

THE PRATAP CO-OP. BANK LTD.

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

Important Instructions:

A) Fields marked with " are mandatory fields

- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format
- D) KYC number of applicant is mandatory for update application
- E) For particular section update, please tick (7) in the box systistic lebra tion section number and stitle off the sections not required to be updated.

For office use only	Application Type* New Update
(To be filled by financial institu	ution) CKYC Number (Mandatery for KY6 update request)
	Account Type* Normal Simplified (for low risk customers) Small e KY6
1. PERSONAL DETAI	LS (Please refer instruction A at the end)
☐ Name* (Same as ID proof)	Prefix First Name Mobile Home Last Haine
Maiden Name (If any*)	
Father / Spouse Name*	
Mother Name*	
Date of Birth*	РИОТО
Gender*	☐ M- Male ☐ F- Female ☐ T-Transgender
Marital Status*	☐ Married ☐ Unmarried ☐ Others
Citizenship*	☐ IN- Indian ☐ Others (ISO 3166 Country Code ☐ ☐)
Residential Status*	☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin
Occupation Type*	□ S-Service (□ Private Sector □ Public Sector □ Government Sector □ Professional □ Self Employed □ Retired □ Housewife □ Student) □ B-Business
	☐ X- Not Categorised
2. TICK IF APPLICAB	LE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)
ADDITIONAL DETAILS REC	QUIRED* (Mandatory only if section 2 is ticked)
ISO 3166 Country Code of	lurisdiction of Residence*
Tax Identification Number or	equivalent (If issued by jurisdiction)*
Place / City of Birth*	ISO 3166 Country Code of Birth*
☐ 3. PROOF OF IDENTIT	Y (Pol)* (Please refer instruction C at the end)
(Certified copy of any one of the	following Proof of Identity[Pol] needs to be submitted)
☐ 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 n	otified by the central government)
S- Simplified Measures A	Account - Document Type code Identification Number
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4. PRO	OF OF ADDRE	SS (PoA)																
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District*			F	Pin / Post	Code*				State	U.T C	ode*		19	O 316	6 Cou	ntry Co	de.	
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Line 2									100									
Line 3				\Box	TT		TT		TT	\Box	City / To	own /	Villag	е•				
District*				Pin / Post	Code				State	/U.T	Code*	П	1	SO 31	66 Co	untry C	ode*	
					,							the end						
☐ 5. CONTA	ACT DETAILS (All communic	cations will be	e sent on pr	ovided M	obile no.	/ Email-	ID) (Plea	se refer	Instructi	on F at	the end	"					
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I hereby cons	ent to receiving informa	tion from Centra	al KYC Registry	through SMS/	Email on the	above reg	gistered n	umber/ema	il address	3.								
Date :	D - M M -	YYY	1	Place :									S	Signature	/ Thumb	Impression	n of Applica	int
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CENTRAL KYC REGISTRY Instructions / Check list / Guidelines for filling Individual KYC Application Form

General Instructions:

- Fields marked with "" are mandatory fields.
- Tick '✓' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- Please fill the form in English and in BLOCK Letters.
- Please fill all dates in DD-MM-YYYY format.
- Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and selfcertification required.

Clarification / Guidelines on filling 'Personal Details' section

- 1 Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

1 Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

C Clarification / Guidelines on filling 'Proof of Identity [Pol]' section

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- 3 In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3 (S).

Document Code	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

- 1 PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.

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	Document Code	Description
	01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
	02	Property or Municipal Tax receipt.
	03	Bank account or Post Office savings bank account statement.
	04	Pension or family pension payment orders (PPOs) issued to retired employees by Government. Departments or Public Sector Undertakings, if they contain the address.
	05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
CO	06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.
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- Clarification / Guidelines on filling 'Proof of Address [PoA] Correspondence / Local Address details' section
 - To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate
 - In case of multiple correspondence / local addresses, Please fill 'Annexure A1'
- Clarification / Guidelines on filling 'Contact details' section
 - 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-999999999).
 - 2 Do not add '0' in the beginning of Mobile number.
- Clarification / Guidelines on filling 'Related Person details' section
 - 1 Provide KYC number of related person if available.
- H Clarification / Guidelines on filling 'Related Person details Pr
 - 1 Mention identification / reference number if 'Z- Others (any





