



THE VISAKHAPATNAM COOPERATIVE BANK LTD.

(Regd. No. MSCS/CR/1101/2014)

(MULTI STATE COOPERATIVE BANK)

CENTRAL OFFICE : # 47-3-27/3, 5th Lane, Dwarakanagar, Visakhapatnam-530 016

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

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Tick '✓' wherever applicable.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
- F) Please read section wise detailed guidelines / instructions at the end.
- G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H) List of two character ISO 3166 country codes is available at the end.
- I) KYC number of applicant is mandatory for update application.
- J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

For office use only	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update
(To be filled by financial institution)	KYC Number	(Mandatory for KYC update request)	
	Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Minor <input type="checkbox"/> Aadhaar OTP based E-KYC (in non-face to face mode)

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	<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"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		

2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B 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



Address

Line 1*	<input type="text"/>				
Line 2	<input type="text"/>				
Line 3	<input type="text"/>			City / Town / Village*	<input type="text"/>
District*	<input type="text"/>	Pin/Post Code*	<input type="text"/>	State/U.T Code*	<input type="text"/>
				ISO 3166 Country Code*	<input type="text"/>

3. CURRENT ADDRESS DETAILS (Please refer instruction B 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
- II E-KYC Authentication
- III Offline verification of Aadhaar
- IV Deemed Proof of Address - Document Type code
- V Self Declaration

Address

Line 1*	<input type="text"/>				
Line 2	<input type="text"/>				
Line 3	<input type="text"/>			City / Town / Village*	<input type="text"/>
District*	<input type="text"/>	Pin / Post Code*	<input type="text"/>	State/U.T Code*	<input type="text"/>
				ISO 3166 Country Code*	<input type="text"/>

4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided) (Please refer instruction C at the end)

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

5. REMARKS (If any)

6. 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.

[Signature / Thumb Impression]
 Signature / Thumb Impression of Applicant

Date : DD - MM - YYYY Place:

7. 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 Video Based KYC

KYC VERIFICATION CARRIED OUT BY

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

[Employee Signature]

INSTITUTION DETAILS

Name
 Code

[Institution Stamp]



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Annexure A1

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

Important Instructions:

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- C) Please fill the form in English and in BLOCK letters. H) List of two character ISO 3166 country codes is available at the end.
- D) Please fill the date in DD-MM-YYYY format. I) KYC number of applicant is mandatory for update application.
- E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated

For office use only

Application Type*

 New Update Delete

(To be filled by financial institution) KYC Number

(Mandatory for KYC update request)

 1. DETAILS OF RELATED PERSON (Please refer instruction D & E at the end)

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

Related Person Type*

 Guardian of Minor Assignee Authorized Representative

Name*

Prefix

First Name

Middle Name

Last Name

(If KYC number and name are provided, below details are optional)

Maiden Name

Father / Spouse Name

Mother Name

Date of Birth*

Gender*

 M- Male

 F- Female

 T-Transgender

PAN*

 Form 60 furnished

 2. PROOF OF IDENTITY AND ADDRESS*

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)

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 PHOTO*


Address

Line 1* Line 2 Line 3 District* Pin / Post Code* State / U.T Code* City / Town / Village* ISO 3166 Country Code*
 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

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

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- II E-KYC Authentication
- III Offline verification of Aadhaar
- IV Deemed Proof of Address - Document Type code
- 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*

4. CONTACT DETAILS

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

Email ID

5. REMARKS (If any)

6. 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 of Applicant

7. 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 Video Based KYC

KYC VERIFICATION CARRIED OUT BY

Date - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]