KYC Application Form **Related Person**

☐ New ☐ Update ☐ Delete



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

| KYC No. | Customer ID : | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|
| 1. DETAILS OF RELATED PERSON | | | | | | | | | | | |
| ☐ Addition of Related Person ☐ Dele | tion of Related Person | | | | | | | | | | |
| KYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatory | | | | | | | | | | | |
| Related Person Type* Director Promote | | | | | | | | | | | |
| ☐ Proprietor ☐ Beneficia ☐ Power of Attorney Hold | | | | | | | | | | | |
| 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) | | | | | | | | | | | |
| Maiden Name | | | | | | | | | | | |
| Father / Spouse Name | | | | | | | | | | | |
| Mother Name | | | | | | | | | | | |
| Date of Birth* | Gender* | | | | | | | | | | |
| PAN* | ☐ Form 60 furnished | | | | | | | | | | |
| Nationality* ☐ IN- Indian ☐ Others (IS | SO 3166 Country Code 🔲) | | | | | | | | | | |
| 1.2 PROOF OF IDENTITY AND ADDRESS | | | | | | | | | | | |
| I Certified copy of OVD or equivalent e-docube submitted (anyone of the following OVD | nment of OVD or OVD obtained through digital KYC process needs to | | | | | | | | | | |
| A- Passport Number | □ РНОТО* | | | | | | | | | | |
| B-Voter ID Card | | | | | | | | | | | |
| C- Driving Licence | | | | | | | | | | | |
| D-NREGA Job Card | | | | | | | | | | | |
| E- National Population Register Letter | | | | | | | | | | | |
| F - 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 | e / U.T Code* ISO 3166 Country Code* | | | | | | | | | | |

| ☐ 1.3. CURRENT ADDRESS DETAILS | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| I Same as above mentioned address (In such cases add Certified copy of OVD or equivalent e-document of OVI be submitted (anyone of the following OVDs) | ress details as below need not be provided) O or OVD obtained through digital KYC process needs to |
| A- Passport Number | B-Voter ID Card |
| C- Driving Licence | |
| D-NREGA Job Card | |
| E- National Population Register Letter | |
| F - Proof of Possession of Aadhaar | |
| II E-KYC Authentication | |
| III Offline verification of Aadhaar | |
| IV Deemed PoA | |
| IV Self Declaration | |
| Address | |
| Line 1* | |
| Line 2 | |
| Line 3 | |
| City / Town / Village* | District* |
| Pin / Post Code* State / U.T Code* | ISO 3166 Country Code* |
| | |
| 1. 4 CONTACT DETAILS (All communication will be ser | |
| Tel. (Off) | Tel. (Res) |
| Mobile — — — — — — — — — — — — — — — — — — — | |
| Email ID | |
| 2. APPLICANT DECLARATION | |
| I hereby declare that the details furnished above are true and correct to the be and belief and I undertake to inform you of any changes therein, immediately, above information is found to be false or untrue or misleading or misrepresent | In case any of the |
| I may be held liable for it. I / We hereby consent to receiving information from Central KYC Registry through the second | ugh SMS/Email |
| on the above registered number/email address. I/We, give my consent to download my KYC Records from the Central KY | C 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 Records/Personal information such as my name, address date of birth, PAN nu | mber etc. |
| Date: DD - MM - YYYY Place: | Signature / Thumb Impression of Applicant |
| 3. ATTESTATION / FOR OFFICE USE ONLY | |
| _ | received from UIDAI Data received from Offline verification |
| ☐ Digital KYC process ☐ Equivalent € | a-document |
| KYC VERIFICATION CARRIED OUT BY | INSTITUTION DETAILS |
| Identity Verification Done Date | Name : THE VARACHHA CO. OP. BANK LTD., SURAT |
| Emp. Name | Code: IN0118 |
| Emp. Code | |
| Emp. Designation | |
| Emp. Branch | |
| | |
| [Employee Signature] | [Institution Stamp] |
| | |

FORM No. 60 (See second proviso to rule 114B)

