

Application Form
For Non- Individual

☐ New ☐ Update ☐ Merge



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

Account No.

Old Customer ID :-

New Customer ID :-

1. ENTITY DETAILS*

☐ Name*

Entity Constitution Type* ☐ Others (Specify)

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

Annual Sales Turnover

2. PROOF OF IDENTITY (PoI) [OVD- Officially valid document(s)]

- ☐ Officially valid document(s) in respect of person authorised to transact
- ☐ Certificate of Incorporation / Formation
- ☐ Registration Certificate
- ☐ 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 Proprietorship Only)

3. ADDRESS

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*

Pin / Post Code*

State / U.T Code*

ISO 3166 Country Code*

3.2 Local Address in India (If different from Above)*

Line 1*

Line 2

Line 3

City / Town / Village*

District*

Pin / Post Code*

State / U.T Code*

ISO 3166 Country Code*

4. CONTACT DETAILS (All communications will be sent to Mobile number / Email-ID provided" may be used)

[illegible]

5. NUMBER OF RELATED PERSONS

6. REMARKS (If any)

[illegible]

7. 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 : D D - M M - Y Y Y Y Place:

Signature / Thumb Impression of Applicant

8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

Identity Verification☐

Done

Date

D D — M M — Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]

Risk Categorization Low ☐ Medium ☐ High ☐ PEP ☐