M. S. CO-OPERATIVE BANK LIMITED

PROUDLY CO-OPERATIVE

H. O. : M. S. Plaza, Abhilasha Char Rasta, New Sama Road, Vadodara 390024.
Phone : **(0265) 2713433, 2713434, 2713435 |** E-mail : **mscbank320@gmail.com**

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

Instructions:
A) Fields marked with '*' are mandatory fields.
B) **Please Fill the form in English and in BLOCK Letters.**
C) Please read guidelines / detailed instructions overleaf
D) List of Two character ISO-3166 country codes are available overleaf

Application Type : ☐ New ☐ Update
Account Type* : ☐ Normal ☐ Small
KYC Number :

CERSAI

☐ PERSONAL DETAILS

Name* *(Same as ID proof)* : PREFIX FIRSTNAME MIDDLENAME LASTNAME
Maiden Name *(If any*)* : PREFIX FIRSTNAME MIDDLENAME LASTNAME
Father / Spouse Name* : PREFIX FIRSTNAME MIDDLENAME LASTNAME
Mother Name* : PREFIX FIRSTNAME MIDDLENAME LASTNAME
Date of Birth* : DD-MM-YYYY Gender* : ☐ Male ☐ Female ☐ Transgender
Marital Status* : ☐ Married ☐ Unmarried Nationality* : ☐ Indian ☐ Others COUNTRY NAME
Residential Status* : ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin
Occupation* : ☐ Private Sector Service ☐ Public Sector ☐ Government Sector ☐ Business ☐ Professional
☐ Self Employed ☐ Retired ☐ Housewife ☐ Student ☐ Other PLEASE SPECIFY
Tick if applicable : ☐ Residence for Tax purposes in jurisdiction(s) outside India

PHOTO

Signature / Thumb Impression

☐ ADDITIONAL DETAILS REQUIRED* (If Applicant is resident outside India for Tax purposes)

(Please read guidelines / details for 'Jurisdiction of Residence' and 'Tax Identification Number')
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* :

☐ PROOF OF IDENTITY (PoI)* (One Certified Copy of any one of the following Proof of Identity [PoI] needs to be submitted)

☐ PAN : ☐ UID (Aadhaar) :
☐ Voter ID Card : ☐ NREGA Job Card :
☐ Passport Number : ☐ Passport Expiry Date : DD-MM-YYYY
☐ Driving License : ☐ Driving License Expiry Date : DD-MM-YYYY
☐ Others (any document notified by the central government) :

☐ PROOF OF ADDRESS (PoA)

CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (One Certified Copy of any one of the following Proof of Address [PoA] needs to be submitted)

Line 1* :
Line 2 :
Line 3 : City / Town / Village
State/U.T* : Pin / Post code ISO -3166 Country Code
Proof of Address* : ☐ Passport ☐ Driving License ☐ Aadhaar Card ☐ Voter Identity Card ☐ NREGA CARD ☐ Others Please Specify PLEASE SPECIFY

CORRESPONDENCE / LOCAL ADDRESS DETAILS (In case the PoA is not the local address or address where the customer is currently residing. To be declared only and no PoA is required)

☐ 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* : Pin / Post code ISO -3166 Country Code

ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT* (If Applicant is resident outside India for Tax purposes)

❑ Same as Current / Permanent / Overseas Address details ❑ Same as Correspondence / Local Address details

Line 1* :

Line 2 :

Line 3 : City / Town / Village

State/U.T* : Pin / Post code ISO -3166 Country Code

❑ **CONTACT DETAILS** (Communications will be done on provided Mobile no. and Email-ID)

Tel. (Off) : STD CODE Tel. (Res) : STD CODE Mobile :

FAX : STD CODE Email ID :

❑ **DETAILS OF RELATED PERSON** (In case of additional related persons, Please fill 'Annexure B1' form)

❑ Addition of Related Person ❑ Deletion of Related Person KYC Number (if available) :

Related Person Type : ❑ Guardian of Minor ❑ Nominee ❑ Assignee ❑ Authorized Representative ❑ Beneficial Owner ❑ Beneficiary

Name* : PREFIX FIRSTNAME MIDDLENAME LASTNAME

PROOF OF IDENTITY (PoI)* (Mandatory if KYC number is not available. One Certified Copy of any one of the following Proof of Identity[PoI] needs to be submitted)

❑ PAN : ❑ UID (Aadhaar) :

❑ Voter ID Card : ❑ NREGA Job Card :

❑ Passport Number : ❑ Passport Expiry Date : DD-MM-YYYY

❑ Driving License : ❑ Driving License Expiry Date : DD-MM-YYYY

❑ Others (any document notified by the central government) :

❑ **OTHER DETAILS**

Income Range : ❑ Below 1 Lac ❑ 5 Lac to 10 Lac ❑ 10 Lac to 15 Lac ❑ 15 Lac to 25 Lac ❑ 25 Lac and above

Net Worth (in INR) : As on : DD-MM-YYYY

Educational Qualification : ❑ Below SSC ❑ SSC ❑ HSC ❑ Graduate ❑ Masters ❑ Professional (CA, CS, CMA, Others)

Please Tick if Applicable : ❑ Politically Exposed Person ❑ Related to Politically Exposed Person

Any other Information :

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 am / we are aware that I/we may be held liable for it.

