

KYC Application Form Individual



दि दमन एण्ड दिव राज्य सहकारी बैंक मर्यादित
The Daman & Diu State Co-operative Bank Ltd.
Head Office : H.No.: 14/54, Dilip Nagar,
Nani Daman-396 210

☐ New ☐ Update ☐ Merge

Account No.

Date

Old Customer ID

New Customer ID

Branch

1. DETAILS OF APPLICANT

Applicant 1.
2.
3.

Account Type ☐ SB ☐ RD ☐ FD

Customer Type ☐ Individual ☐ Society ☐ Local Bodies ☐ Self Help Group ☐ Minor

☐ Joint ☐ Staff ☐ Senior Citizen ☐ Others

Category ☐ General ☐ OBC ☐ SC ☐ ST ☐ Minority

Mode of Operation 1.Single ☐ 2.Either or Survivor ☐ 3.Former or Survivor ☐ 4.Jointly ☐

1.1 PERSONAL DETAILS

Name* (Same as ID proof) Prefix First Name Middle Name Last Name
Maiden Name
Father / Spouse Name
Mother Name
Date of Birth* DD - MM - YYYY Gender* ☐ M- Male ☐ F- Female ☐ O-Other
Nationality* ☐ IN-Indian ☐ Others (ISO 3166 Country Code)
PAN* Form 60 furnished ☐

1.2 PROOF OF IDENTITY AND ADDRESS

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs) [OVD- Officially valid document(s)]

☐ A- Passport Number
☐ B- Voter ID Card
☐ C- Driving Licence
☐ D- NREGA Job Card

☐ PHOTO*

☐ E- Proof of Possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar



Address

Line 1*

Line 2

Line 3

City / Town / Village*

District*

Pin / Post Code*

State / U.T Code*

ISO 3166 Country Code*

1.3. CURRENT ADDRESS DETAILS

- [illegible]

Additional Information (All fields are mandatory)

Educational Qualification	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Higher Secondary	<input type="checkbox"/> Graduate	<input type="checkbox"/> Post-graduate
Annual Household Income	<input type="checkbox"/> Up to 60,000	<input type="checkbox"/> 60,000 - 1,20,000	<input type="checkbox"/> Above 1,20,000	<hr/>	
Primary Occupation	<input type="checkbox"/> Salaried	<input type="checkbox"/> Business/Self-employed	<input type="checkbox"/> Student	<input type="checkbox"/> Housewife	
if Business/Self-employed	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Small Manufacturing	<input type="checkbox"/> Small Trading	<input type="checkbox"/> Services	
	<input type="checkbox"/> Others <hr/>				

1. 4 CONTACT DETAILS (All communication will be sent on provided mobile no. / Email-ID)

[illegible]

2. 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 / We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : DD - MM - YYYY Place:

Signature / Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification
☐ Digital KYC process ☐ Equivalent e-document

KYC VERIFICATION CARRIED OUT BY												INSTITUTION DETAILS															
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Risk Categorization - Low ☐ Medium ☐ High ☐ PEP ☐