



# Associate Co-Operative Bank Ltd.

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CIF No.



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

## CUSTOMER INFORMATION FORM FOR NON-INDIVIDUAL

Date : --

CENTRAL KYC REGISTRY/Know Your Customer (KYC) Application Form (Legal Entry) Other than Individuals and Foreign Portfolio Investors

### Important Instructions:

- A) Field marked with "\*" are mandatory field.
- B) Tick  wherever applicable.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please fill the form in English Block Letters.
- E) KYC Customer of applicant is mandatory for update application.
- 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) Please read section wise detailed guidance / Instructions at the end.
- I) For particular section update, please tick () in the box available before the section number and strike of the sections not required to update.

### For Office Use only

(To be filled by financial institution)

Application Type :  New  Update

KYC Number :  (Mandatory for KYC update request)

### 1. ENTITY DETAILS

Name\*

Entry Constitution Type\*  Other (Specify)  (Please refer instruction B at the end)

Date of Incorporation/Formation\* -- Date Of Commencement of Business\* --

Place of Incorporation/Formation\*  Country of Incorporation/Formation\*  TIN or Equivalent issuing Country

PAN\*  Form 60 furnished

TIN / GST Registration Number

### 1.1 NATURE OF BUSINESS / ENTITY CONSTITUTION TYPE

Sole Proprietorship  Private Limited Co.  Association  Other

HUF  Public Limited Co.  Society

Partnership  LLP  Foundation

Trust  Liquidator  Financial Institution

### 2. PROOF OF IDENTITY (PoI)\* (Please refer instruction B at the end)

Officially valid document(s) in respect of person authorised to transact

Certificate of Incorporation / Formation   Registration Certificate  Reqn. Certificate Number

Memorandum and Articles of Association  Partnership Deed  Trust Deed

Resolution of Board / Managing Committee  Power of attorney granted to its manager, officers or employees to transact on its behalf

Activity Proof - 1 (For Sole Proprietorship Only)  Activity Proof - 2 (For Sole Proprietors Only)

### 3. ADDRESS (Please see instruction C at the end)

#### 3.1 Registered Office Address / Place of Business\*

Proof of Address\*  Certificate of Incorporation / Formation  Registration Certificate  Other Document

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Zip/ Post Code\*  State/U.T. Code\*  ISO 3166 Country Code\*

#### 4. Local Address in India (If different from above)

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Zip/ Post Code\*  State/U.T. Code\*  ISO 3166 Country Code\*

### 5. CONTACT DETAILS (All Communication will be sent to Mobile number/Email ID provided\*\* may be used) (Please refer instruction D at the end)

Tel (Off)  Fax

Mobile  mail ID

Mobile  Email ID

### 6. NUMBER OF RELATED PERSON\* (Please refer instruction at the end)

No.	CIF	Designation
1.	<input type="text"/>	<input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Authorized Signatory <input type="checkbox"/> Court Appointed Official <input type="checkbox"/> Beneficiary
	Name :	<input type="text"/>
2.	<input type="text"/>	<input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Authorized Signatory <input type="checkbox"/> Court Appointed Official <input type="checkbox"/> Beneficiary
	Name :	<input type="text"/>
3.	<input type="text"/>	<input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Authorized Signatory <input type="checkbox"/> Court Appointed Official <input type="checkbox"/> Beneficiary
	Name :	<input type="text"/>

**7. REMARKS (if any)**

**8. Financial Details**

Turnover ₹  Below 50,000  50,000 to 1 Lac  1 Lacs to 5 Lacs  5 Lacs to 10 Lacs  10 Lacs to 25 Lacs  Above 25 Lacs

Net worth ₹  As on : --

Any other Information

Type of Industry

**9. Assets**

House	Vehicle	General Insurance	Other Investment
<input type="checkbox"/> Own <input type="checkbox"/> Rented <input type="checkbox"/> Family <input type="checkbox"/> Two Wheeler <input type="checkbox"/> Four Wheeler <input type="checkbox"/> None	<input type="text"/>	<input type="text"/>	<input type="text"/>

**10. APPLICANT DECLARATION (Please refer instruction G at the end)**

- 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.
- I/We hereby Consent of receiving information from Central KYC Registry through SMS/Email on the above registered

Signature / Thumb Impression of Authorised Person(S)

Date : -- Place :

**11. ATTESTATION / FOR OFFICE USE ONLY**

Document Received  Certified Copies  Equivalent e-document

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

**CENTRAL KYC REGISTRY | Instructions / Check list / Guidances for filling Legal Entity / Other than Individuals KYC Application Form**

**A Clarification / Guidelines for filling Entity Details section**

**1 Entity Constitution Type**

- A - Sole Proprietorship
- B - Partnership Firm
- C - HUF
- D - Private Limited Company
- E - Public Limited Company
- F - Society
- G - Association of Persons (AOP) / Body of Individuals (BOI)

- H - Trust
- I - Liquidator
- J - Limited Liability Partnership
- K - Artificial Liability Partnership
- L - Public Sector Banks
- M - Central/State Government Department or Agency
- N - Section 8 Companies (Companies Act, 2013)

- O - Artificial Juridical Person
- P - international Organisation or Agency /Foreign Embassy or Consular Office etc.
- Q - Not Categorized
- R - Others

**2 In case of companies and partnerships, PAN of the entity is mandatory. In case of other entities, FORM 60 may be obtained if PAN is not available.**

**B Clarification I Guidelines for filling 'Proof of identity [PoI]' section**

- Activity Proof -1 and Activity Proof - 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
- Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
- Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
- 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.

**C Clarification / Guidelines for filling 'Proof of Address [PoA]' section**

- State / U .T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- Certified copy of document or equivalent e-document to be submitted.

**D Clarification / Guidelines for filling 'Contact Details' section**

- Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- Do not add '0' in the beginning of Mobile number.

**E Clarification / Guidelines for filling 'Related Person Details' section**

- Personal Details
  - \* The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- Proof Of Address [PoA]
  - \* PoA to be submitted only if the submitted Pol does not have an address or address as per Poi is invalid or not in force.
  - \* State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
  - \* In case of deemed PoA such as utility bill, the document: need not be uploaded on CKYCR
  - \* REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identify information available in the Central Identifies Data Repository.
- If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.
- Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar while uploading on CKYCR.

**F Provision for capturing signature of multiple authorised persons is to be made by the RE.**