



# CITIZENS CO-OPERATIVE BANK LTD.

(MULTI STATE CO-OPERATIVE BANK)

Head Office : Nr. Mahatma Gandhi Vidhyalaya, Jawahar Road, Rajkot - 360 001.

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KVC APPLICATION FORM  
INDIVIDUAL

## 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) Please read section wise detailed guidelines / instructions at the end.  
E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
F) List of two character ISO 3166 country codes is available at the end.  
G) KYC number of applicant is mandatory for update application.  
H) 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

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

Account Type\*

☐ Normal

☐ Simplified (for low risk customers)

☐ Small

### 1. PERSONAL DETAILS

Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 <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-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 Categorised		

PHOTO

Signature / Thumb Impression

### 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA

ADDITIONAL DETAILS REQUIRED\* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*	<input type="text"/>
Tax Identification Number or equivalent (If issued by jurisdiction)*	<input type="text"/>
Place / City of Birth*	<input type="text"/>
ISO 3166 Country Code of Birth*	<input type="text"/>

### 3. PROOF OF IDENTITY (PoI)\*

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

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

### 4. PROOF OF ADDRESS (PoA)\*

#### 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS

(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	<input type="text"/>	
	<input type="checkbox"/> Simplified Measures Account - Document Type code	<input type="text"/>			
Address Line 1*	<input type="text"/>				
Line 2	<input type="text"/>				
Line 3	<input type="text"/>				
District*	<input type="text"/>	Pin / Post Code*	<input type="text"/>	State / U.T Code*	<input type="text"/>
				ISO 3166 Country Code*	<input type="text"/>

☐ 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS \*

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1\*   
Line 2   
Line 3  City / Town / Village\*   
District\*  Pin / Post Code\*  State / U.T 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)

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Line 1\*   
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)

Tel. (Off) - Tel. (Res) - Mobile -  
FAX - Email ID

☐ 6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1')

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

Related Person Type\* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative  
Prefix First Name Middle Name Last Name  
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   
☐ S- Simplified Measures Account - Document Type code  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 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.

• 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

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date   
Emp. Name   
Emp. Code   
Emp. Designation   
Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name   
Code

[Institution Stamp]