESS DETAILS (Please refer instruction E at the end)

Same as above mentioned address (In such cases address details as below need not be provided)

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)

A-Passport Number _____

B-Voter ID Card _____

C-Driving Licence _____

D-NREGA Job Card _____

E-National Population Register Letter _____

F-Proof of Possession of Aadhaar XXXXXXXXXXXX

II E-KYC Authentication XXXXXXXXXXXX

III Offline verification of Aadhaar XXXXXXXXXXXX

IV Deemed PoA

V Self Declaration

Address

Line 1* _____

Line 2 _____

Line 3 _____ City / Town / Village* _____

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

1.4 CONTACT DETAILS (All communication will be sent on provided mobile no. / Email-ID) (Please refer instruction D at the end)

Tel. (Off) - Tel. (Res.) - Mobile 9 1 -

Email ID

2. 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/we 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

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification.
 Digital KYC Process Equivalent e-document

<p>KYC VERIFICATION CARRIED OUT BY</p> <p>Date <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Emp. Name _____</p> <p>Emp. Code _____</p> <p>Emp. Designation _____</p> <p>Emp. Branch _____</p> <p style="text-align: center; font-size: small;">[Employee Signature]</p>	<p>INSTITUTION DETAILS</p> <p>Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center; font-size: small;">Round Seal of Branch</p>
--	--