Form for declaration to be filed by an individual or a person (not being a company or firm) who does not have permanent account number and who enters into any transaction specified in rule 114B

| 1 | First Name | | | | | | | | | | | 2 | : . | Date of birth/Incorporation of declarant | | | | | | | | | |
|------|-----------------------------------------------------------------------|--------|---------------------------------|------|------|--------|-------|--------|-----------------------|-------|-------|--------------------------------------------------------|------------|------------------------------------------|-----------------------------------|--------|-------|------------|---------|-------|--------|----------|-----|
| | Middle Name | | | | | | | | | | | | | | - | D | D | М | М | Υ | Υ | Υ | Υ |
| | Surname | | | | | | | | | | | | | | - | | | | | | | | |
| | | 1 | | | | | | | | | | | | · | | 1 | | | | | | | 1 |
| 3 | Father's Name | Firs | st Na | me | | | | | | | | | | | | | | | | | | | |
| | (in case of Individual) | Mi | ddle | Nam | e | | | | | | | | | | | | | | | | | | |
| | | Sur | rnam | е | | | | | | | | | | | | | | | | | | | |
| 4 | Flat / Room No. | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Floor No. | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Name of Premises | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Block Name /No. | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Road /Street/Lane | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Area / Locality | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Town/ City | | | | | | | | | | | | | | | | | | | | | | |
| 11 | District | | | | | | | | | | | | | | | | | | | | | | |
| 12 | State | | | | | | | | | | | | | 13 | Р | in Co | de | | | | | | |
| 14 | Telephone with (ISD) | | | | | - | | | | | | | | | | | | 1 | | | | 1 | ı |
| 15 | Mobile Number | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Amount of transaction Rs. | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Date of transaction | | | - | | | - | | | | | | | | | | | | | | | | |
| 18 | In case of transaction in joint | nan | nes, | nun | ber | of p | ersor | ıs inv | volve | d in | the | tran | sact | ion | | | | | | | | | |
| 19 | Mode of transaction | | Case Cheque Card Draft /Banker' | | | | | | | | | er's Ch | | | | | | | | | | | |
| 20 | Aadhar Number issue by UID | Al of | fava | ilab | le | | | | | |) | (| х | х | (| Х | Х | Х | х | | | | |
| 21 | If applied of PAN and it is not | | | | | nter | date | of a | ppliq | atio | n an | d | | | | | | | | | | | |
| | acknowledge No. | • | • | | | | | | • | | | | | | - | l | | | | | | <u> </u> | |
| 22 | If PAN not applied fill estimate | ed to | otal i | nco | me (| nclu | ding | incoı | me o | f spo | ouse | miı | nor (| child e | etc. | . as p | oer s | ectio | n 64 | of I | ncor | ne-t | ax |
| | Act, 1961) For the financial ye | | | | - | | _ | | | - | | | | | | | | | | | | | |
| | a. Agricultural Income (Rs.) | | | | | | | | | | | | | | | | | | | | | | |
| | b. Other than agricultural income (Rs.) | | | | | | | | | | | | | | | | | | | | | | |
| 23 | Details of document being produced in | | | | | | | | | | | | | | Name and address of the authority | | | | | | | | |
| | support of identify in column | | | | | | | | identification Number | | | | | | issuing the document | | | | | | | | |
| 24 | (Refer Instruction below) | - d | ر: ام م | | | D = =: | | | | | | | | - | | | مامد | م درام ام | 4 | | الدريم | !# | |
| 24 | Details of document being pro support of identify in columns | | | | | | | | | | | Name and address of the authority issuing the document | | | | | | | | | | | |
| | (Refer Instruction below) | 3 7 10 | , 13 | | | couc | • | ' | uent | iiica | .1011 | Null | ibei | " | 33u | iiig t | .110 | Jocui | IICII | | | | |
| | (| | | | | | ٧ | erifi | catio | on | | | | 1 | | | | | | | | | |
| | | | | | | | | | | | | | | | | _ | | | | _ | | - | |
| I | | | | | | | | | | | | | | d abo | | | | | | | | | |
| | belief. I further declare that I d | | | | | | | | | | | | - | | | | | | | | | _ | |
| | spouse, minor child etc. as per . 1961 for the financial year in v | | | | | | | | - | | - | | | | | | | - | | | | | |
| ACI | . 1301 IOI THE HHAHCIAI YEAR III ' | vvillC | 11 (11) | e au | ove | Liaiis | actic | 11 15 | iieiu | vvIII | JE IE | 33 L | iall | ιιιαλίΙ | iiu | ııı al | iiou | 111 110 | ic Cile | arge | שטופ | נט נו | ۵۸. |
| Ver | rified today. the day of | 20 |) | | | | | | | | | | | | | | | | | | | | |
| Pla | ce. | | | | | | | | | | | | | | | | (Sic | gnatu | ire o | f der | lara | nt) | |
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Note:

- Before signing the declaration, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects.
 Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable.
 - (i) In a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine.
 - (ii) In any other case with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.
- 2. The person accepting the declaration shall not accept the declaration where the amount of income of the nature referred to in item 22b exceeds the maximum amount which is not chargeable to tax unless PAN is applied for and column 21 is duly filled.