

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.)

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CENTRAL KYC REGISTRY Kno	ow Your Customer (KYC) Application From	Individual		THE PROPERTY OF THE PARTY.
Important Instructions: A) Fleids maked with (*) are mandate B) Self-certification of documents is C) Please fill the form in English and D) Please fill the date in DD-MM-YY E) Please read section wise detailed at the end.	ory fields. madatory i in BLOCK letters. YY fromat. F) List of State / G) List of two ch H) KYC number I) For particular	U.T. code as per indian Motor Vehi laracter ISO 3166 country codes is of applicant is mandatory for update section update, please tick (\checkmark) in the per and strike off the sections not recommend.	available at the end. e application. ne box available before th	
For office use only	Application Type* New	Update	Account Type*	Normal Small
(To be filled by financial institution)) KYC Number		(Mandatory for KYC u	update request)
1. PERSONAL DETAILS (F	Please refer instruction A at the end)			
Nomet (Come on ID acced)	Prefix First Name	Middle	Name	Last Name
Name* (Same as ID proof) Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				
Date of Birth*	DD-MM-YYYY			
Gender*	M- Male	F- Female	T-Transgender	
Marital Status*	Married		Others	РНОТО
Citizenship*	IN- Indian	Others (ISO 3166 Country Coo		
Residential Status*	Resident Individual	Non Resident Indian	le	
	Foreign National	Person of Indian Origin		
Occupation Type*	S-Service (Private Sector		ment Sector)	odmill to the A. L.
	O-Others Professional	Self Employed Retired		udent)
	B-Business			
	x- Not Categoriesed			Ciganhua I
				Signature / Thumb Impression
2. TICK IF APPLICABLE	RESIDENCE FOR TAX PURPOS	ES IN JURISDICTION(S) OU	TSIDE INDIA (Please	Thumb Impression
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4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)						
1	rent / 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*	City / Town / Village*					
	Pin / Post Code* 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)						
Line 1*	rent / Permanent / Overseas Address details Same as Correspondence / Local Address details					
Line 2						
Line 3	City / Town / Village*					
State*	ZIP / Post Code* 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)	14.hija					
Fax	ic. (res.)					
□ 6. DETAILS (DE RELATED DEPOSIT					
Addition of F	OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)					
	Related Person Deletion of Related Person KYC Number of Related Person (if available*)					
Related Person T	Lost Name					
Name*	Prefix First Name Middle Name Last Name					
	(If KYC number and name are provided, below details of section 6 are optional)					
PROOF OF I	DENTITY [Pol] OF RELATED PERSON* (Please see instruction (H) at the end)					
A- Passport						
B- Voter ID (
C- PAN Card						
D- Driving Li						
E- UID (Aad						
F- NREGA J						
	ny document notified by the central government)					
☐ 7. REMARKS	S (If any)					
8. APLLICAI	NT DECLARATION					
	at the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you erein, 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. Signature / Thumb Impression details may be shared with Central CYC Registry					
I hereby consent to	receiving information from Central KYC Registry through SMS/Email on the above registered number/email address					
Date: DD-	Place: Signature / Thumb Impression of Applicant					
8. ATTESTAT	TION / FOR OFFICE USE ONLY					
Documents R	eceived Self-Certified True Copies Notary Risk Category High Medium Low					
INP	ERSON VERIFICATION CARRIED OUT BY INSTITUTION DETAILS					
Identity Verific						
Emp. Name	Code					
Emp. Code						
Emp. Designa						
Emp. Branch	[Institution Stamp]					
	(Employee Signature)					
Control of the Contro						