Annexure A1 CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Correspondence / Local Address E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end. **Important Instructions:** A) Fields marked with '*' are mandatory fields. F) List of two character ISO 3166 country codes is available at the end. B) Please fill the form in English and in BLOCK letters. G) KYC number of applicant is mandatory for update application. C) Please fill the date in DD-MM-YYYY format. D) Please read section wise detailed guidelines / instructions section number and strike off the sections not required to be updated. at the end. ☐ New ☐ Update Application Type* For office use only (Mandatory for KYC update request) (To be filled by financial institution) KYC Number ☐ 1. CORRESPONDENCE / LOCAL ADDRESS DETAILS (Please see Instruction E at the end) Same as Current / Permanent / Overseas Address details Line 1* Line 2 City / Town / Village* Line 3 ISO 3166 Country Code* State / U.T Code* Pin / Post Code* District* 2. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email-ID) (Please refer instruction F at the end) Mobile Tel. (Res) Tel. (Off) Email ID FAX 3. APPLICANT DECLARATION I hereby declare that the details furnished above are true and correct to the best of my 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 aware that I may be held liable for it. Signature / Thumb Impression of Applicant



CENTRAL KYC REGISTRY Know Your Customer (KYC) Application Form Individual Related Person
A) Fields marked with "" are mandatory fields. B) Please fill the form in English and in BLOCK letters. C) Please fill the date in DD-MM-YYYY format. D) Please read section wise detailed guidelines / instructions at the end. C) Prooffice use only Application Type* New Update (To be filled by financial institution) KYC Number Addition of Related Person Deletion of Related Person Deletion of Related Person Authorized Representative Related Person Type* Guardian of Minor Assignee Authorized Representative Name* Guardian of Minor Prefix First Name Middle Name Last Name A- Passport Number Passport Expiry Date Passport Expiry Date Passport Expiry Date B- Voter ID Card D- Driving Licence D- Driving Lic
To be filled by financial institution KYC Number
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*)
Addition of Related Person Deletion of Related Person (if available*) Deletion of Related Person
Related Person Type* Guardian of Minor Assignee Authorized Representative Name* (If KYC number and name are provided, below details of section 1 are optional) PROOF OF IDENTITY (Pol) 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 E- UID (Aadhaar) F- NREGA Job Card Z- Others (reverse representative) Authorized Representative Middle Name Last Name Last Name Passport Expiry Date Driving Licence Expiry Date Driving Licence Expiry Date
Name* Prefix First Name Middle Name Last Name
Name* (If KYC number and name are provided, below details of section 1 are optional) PROOF OF IDENTITY (Pol) OF RELATED PERSON* (Please see instruction (H) at the end) A- Passport Number B- Voter ID Card C- PAN Card D- Driving Licence E- UID (Aadhaar) F- NREGA Job Card 7- Others (convidenment at 1554 by the standard and provided, below details of section 1 are optional) Proof of IDENTITY (Pol) OF RELATED PERSON* (Please see instruction (H) at the end) Passport Expiry Date Driving Licence Expiry Date To Others (convidenment at 1554 by the standard and provided in the prov
PROOF OF IDENTITY (Pol) OF RELATED PERSON* (Please see instruction (H) at the end) A- Passport Number B- Voter ID Card C- PAN Card D- Driving Licence E- UID (Aadhaar) F- NREGA Job Card
PROOF OF IDENTITY (Pol) OF RELATED PERSON* (Please see instruction (H) at the end) A- Passport Number B- Voter ID Card C- PAN Card D- Driving Licence E- UID (Aadhaar) F- NREGA Job Card Z- Others (counterparts at 15 th but to see the see instruction (H) at the end) Passport Expiry Date Driving Licence Expiry Date Driving Licence Expiry Date
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Z- Others (any document notified by the central government)
□ S- Simplified Measures Account - Document Type code
2. APPLICANT DECLARATION
I hereby declare that the details furnished above are true and correct to the best of my 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 aware that I may be held liable for it. Storage Tampe
Date : Place : Signature / Thumb Impression of Applicant
3. ATTESTATION / FOR OFFICE USE ONLY
Documents Received Certified Copies
KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAILS
Date Name
Emp. Name Code
Emp. Code
Emp. Designation
Emp. Branch
[Employee Signature]