એમ.એસ. કો-ઓપરેટીવ બેંક લિમિટેડ

હેડ ઓફીસ : એમ. એસ. પ્લાઝા, અભિલાષા ચાર રસ્તા, ન્યુ સમારોડ, વડોદરા-૩૯૦ ૦૨૪
ફોન : (૦૨૬૫) ૨૭૧૩૪૩૩, ૨૭૧૩૪૩૪ Email : mscbank320@gmail.com

મુદતબંધી થાપણની અરજી અને સહીના નમુનાનું કાર્ડ

હું / અમો આ સાથે રૂા. ..... અંકે રૂપિયા .....
જમા કરૂ છું / કરીએ છીએ. સદર રકમ મારે /અમારે ..... માસ/વરસની મુદત માટે .....% ના વ્યાજ દરે ટુંકી મુદત થાપણ/ માસિક / ત્રિમાસિક / અર્ધવાર્ષિક વ્યાજ મેળવવાની થાપણ / ઘનવૃદ્ધિ થાપણમાં મુકવા ઇચ્છીએ છીએ.

સદર થાપણની રકમ અમો પાકતી તારીખે અમારા પૈકી ગમે તે એક / બે કે તમામની સંયુક્ત / પ્રથમ / બીજા / આખરી થાપણદારની તેમજ હયાત રહે તેની / તેમની સહીથી ઉપાડીશું.

મેં /અમે સદર થાપણ અંગેના બેન્કના નિયમો વાંચ્યા છે અને તે મને / અમને કબુલ મંજુર છે. હું / અમે મારી / અમારી સહીનું વલણ તેમજ આવશ્યક માહિતી આ સાથે રજુ કરૂ છું / કરીએ છીએ.

૧. નામ _____
સરનામું _____
_____
પીનકોડ _____ ફોન નં. _____ ફોટો

૨. નામ _____
સરનામું _____
_____
પીનકોડ _____ ફોન નં. _____ ફોટો

૩. નામ _____
સરનામું _____
_____
પીનકોડ _____ ફોન નં. _____ ફોટો

૪. નામ _____
સરનામું _____
_____
પીનકોડ _____ ફોન નં. _____ ફોટો

શાખાએ ફોટો ચોંટાડી જે તે થાપણદારની સહી કરાવી શાખાનું સીલ લગાવી શાખા અધિકારી કે પ્રબંધકે સહી કરવી.

અનું. નં.	થાપણદારનું નામ	પાન નંબર	સહીનો નમુનો (કાળી શાહીથી)

હું/અમે .....ને મારા / અમારા વારસદાર નિમીએ છીએ જે સગપણમાં થાય છે જે સગીર નથી. / છે અને તેના પાલનકર્તા તરીકે ..... ની નિમણુંક કરીએ છીએ.

સહી (૧)_____ (૨)_____ (૩)_____ (૪)_____

ખાતાનો પ્રકાર ..... ખાતા નં. ..... ગ્રાહક ઓળખ નં . .....

તારીખ :_____ અધિકારીની સહી _____

નોંધ : પાનકાર્ડ / ફોટો આઇ ડી અને સરનામાનો પુરાવો પોતાની સહી કરી સાથે રજુ કરવા.

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) : STDCODE Tel. (Res) : STDCODE Mobile :

FAX : STDCODE 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]

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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

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☐ 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

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☐ 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) :

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☐ 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]