



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 _____)		
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)

<input type="checkbox"/> A- Passport Number	_____	Passport Expiry Date	DD-MM-YYYY
<input type="checkbox"/> B- Voter ID Card	_____		
<input type="checkbox"/> C- PAN Card	_____		
<input type="checkbox"/> D- Driving Licence	_____	Driving Licence Expiry Date	DD-MM-YYYY
<input type="checkbox"/> E- UID (Aadhaar)	_____		
<input type="checkbox"/> F- NREGA Job Card	_____		
<input type="checkbox"/> Z- Others (any document notified by the central government)	_____	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*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)		
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others		
Address Line 1*	_____				
Line 2	_____				
Line 3	_____				
State / U.T Code*	_____	Pin / Post Code*	_____	ISO 3166 Country Code*	_____

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]

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 (To be filled by financial institution)

Application Type* New Update Account Type* Normal Small

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 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

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 Notary Risk Category High Medium Low

IN PERSON VERIFICATION CARRIED OUT BY		INSTITUTION DETAILS	
Identity Verification	<input type="checkbox"/> Done Date : <input type="text"/> - <input type="text"/> - <input type="text"/>	Name	<input type="text"/>
Emp. Name	<input type="text"/>	Code	<input type="text"/>
Emp. Code	<input type="text"/>	[Institution Stamp]	
Emp. Designation	<input type="text"/>		
Emp. Branch	<input type="text"/>		
(Employee Signature)			