



# Himatnagar Nagarik Sahakari Bank Ltd.

RBI Lic. No.: ACD.GJ.160P Reg. No. : SA 126

Head Office : Cinema Road ,Himatnagar-383 001. Dist. Sabarkantha (Guj.)

Branch :

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)

KYC Number

(Mandatory for KYC update request)

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

<input type="checkbox"/> 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*	<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	
Citizenship*	<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. 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 OF 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   
☐ B- Voter ID Card   
☐ C- PAN Card   
☐ D- Driving Licence   
☐ E- UID (Aadhaar)   
☐ F- NREGA Job Card   
☐ Z- Others (any document notified by the central government)

Passport Expiry Date DD-MM-YYYY

Driving Licence Expiry Date DD-MM-YYYY

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

Address

Line 1\*

Line 2

Line 3

State / U.T Code\*

Pin / Post Code\*

ISO 3166 Country Code\*

City / Town / Village\*



☐ **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   
State / U. T Code\*  Pin / Post Code\*  City / Town / Village\*   
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   
State\*  ZIP / Post Code\*  City / Town / Village\*   
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 ☐ Nominee ☐ Assignee ☐ Authorized Representative ☐ Beneficial Owner ☐ Beneficiary

Name\* Prefix  First Name  Middle Name  Last 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

☐ **7. REMARKS (If any)**

**8. 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 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

**8. 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 :  -  -   
Emp. Name   
Emp. Code   
Emp. Designation   
Emp. Branch

(Employee Signature)

**INSTITUTION DETAILS**

Name   
Code

[Institution Stamp]



## 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) KYC Number  (Mandatory for KYC update request)

## 1. PROOF OF ADDRESS (PoA)\*

☐ 1.1 CORRESPONDENCE / LOCAL ADDRESS DETAILS\* (Please see instruction E at the end)

☐ Same as Current / Permanent / Overseas Address details

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

- 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 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

## 4. 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:   —   —        
 Emp. Name   
 Emp. Code   
 Emp. Designation   
 Emp. Branch

(Employee Signature)

## INSTITUTION DETAILS

Name   
 Code

[Institution Stamp]



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

KYC Number

(Mandatory for KYC update request)

**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☐ Nominee☐ Assignee☐ Authorized Representative☐ Beneficial Owner☐ Beneficiary

Name\*

Prefix

First Name

Middle Name

Last 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 NumberPassport Expiry Date --☐ B- Voter ID Card☐ C- PAN Card☐ D- Driving LicenceDriving Licence Expiry Date --☐ E- UID (Aadhaar)☐ F- NREGA Job Card☐ Z- Others (any document notified by the central government)Identification Number **2. 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 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 ☐ Self-Certified ☐ True Copies ☐ NotaryRisk Category ☐ High ☐ Medium ☐ Low**IN PERSON VERIFICATION CARRIED OUT BY**

Identity Verification

☐ DoneDate : --

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

(Employee Signature)

**INSTITUTION DETAILS**

Name

Code

[Institution Stamp]