I would like to share my personal / KYC details with Central KYC Registry.

[Signature / Thumb Impression]

❑ Signature / thumb Impression of Applicant

Place :

Date : DD-MM-YYYY

ATTESTATION / FOR OFFICE USE ONLY

Documents Received : ❑ Self-Certified ❑ True Copies ❑ Notary

Risk Category : ❑ High ❑ Medium ❑ Low

IN PERSON VERIFICATION DETAILS

Identity Verification : ❑ Done

Date : DD-MM-YYYY

Emp. Name :

Emp. Code :

Emp. Designation :

Emp. Branch :

Signature :

[Employee Signature]

INSTITUTION DETAILS

Name :

Code :

Stamp :

[Institution Stamp]

M. S. CO-OPERATIVE BANK LIMITED

PROUDLY CO-OPERATIVE

H. O. : M. S. Plaza, Abhilasha Char Rasta, New Sama Road, Vadodara 390024.
Phone : **(0265) 2713433, 2713434, 2713435** | E-mail : **mscbank320@gmail.com**

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Annexure B1 for Related Person Details

Instructions:
A) Fields marked with '*' are mandatory fields.
B) **Please Fill the form in English and in BLOCK Letters.**
C) Please read guidelines / detailed instructions overleaf
D) List of Two character ISO-3166 country codes are available overleaf

Application Type : ☐ New ☐ Update
Account Type* : ☐ Normal ☐ Small
KYC Number :

☐ DETAILS OF RELATED PERSON

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number (if available) :

Related Person Type : ☐ Guardian of Minor ☐ Nominee ☐ Assignee ☐ Authorized Representative ☐ Beneficial Owner ☐ Beneficiary

Name* : PREFIX FIRSTNAME MIDDLENAME LASTNAME

PROOF OF IDENTITY (PoI)* (Mandatory if KYC number is not available. One Certified Copy of any one of the following Proof of Identity[PoI] needs to be submitted)

☐ PAN : ☐ UID (Aadhaar) :
☐ Voter ID Card : ☐ NREGA Job Card :
☐ Passport Number : ☐ Passport Expiry Date : DD-MM-YYYY
☐ Driving License : ☐ Driving License Expiry Date : DD-MM-YYYY
☐ Others (any document notified by the central government) :

DETAILS OF RELATED PERSON

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number (if available) :

Related Person Type : ☐ Guardian of Minor ☐ Nominee ☐ Assignee ☐ Authorized Representative ☐ Beneficial Owner ☐ Beneficiary

Name* : PREFIX FIRSTNAME MIDDLENAME LASTNAME

PROOF OF IDENTITY (PoI)* (Mandatory if KYC number is not available. One Certified Copy of any one of the following Proof of Identity[PoI] needs to be submitted)

☐ PAN : ☐ UID (Aadhaar) :
☐ Voter ID Card : ☐ NREGA Job Card :
☐ Passport Number : ☐ Passport Expiry Date : DD-MM-YYYY
☐ Driving License : ☐ Driving License Expiry Date : DD-MM-YYYY
☐ Others (any document notified by the central government) :

DETAILS OF RELATED PERSON

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number (if available) :

Related Person Type : ☐ Guardian of Minor ☐ Nominee ☐ Assignee ☐ Authorized Representative ☐ Beneficial Owner ☐ Beneficiary

Name* : PREFIX FIRSTNAME MIDDLENAME LASTNAME

PROOF OF IDENTITY (PoI)* (Mandatory if KYC number is not available. One Certified Copy of any one of the following Proof of Identity[PoI] needs to be submitted)

☐ PAN : ☐ UID (Aadhaar) :
☐ Voter ID Card : ☐ NREGA Job Card :
☐ Passport Number : ☐ Passport Expiry Date : DD-MM-YYYY
☐ Driving License : ☐ Driving License Expiry Date : DD-MM-YYYY
☐ Others (any document notified by the central government) :

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 am / we are aware that I/we may be held liable for it.

I would like to share my personal / KYC details with Central KYC Registry.

