| CUSTOMER-ID: | |
|---------------------|--|
| | |

RE-KYC DECLARATION THE VISAKHAPATNAM COOPERATIVE BANK LTD _______ BRANCH

| DATE OF SUBMISSION OF DECLARATION: | |
|--|--|
| NAME OF THE CUSTOMER: | |
| FAHER'S NAME: | |
| MOTHER'S NAME: | |
| MOTHER'S MAIDEN NAME: | |
| ACCOUNT NUMBER: | |
| CUSTOMER ID: | |
| INDIVIDUAL/ PROPRIETARY/ PARTNERSHIP/ COMPANY/ SOCIETY/ TRUST ETC: | |
| PERMANENT ADDRESS (PROOF LIKE AADHAR/OTHER OVD/HOUSE TAX RECEIPT ETC TO BE ENCLOSED): | |
| ADDRESS FOR CORRESPONDENCE(PROOF LIKE GASBILL/POWER BILL/DECLARATION FROM OWENER ETC TO BE ENCLOSED): | |
| MOBILE NUMBER: | |
| EMAIL ID: | |
| PROFESSION / ACTIVITY/ BUSINESS (FULL DETAILS SHOULD BE FURNISHED) FULL DETAILS LIKE ORGANIZATION EMPLOYEED/WHAT BUSINESS ETC: | |
| AADHAR NO. (XEROX TO BE ENCLOSED): | |
| PAN NO. (XEROX TO BE ENCLOSED): | |
| ANNUL INCOME (FOR INDIVIDUALS): | |
| ANNUAL SALES/ TURN OVER (FOR NON- INDIVIDUALS) : | |
| UDYAM REGISTRATION NO(IF AVAILABLE): | |

Other Rules

- **1.** All the joint holders should submit the form individually.
- 2. In case of firms, all the operating persons should submit the forms separately.
- **3.** Originals of AADHAR and PAN to be produced for verification and self attested XEROX copies to be provided for records.

FOR OFFICE USE:

RISK CATEGORIZATION

| RISK CATEGORIZATION | PUT A TICK MARK |
|---------------------|-----------------|
| LOW RISK | |
| MODERATE RISK | |
| HIGH RISK | |

| NAME OF THE STAFF | NEXT DUE DATE FOR | |
|-------------------|-------------------|--|
| WHO VERIFIED THE | RE-KYC | |
| FORM: | | |

CERTIFIED THAT THE RISK CATEGORIZTION AND DUE DATE FOR RE-KYC ARE ENTERED IN THE SYSTEM AND DATA UPLOADED IN CKY PORTAL.

SIGNATURE OF THE BANK STAFF

SIGNATURE OF THE MANAGER