



Associate Co-Operative Bank Ltd.

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Website : www.associatebank.in

CIF No.



Regd. No. SA 3219 Dt. 01-06-1999
RBI Licence No. UBD Guj. 0011P Dt. 26-11-1999

CUSTOMER INFORMATION FORM FOR INDIVIDUAL CENTRAL KYC REGISTRY

Date : - -

For Office Use only

(To be filled by financial institution)

Application Type : New Update

KYC Number : (Mandatory for KYC update request)

Account Type : Normal Simplified (for low risk customer) Small

1. PERSONAL DETAILS

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID Proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (if any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's / Spouse's Name*	<input type="text"/>			
Mother's Name *	<input type="text"/>			
Date of Birth*	<input type="text"/>	Birth Place :	<input type="text"/>	
Gender*	<input type="checkbox"/> M-Male	<input type="checkbox"/> F-Female	<input type="checkbox"/> O-Other	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> O-Other	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Other <input type="text"/>		
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-Other (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> House wife <input type="checkbox"/> Student)			
	<input type="checkbox"/> B-Business	X-not Categorised <input type="text"/>		
Handicap	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Bank Share Holder	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		Folio No :	<input type="text"/>	
			RECENT PHOTO	
			(Signature/Thumb Impression)	

2. CONTACT DETAILS (All communication will be sent on provided Mobile no./Email ID)

Mobile - 1 Tel. (Res) Mobile - 2
 FAX Email ID*

3. PROOF OF IDENTITY (PoI)

A- PAN Card B- Voter Id Card
 C- UID (Aadhaar) D- NREGA Job Card
 E- Passport Number Passport Expiry Date
 F- Driving Licence Driving Expiry Date
 Z- Other (any document notified by the central government)
 S- For Simplified Account Document No.
 (ID issued by Central / State Govt. / Statutory / Regulatory Authority / Public Sector Under taking / Sac. Commercial Bank / Public / Financial Institute letter issued by Gazetted Officer)
 S- Small Account

4. PROOF OF ADDRESS (PoA)

Address Type* Residential / Business Residential Business Registered Office Unspecified
 Proof of Address* Passport Driving Licence UID (Aadhaar) Voter Identity Card NREGA Job Card
 Simplified Account Customer No. as per Utility Bill Bill Date
 (Electricity / Post Paid Mobile / Telephone / Piped Gas / Water Bill) (Not more than 2 months old)
 Tenament No. as per Municipal Tax Bill / Receipt Date
 Other Date
 (Bank Account Statement / Pensioner Statement / Leave and Licence Agreement)

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

Flat/House/Block No. Building/Premises/House Name

Road/Street/Post Office

Locality/landmark/Panchayat City / Town / Village*

District Zip/ Post Code* ISO 3166 Country Code*

4.2 CORRESPONDENCE/ LOCAL ADDRESS DETAILS*

Same As Current / Permanent / Overseas Address Details

Flat/House/Block No. Building/Premises/House Name

Road/Street/Post Office

Locality/landmark/Panchayat City / Town / Village*

District Zip/ Post Code* ISO 3166 Country Code*

5. Financial Details*

Annual Income Below 50,000 50,000 to 1 Lac 1 Lac to 5 Lacs 5 Lac to 10 Lacs 10 Lac to 25 Lacs Above 25 Lacs

Education ILLITERATE Below Std. 10th Std. 10th Std. 12th Bachelor Degree Master Degree Professional

Social Attribute Political Person Relation with Political Person None

6. DETAILS OF RELATED PERSON (in case of additional related person, Please fill "Annexure-B1")

Addition of Related Person Deletion of Related Person KYC Number Pf Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative CIF

Prefix First Name Middle Name Last Name

Name*

7. Dealing With other Bank

Bank Name Branch Name Account Type

Existing Loan/Credit Card Facility

With Other Bank (Please Specify)

8. Assets

House Own Rented Family Two Wheeler Four Wheeler None Life Insurance Other Investment

9. REMARKS (if any)

10. APPLICANT DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the 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/Our personal KYC details may be shared with Central KYC Registry.
- I/We hereby Consent of receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.



Date : - - 20 Place :

Signature / Thumb Impression of Applicant

11. ATTESTATION / FOR OFFICE USE ONLY

Document Received Certified True Copy Notry

IN PERSON VERIFICATION CARRIED OUT By

Identity Verification Done Date 20

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Risk Categorisation

High Medium Low

INSTITUTION DETAILS

Name ASSOCIATE CO-OPERATIVE BANK LTD.

Code I N 1 5 5 3

(Institution Stamp)