



Nutan Nagarik Sahakari Bank Ltd.

P-20,000-6-2023

(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 | Individual

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
- B) Self-Certification of documents is mandatory.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) Please read section wise detailed guidelines/instructions at the end.
- 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) KYC number of applicant is mandatory for update application.
- 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 Account Type* Normal Small
 (To be filled by financial institution) CKYC Number (Mandatory for KYC update request)

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

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAN Card*	<input type="text"/>	<input type="checkbox"/> OR Form 60		
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Nationality*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)			
	<input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife) <input type="checkbox"/> Student			
	<input type="checkbox"/> B-Business			
	<input type="checkbox"/> X- Not Categorized			

PHOTO

Signature / Thumb Impression

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

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

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> C- Driving Licence	<input type="text"/>		
<input type="checkbox"/> D- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> E- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

3. PROOF OF ADDRESS (PoA)*

3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction C at the end)

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

Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)		
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text"/> please specify	

Address

Line 1*

Line 2

Line 3

State / U.T Code* Pin / Post Code* City / Town / Village* ISO 3166 Country Code*

3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS* (Please see instruction D 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* _____
 State / U.T Code* _____ Pin / Post Code* _____ ISO 3166 Country Code* **IN**

4. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction E at the end)

Tel. (Off) _____ Tel. (Res) _____ Mobile _____
 FAX _____ Email ID _____

5. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction F at the end)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*) _____
 Related Person Type* Guardian of Minor Nominee Assignee Authorized Representative Beneficial Owner Beneficiary
 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 (G) at the end)

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 _____

OTHER INFORMATION

Education Non Matric Undergraduate Graduate Post-Graduate
 If salaried, employed with Public Ltd. Co. Pvt. Ltd. Co. Govt. Sector Private Sector Institution
 If Self.-Employed / Professional CA Engg. Doctor Trading Manufacturing
 Others Students House Wife Retired
 Annual Income (Rs.) _____
 Politically Exposed Person (PEP)/Related to PEP : Yes No Physically challenged Yes No

6. APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our 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/We am/are aware that I/we may be held liable for it.
 My personal / KYC details may be shared with Central KYC Registry
 I hereby consent to receive information from Central KYC Registry through SMS/Email on the above registered number/email address

[Signature / Thumb Impression]

Date : DD-MM-YYYY Place : _____

Signature / Thumb Impression of Applicant

7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Self-Certified True Copies Notary Risk Category High Medium Low

IN PERSON VERIFICATION CARRIED OUT BY

Identity Verification Done Date DD-MM-YYYY
 Emp. Name _____
 Emp. Code _____
 Emp. Designation _____
 Emp. Branch _____

INSTITUTION DETAILS

Name **NUTAN NAGARIK SAHAKARI BANK LTD.**
 Code **IN1471**

[Institution Stamp]

[Employee Signature]

