

KYC Application Form

Related Person / Add Name



दि दमन एण्ड दिव राज्य सहकारी बँक 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 RELATED PERSON

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person Details

KYC Number of Related Person (if available*)

If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

Related Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointed Official
☐ Proprietor ☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner
☐ Power of Attorney Holder ☐ Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAN*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender* ☐ M- Male ☐ F- Female ☐ O-Other

IN- Indian ☐ Others (ISO 3166 Country Code)

Form 60 furnished ☐ Annual Turnover

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

- I ☐ Same as above mentioned address (In such cases address details as below need not be provided)
 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)

☐ A- Passport Number

☐ B-Voter ID Card

☐ C- Driving Licence

☐ D-NREGA Job Card

☐ E - Proof of Possession of Aadhaar

II	<input type="checkbox"/>	E-KYC Authentication																																																																																																																																
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III ☐ Offline verification of Aadhaar

IV ☐ Deemed PoA

IV ☐ Self Declaration

Address

Line 1*

[illegible][illegible]

City / Town / Village*

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District*Pin / Post Code*

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State / U.T Code*

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ISO 3166 Country Code*

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

Tel. (Off) —

Tel. (Res) —

Mobile

Emergency Contact No.

[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.

[illegible]

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

Date

[illegible][illegible][illegible][illegible]

INSTITUTION DETAILS

Name _____

[illegible]

Risk Categorization - Low ☒ Medium ☐ High ☐ PEP ☐