[Signature / Thumb Impression]

❑ Signature / thumb Impression of Applicant

Place :

Date : D D - M M - Y Y Y Y

ATTESTATION / FOR OFFICE USE ONLY

Documents Received : ❑ Self-Certified ❑ True Copies ❑ Notary

Risk Category : ❑ High ❑ Medium ❑ Low

IN PERSON VERIFICATION DETAILS

Identity Verification : ❑ Done

Date : D D - M M - Y Y Y Y

Emp. Name :

Emp. Code :

Emp. Designation :

Emp. Branch :

Signature :

[Employee Signature]

INSTITUTION DETAILS

Name :

Code :

Stamp :

[Institution Stamp]

M. S. CO-OPERATIVE BANK LIMITED

PROUDLY CO-OPERATIVE

H. O. : M. S. Plaza, Abhilasha Char Rasta, New Sama Road, Vadodara 390024.
Phone : **(0265) 2713433, 2713434, 2713435** | E-mail : **mscbank320@gmail.com**

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

Instructions:
A) Fields marked with '*' are mandatory fields.
B) **Please Fill the form in English and in BLOCK Letters.**
C) Please read guidelines / detailed instructions overleaf
D) List of Two character ISO-3166 country codes are available overleaf

Application Type : ❑ New ❑ Update

KYC Number :

CERSAI

❑ ENTITY DETAILS

Name* *(Same as on ID proof)* : PREFIX FIRST NAME MIDDLE NAME LAST NAME

Date of Incorporation or Formation* : DD-MM-YYYY Place of Incorporation or Formation* :

Date of Commencement of Business* : DD-MM-YYYY

Entity / Constitution Type* : ❑ Sole Proprietorship ❑ Private Limited Co. ❑ Association ❑ FPI Category I
❑ HUF ❑ Public Limited Co. ❑ Society ❑ FPI Category II
❑ Partnership ❑ LLP ❑ Foundation ❑ FPI Category III
❑ Trust ❑ Liquidator ❑ Financial Institution ❑ Other Please Specify

Tick if Applicable : ❑ Residence for Tax purposes outside India or No Residence for Tax purposes

ISO -3166 Country Code of Jurisdiction of Residence* :

Tax Identification Number or equivalent (If issued by jurisdiction)* :

(Please read guidelines / details for 'Jurisdiction of Residence' and 'Tax Identification Number')

Fill if Applicable : Number of controlling person(s) resident outside India for tax purposes :

(Please provide details of each Controlling Person resident outside India for Tax purposes separately in 'Annexure C2')

❑ PROOF OF IDENTITY* (One Certified Copy of any one of the following Proof of Identity [PoI] needs to be submitted)

❑ PAN : ❑ TAN : ❑ CIN :

DOCUMENTS SUBMITTED*

❑ Certification of Incorporation or Formation / Registration Certificate
❑ Memorandum and Articles of Association/ Partnership Deed/ Trust deed
❑ Resolution of Board / Managing Committee
❑ OVD in respect of person authorized to transact

❑ PROOF OF ADDRESS (One Certified Copy of any one of the following Proof of Address [PoA] needs to be submitted)

CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (One Certified Copy of any one of the following Proof of Address [PoA] needs to be submitted)

Line 1* :
Line 2 :
Line 3 : City / Town / Village
State/U.T* : Pin / Post code ISO -3166 Country Code

Proof of Address* : ❑ Certification of Incorporation or Formation ❑ Registration Certificate

CORRESPONDENCE / LOCAL ADDRESS DETAILS (In case the PoA is not the local address or address where the customer is currently residing. To be declared only and no PoA is required)

❑ 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* : Pin / Post code ISO -3166 Country Code

ADDRESS IN THE JURISDICTION DETAILS WHERE ENTITY IS RESIDENT* (If entity is resident outside India for Tax purposes)

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Line 1* :

Line 2 :

Line 3 : City / Town / Village

State/U.T* : Pin / Post code ISO -3166 Country Code

☐ **CONTACT DETAILS** (Communications will be done on provided Mobile no. and Email-ID)

Tel. (Off)* : STD CODE Mobile* :

FAX* : STD CODE Email ID* :

☐ **DETAILS OF RELATED PERSON** (In case of additional related persons, Please fill 'Annexure B2' form)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number (if available) :

Related Person Type* : ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Authorized Signatory ☐ Court Appointed Official

PERSONAL DETAILS (Mandatory In case the KYC number of Related Person is not available)

Name* : PREFIX FIRSTNAME MIDDLENAME LASTNAME

☐ PAN : ☐ UID : ☐ DIN :

Tick if Applicable : ☐ Politically Exposed Person ☐ Related to Politically Exposed Person

☐ **PHOTO**

Signature

ADDRESS DETAILS (Mandatory In case the KYC number of Related Person is not available)

Line 1* :

Line 2 :

Line 3 : City/Town/Village*

State/U.T* : Pin / Post code ISO -3166 Country Code

☐ **OTHER DETAILS**

Income Range : ☐ Below 1 Lac ☐ 5 Lac to 10 Lac ☐ 10 Lac to 25 Lac ☐ 25 Lac to 50 Lac ☐ 50 Lac to 1 CR ☐ Above 1 CR

Net Worth (in INR) : As on : DD-MM-YYYY

Any other Information :

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 am / we are aware that I/we may be held liable for it.

