## Application Form KYC - Legal Entity Form

☐ New ☐ Update





## THE VARACHHA CO-OP. BANK LTD., SURAT **દી વરાછા કો-ઓપ. બેંક લિ., સુરત** (મલ્ટી સ્ટેટ બેંક)

Name*   Others (Specify)	KYC No.			Customer ID :	
Entity Constitution Type*   Others (Spoofly)   (Please refer instruction B at the end)  Date of Incorporation / Formation*   O	1. ENTITY DETAILS	<b>*</b>			
Date of Incorporation / Formation*  Date of Commencement of Business  Place of Incorporation / Formation*  TIN or Equivalent Issuing Country  PAN*  TIN / GST Registration Number   2. PROOF OF IDENTITY (Pol)* (Please refer instruction B at the end)*  Officially valid document(s) in respect of person authorised to transact  Certificate of Incorporation / Formation  Registration Certificate Rego Certificate No.  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* (Please refer 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*  District*  District*  District*  District*	□ Name*				
Officially valid document(s) in respect of person authorised to transact   Certificate of Incorporation / Formation     Registration Certificate   Regn Certificate No.     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)  3.1 Registered Office Address / Place of Business*  Proof of Address*   Certificate of Incorporation / Formation   Registration Certificate     Other Document     Line 1*   Line 2	Date of Incorporation / Date of Commenceme Place of Incorporation TIN or Equivalent Issui PAN*	Formation*  Int of Business  / Formation*  ing Country		Country of Incorporation / Formation*	
Certificate of Incorporation / Formation Registration Certificate Regn Certificate No. 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* (Please refer instruction C at the end)"  3.1 Registered Office Address / Place of Business* Proof of Address* Other Document Line 1* Line 2 Line 3 City / Town / Village* District* ISO 3166 Country Code*  3.2 Local Address in India (If different from Above)* Line 1* Line 2 Line 3 City / Town / Village* District*	☐ 2. PROOF OF ID	ENTITY (Pol)* (Please refer	instruction B at th	ne end)"	
3.1 Registered Office Address / Place of Business*  Proof of Address*	Certificate of Registration Memorandur Resolution of	Certificate Regn Certificate Nomen and Articles of Association  f Board / Managing Committee  prince granted to its manager, office	Partnership Deed	ed  Trust Deed	
Proof of Address*	3. ADDRESS* (Ple	ease refer instruction C at t	the end)"		
City / Town / Village*  Line 1*  Line 3  City / Town / Village*  Pin / Post Code*  State / U.T Code*  ISO 3166 Country Code*  Line 1*  Line 1*  Line 2  Line 3  City / Town / Village*  District*  District*  District*  District*  District*	3.1 Registered C	Office Address / Place of Bu	ısiness*		
Line 1* Line 2 Line 3 City / Town / Village*  District*	Line 1* Line 2 Line 3 City / Town / Village*	Other Document		District*	
Line 2 Line 3 City / Town / Village*  District*	3.2 Local Address in India (If different from Above)*				
	Line 2 Line 3 City / Town / Village*				

4. CONTACT DETAILS (All communications will Email-ID provided" may be used) (Please reference)				
Tel. (Off)	FAX			
Mobile — — — — — — — — — — — — — — — — — — —	Mobile — — — — — — — — — — — — — — — — — — —			
Email ID				
Email ID				
5. NUMBER OF RELATED PERSONS (Please r	efer instruction E at the end)			
6. REMARKS (If any)				
U. NEWIANNO (II ally)				
2. APPLICANT DECLARATION (Please refer Instruction G at the end)				
<ul> <li>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.</li> <li>I / We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.</li> </ul>				
► I/We, give my consent to download my KYC Records from the Central KYC Registry (CKYCR), only for the purpose of verification of my identity and address from the database of CKYCR Registry. I understand that my KYC Record includes my KYC Records/Personal information such as my name, address date of birth, PAN number etc.				
Date: DD — MM — Y Y Y Y				
Place:	Signature / Thumb Impression of Applicant			
3. ATTESTATION / FOR OFFICE USE ONLY				
Documents Received Certified Copies Equivalent e-document				
KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS			
Identity Verification Done Date Na	me : THE VARACHHA CO. OP. BANK LTD., SURAT			
Emp. Name	de : IN0118			
Emp. Code				
Emp. Designation				
Emp. Branch				
[Employee Signature]	[Institution Stamp]			