Annexure A1 CENTRAL KYC REGISTRY Know Your Customer (KYC) Application Form Individual Correspondence / Local Address Important Instructions: A) Fleids maked with (*) are mandatory fields. F) List of State / U.T. code as per indian Motor Vehicle Act. 1988 is available at he end. B) Self-certification of documents is madatory G) List of two character ISO 3166 country codes is available at the end. C) Please fill the form in English and in BLOCK letters. H) KYC number of applicant is mandatory for update application. 1) For particular section update, please tick (/) in the box available before the D) Please fill the date in DD-MM-YYYY fromat. E) Please read section wise detailed guldelines / instructiouns section number and strike off the sections not required to be updated. at the end. 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 DATAILS* (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* ISO 3166 Country Code* Pin / Post Code* 2. CONTACT DETAILS (All communications will be sent on provided Mobile no./Email-ID) (Please refer instuction F at the end) Tel. (off) Tel. (Res.) Mobile Fax Email ID 3. APLLICANT 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. Signature / Thumb Impression My personal / KYC details may be shared with Central CYC Registry I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address Signature / Thumb Impression of Applicant Place: DD-MM-YYYY Date: 4. ATTESTATION / FOR OFFICE USE ONLY True Copies Notary Documents Received Self-Certified **Risk Category** High Medium Low IN PERSON VERIFICATION CARRIED OUT BY INSTITUTION DETAILS **Identity Verification** Done Date: Name Emp. Name Code Emp. Code Emp. Designation Emp. Branch (Employea Signature)

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Annexure B1						
CENTRAL KYC REGISTRY Know Your Customer (KYC) Application Form	ndividual Related Person					
Important Instructions:						
B) Self-certification of documents is madatory C) Please fill the form in English and in BLOCK letters. D) Please fill the date in DD-MM-YYYY fromat. G) List of two character ISO 316 H) KYC number of applicant is n I) For particular section update,	er indian Motor Vehicle Act. 1988 is available at he end. 66 country codes is available at the end. 66 analysis available at the end. 67 analysis available at the end. 68 analysis available before the end. 69 analysis available before the end. 60 analysis available before the end. 60 analysis available before the end. 61 analysis available at the end. 62 analysis available at the end. 63 analysis available at the end. 64 analysis available at the end. 65 analysis available at the end. 66 analysis available at the end. 67 analysis available at the end. 68 analysis available at the end. 69 analysis available at the end. 60 analysis available at the end. 60 analysis available at the end. 60 analysis available at the end. 61 analysis available at the end. 62 analysis available at the end. 63 analysis available at the end. 64 analysis available at the end. 64 analysis available at the end. 65 analysis available at the end. 66 analysis available at the end. 67 analysis available at the end. 68 analysis available at the end. 69 analysis available at the end. 60 analysis available at the end. 61 analysis available at the end. 61 analysis available at the end. 61 analysis available at the end. 62 analysis available at the end. 63 analysis available at the end. 64 analysis available at the end. 65 analysis available at the end. 66 analysis available at the end. 66 analysis available at the end. 66 analysis available at the end. 67 analysis available at the end. 68 analysis available at the end. 69 analysis available at the end. 60 analysis available at t					
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. DETAILS OF RELATED PERSON (Please refer instruction G at the end)						
	of Related Person (if available*)					
Related Person Type* Guardian of Minor Nominee Assigne						
Prefix First Name	Middle Name Last Name					
Name*	Middle Name					
(If KYC number and name are provided, below details of section 6 are optional)						
PROOF OF IDENTITY [Pol] OF RELATED PERSON* (Please see instruction (H) at the e	nd)					
A- Passport Number B- Voter ID Card C- PAN Card	Passport Expiry Date DD — MM — VVVV					
D- Driving Licence E- UID (Aadhaar) F- NREGA Job Card Z- Others (any document notified by the central government)	Driving Licence Expiry Date DD — MM — Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
2. APLLICANT DECLARATION						
I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belie of any changes therein, immediately. In case any of the above information is found to be false or untrue or misled am/are aware that I/We may be held liable for it. My personal / KYC details may be shared with Central CYC Registry I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registere Date: D D M M Y Y Y Y Place:	iding or misrepresenting, I/We Signature / Thurnb Impression					
3. ATTESTATION / FOR OFFICE USE ONLY						
Documents Received Self-Certified True Copies Notary Ris	k Category High Medium Low					
IN PERSON VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS					
Identity Verification Done Date: DD-MM-YYYY Name Contemp. Name Emp. Code Emp. Designation Emp. Branch						
(Emplayee Signature)						