Annexure B

THE REWARI CENTRAL COOPERATIVE BANK LTD, REWARI

KYC UPDATION FORM INDIVIDUAL

Date: D D M M Y Y Y Y

Branch Name : Branch Code

Fields marked asterix (*) are mandatory.Please fill up in BLOCK letters only and use black ink for signature

(For office use only)

Customer ID:

Bank/Branch to affix rubber stamp of name and code no.

Account No.: CKYC No.:

(Mandatory for CKYC update request)

1 Personal Details

Existing Customer ID: (If applicable)

Name*: F I R S T N A M E M I D D L E N A M E L A S T N A M E

(Same as ID Proof) Prefix

Maiden Name : F I R S T N A M E M I D D L E N A M E L A S T N A M E

Date of Birth*: D D M M Y Y Y Y **Gender*** Male Female Transgender **Marital Status*** Married Unmarried Others

Prefix

Name of Father/Mother F I R S T N A M E M I D D L E N A M E L A S T N A M E

/Spouse* (Please Tick One) (Father's name is mandatory if PAN is not provided)

No. of Dependents

Illiterate YES NO if yes : Identification Marks :

Prefix

Name of Guardian F I R S T N A M E M I D D L E N A M E L A S T N A M E

(In Case Of Minor*) Relationship with Guardian

Nationality*: In-Indian Others Country Name:

Occupation Type* S-Service Private Sector Public Sector Government Sector

O-Others Professional Self employed Retired House Wife Student

B-Business X-Not categorised-Please specify.....

Monthly Income*: Rs. Net Worth(approx value) Rs.

Source of Income Salary Business Income Agriculture Investment Income Pension Others

(Please tick all applicable)

Religion: Hindu Muslim Christian Sikh Others .....

Category: General OBC SC ST

Person with disability Yes No If yes, i. Visually impaired ii. Differently abled

Educational Qualification: Below SSC SSC HSC Graduate Post Graduate Professional Others

Organization's Name: Designation/Profession: Nature of Business:

Please Tick the Applicable box*: Politically exposed Person Related to politically Exposed Person None

ISO 3166 Country Code of Jurisdiction of Residence* (Code for India is IN)

Place/City of Birth* ISO 3166 Country of Code of Birth* Citizenship

Country of Tax Residence in India only and not in any other country or territory outside India* Yes No (If No, please fill the FATCA details form - Annexure II)

PAN*/Tax Identification Number or equivalent (If issued by jurisdication) (If PAN is not submitted, submit Form 60 - Annexure I)

2 Contact Details (All communications will be sent on provided Mobile No./Email-ID)

Mobile No. Email ID

S T D Tel.(Off):

S T D Tel.(Res):

3 Proof of Identity/Address (Please tick the appropriate Box (any one ID type) and give details)*

☐ A-PASSPORT ☐ B-VOTER'S IDENTITY CARD ☐ C-DRIVING LICENCE ☐ D-UID(AADHAR)

☐ E-NREGA JOB CARD ☐ F-LETTER ISSUED BY NATIONAL POPULATION REGISTER CONTAINING DETAILS OF NAME & ADDRESS

Document No/Identification Number*

Issue Date:* D D M M Y Y Y Y Expiry Date (If applicable):* D D M M Y Y Y Y

4 Address details ☐ Current ☐ Permanent ☐ Overseas (Tick Mark in Colam)

Address type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Address*

City/Village*: District*:

State:* Pin:*

5 Address details ☐ Correpondence ☐ Local ☐ Same as Current/Permanent Address (Tick Mark in Colam)

Address type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Address*

City/Village:* District*:

State:* Pin:*

6 If the Proof of Address(OVD) provided does not contain current address-please provide any of the documents below.

☐ Utility Bill ☐ PPO/FPPO ☐ Property or Municipal tax receipt

☐ Letter of allotment of accomodation issued by employer/ issued by State or Central Government departments, statutory or regulatory bodies, Public sector undertaking, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accomodation.

Document No Date: D D M M Y Y Y Y

7 DECLARATION CUM UNDERTAKING CUM SELF–CERTIFICATION

I have read the copy of Terms and Conditions of the Account Opening given to me. The Terms and Conditions have been explained to me/us and having understood, I accept the same.

1 I hereby declare that I have submitted the Aadhaar Card issued by UIDAI voluntarily for identification and /or address proof towards the compliance of KYC norms under the PMLA, 2002

2 I hereby consent that the Bank may verify the same with the UIDAI and authorise the UIDAI expressly to release the identity and address through biometric authentication to the Bank

☐ YES ☐ NO

3. I agree that my personal KYC details may be shared with Central KYC registry or any other competent authority.I hereby consent to receive information from the Bank/Central KYC Registry/GoI/ RBI or any other authority through SMS/e-mail on my registered mobile number/ e-mail address. I also agree that the non-receiptof any such SMS/e-mail shall not make the Bank liable for any loss or damage whatsoever in nature.

PHOTO*

Please Paste

Recent passport Size

(Do not Staple)

Signature/Thumb impression of the Applicant

Please sign in black ink only

Place: Date: D D M M M Y Y Y Y

8 FOR OFFICE USE/ATTESTATION

1. PAN details (if available) have been verified from database issuing authority.
2. Information submitted by the customer verified & updated in the CBS.
3. KYC updation date entered in CBS.

Maker..... Checker.....