I would like to share my personal / KYC details with Central KYC Registry.

[Signature]

☐ Signature of Applicant with stamp

Place :

Date : DD-MM-YYYY

ATTESTATION / FOR OFFICE USE ONLY

Documents Received : ☐ Self-Certified ☐ True Copies ☐ Notary

IN PERSON VERIFICATION DETAILS

Identity Verification : ☐ Done

Date : DD-MM-YYYY

Emp. Name :

Emp. Code :

Emp. Designation :

Emp. Branch :

Signature :

[Employee Signature]

INSTITUTION DETAILS

Name :

Code :

Stamp :

[Institution Stamp]

M. S. CO-OPERATIVE BANK LIMITED

PROUDLY CO-OPERATIVE

H. O. : M. S. Plaza, Abhilasha Char Rasta, New Sama Road, Vadodara 390024.
Phone : **(0265) 2713433, 2713434, 2713435** | E-mail : **mscbank320@gmail.com**

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity | Annexure B2 for Related Person Details

Instructions:
A) Fields marked with '*' are mandatory fields.
B) **Please Fill the form in English and in BLOCK Letters.**
C) Please read guidelines / detailed instructions overleaf
D) List of Two character ISO-3166 country codes are available overleaf

Application Type : ☐ New ☐ Update

KYC Number :

CERSAI

☐ **DETAILS OF RELATED PERSON** (Mandatory In case the KYC number of Related Person is not available)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number (if available) :

Related Person Type* : ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Authorized Signatory ☐ Court Appointed Official

PERSONAL DETAILS (Mandatory In case the KYC number of Related Person is not available)

☐ **PHOTO**

Name* : PREFIX FIRSTNAME MIDDLENAME LASTNAME

☐ PAN : ☐ UID : ☐ DIN :

Tick if Applicable : ☐ Political Exposed Person ☐ Related to Political Exposed Person

Signature

ADDRESS DETAILS (Mandatory In case the KYC number of Related Person is not available)

Line 1* :

Line 2 :

Line 3 : City/Town/Village*

State/U.T* : Pin / Post code ISO -3166 Country Code

DETAILS OF RELATED PERSON (Mandatory In case the KYC number of Related Person is not available)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number (if available) :

Related Person Type* : ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Authorized Signatory ☐ Court Appointed Official

PERSONAL DETAILS (Mandatory In case the KYC number of Related Person is not available)

☐ **PHOTO**

Name* : PREFIX FIRSTNAME MIDDLENAME LASTNAME

☐ PAN : ☐ UID : ☐ DIN :

Tick if Applicable : ☐ Political Exposed Person ☐ Related to Political Exposed Person

Signature

ADDRESS DETAILS (Mandatory In case the KYC number of Related Person is not available)

Line 1* :

Line 2 :

Line 3 : City/Town/Village*

State/U.T* : Pin / Post code ISO -3166 Country Code

DETAILS OF RELATED PERSON (Mandatory In case the KYC number of Related Person is not available)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number (if available) :

Related Person Type* : ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Authorized Signatory ☐ Court Appointed Official

PERSONAL DETAILS (Mandatory In case the KYC number of Related Person is not available)

☐ **PHOTO**

Name* : PREFIX FIRSTNAME MIDDLENAME LASTNAME

☐ PAN : ☐ UID : ☐ DIN :

Tick if Applicable : ☐ Political Exposed Person ☐ Related to Political Exposed Person

Signature

ADDRESS DETAILS (Mandatory In case the KYC number of Related Person is not available)

Line 1* :

Line 2 :

Line 3 : City/Town/Village*

State/U.T* : Pin / Post code ISO -3166 Country Code

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 am / we are aware that I/we may be held liable for it.

I would like to share my personal / KYC details with Central KYC Registry.

[Signature]

❑ Signature of Applicant with stamp

Place :

Date : D D - M M - Y Y Y Y

ATTESTATION / FOR OFFICE USE ONLY

Documents Received : ❑ Self-Certified ❑ True Copies ❑ Notary

IN PERSON VERIFICATION DETAILS

Identity Verification : ❑ Done

Date : : D D - M M - Y Y Y Y

Emp. Name :

Emp. Code :

Emp. Designation :

Emp. Branch :

Signature :

[Employee Signature]

INSTITUTION DETAILS

Name :

Code :

Stamp :

[Institution Stamp]