Annexure B  THE MAHENDRAGARH CENTRAL COOPERATIVE BANK LTD. MAHENDRAGARH
KYC UPDATION FORM INDIVIDUAL  Date:
Branch Name: Branch Code Branch Code  Fields marked asterix (*) are mandatory. Please fill up in BLOCK letters only and use black ink for signature  (For office use only)  Branch Code Branch Code  Bank/Branch to affix rubber stamp of name and code no.
Customer ID:
Account No.: CKYC No.: (Mandatory for CKYC update request)
1 Personal Details
Existing Customer ID: (If applicable)
Name*: F   R S T N A M E M   D D L E N A M E L A S T N A M E Same as ID Proof) Prefix
Maiden Name : F   R   S   T   N   A   M   E   M   I   D   D   L   E   N   A   M   E   L   A   S   T   N   A   M   E   L   A   S   T   N   A   M   E   L   A   S   T   N   A   M   E   L   A   S   T   N   A   M   E   L   A   S   T   N   A   M   E   L   A   S   T   N   A   M   E   L   A   S   T   N   A   M   E   L   A   S   T   N   A   M   E   L   A   S   T   N   A   M   E   L   A   S   T   N   A   M   E   L   A   S   T   N   A   M   E   L   A   S   T   N   A   M   E   L   A   S   T   N   A   M   E   L   A   S   T   N   A   M   E   L   A   S   T   N   A   M   E   L   A   S   T   N   A   M   E   M   A   A   M   E   M   A   A   A   A   A   A   A   A   A
Date of Birth*: D D M M Y Y Y Y Gender* Male Female Transgender Marital Status* Married Unmarried Others
Name of Father/Mother    Spouse* (Please Tick One)   File   Standard   Father's name is mandatory if PAN is not provided)   Father's name is mandatory if PAN is not provided   Father's name is n
No. of Dependents Illiterate  YES  No if yes: Identification Marks:  Prefix
Name of Guardian  FIRSTNAME MIDDLENAME LASTNAME  (In Case Of Minor*)  Relationship with Guardian
Nationality*: In-Indian Others Country Name:
Occupation Type*  S-Service Private Sector Public Sector Government Sector  O-Others Professional Self employed Retired House Wife Student  B-Business X-Not categorised-Please specify
Monthly Income*: Rs. Net Worth(approx value) Rs.
Source of Income Salary Business Income Agriculture Investment Income Pension Others
Religion: Hindu Muslim Christian Sikh Others
Category: General OBC SC ST
Person with disability Yes No If yes, i. Visually impaired ii. Differently abled Educational Qualification: SSC Fraduate Post Graduate Professional Others
Organization's Name: Designation/Profession: Nature of Business:
Please Tick the Applicable box*: Politically exposed Person Related to politically Exposed Person None
ISO 3166 Country Code of Jurisdiction of Residence* (Code for India is IN)
Place/City of Birth*
Country of Tax Residence in India only and not in any other country or territory outside India*  Yes  No (If No, please fill the FATCA details form - Annexure II)
PAN*/Tax Identification Number or equivalent (If issued by jurisdication) (If PAN is not submitted, submit Form 60 - Annexure I)
2 Contact Details (All communications will be sent on provided Mobile No./Email-ID)
Mobile No. Email ID Email ID
S T D Tel.(Off): S T D Tel.(Res):

APASSORT   B-VOTTER IDENTITY CARD   C-DRIVING LICTNOCE   D-UIN(AADMAB)
Document No/Identification Number*    Secondarion   Deciment No/Identification Number*   Deciment Nu
Save Date:
Address type* Residential/Business Residential Business Registered Office Unspecified Address* District*: District*: District* District*: Distr
Address type* Residential/Business Residential Business Registered Office Unspecified  Address*
Address*   District*:
City/Village*:    District*:
State:*    Pin:*   Pin
State:*    Pin:*   Pin
Address type* Residential/Business Residential Business Registered Office Unspecified  Address* Residential/Business Residential Business Registered Office Unspecified  Address* Residential Business Registered Office Unspecified  Address* Residential Business Registered Office Unspecified  Address* Registered Office Unspecified  Address* Pin:* Residential Business Registered Office Unspecified  City/Village:* District*: Distr
Address type* Residential/Business Residential Business Registered Office Unspecified  Address*  Address*  City/Village:* District*:
Address*  City/Village:* State:*  District*:  District*:  Pin:*  Utility Bill  PPO/FPPO  Property or Municipal tax receipt  Letter of allotment of accomodation issued by employer/ issued by State or Central Government departments, statutory or regulatory bodies, Public sector undertaking, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accomodation.  Document No  Date:  Date:  Do May Y Y Y Y  DECLARATION CUM UNDERTAKING CUM SELF-CERTIFICATION  I have read the copy of Terms and Conditions of the Account Opening given to me. The Terms and Conditions have been explained to me/us and having understood, I accept the same.  11 hereby declare that I have submitted the Aadhaar Card issued by UIDAI voluntarily for identification and/or address proof towards the compliance of KYC norms under the PMIA, 2002 2 1 hereby consent that the Bank may verify the same with the UIDAI and authorise the UIDAI expressly to release the identity and address through biometric authentication to the Bank
City/Village:* State:*  District*:  Pin:*  State:  Of If the Proof of Address(OVD) provided does not contain current address-please provide any of the documents below.  Utility Bill PPO/FPPO Property or Municipal tax receipt  Letter of allotment of accomodation issued by employer/issued by State or Central Government departments, statutory or regulatory bodies, Public sector undertaking, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accomodation.  Document No  Date:  Date:
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YES NO
3. I agree that my personal KYC details may be shared with Central KYC registry or any other competent authority. I hereby consent to receive information from the Bank/Central KYC Registry/GoI/ RBI or any other authority through SMS/e-mail on my registered mobile number/e-mail address. I also agree that the non-receiptof any such SMS/e-mail shall not make the Bank liable for any
loss or damage whatsoever in nature.
PHOTO*
Please Paste  Signature/Thumb impression of the Applicant
Please sign in black ink only
Recent passport Size
(Do not Staple)
Place: Date: D D M M M Y Y Y Y
8 FOR OFFICE USE/ATTESTATION
<ol> <li>PAN details (if available) have been verified from database issuing authority.</li> <li>Information submitted by the customer verified &amp; updated in the CBS.</li> <li>KYC updation date entered in CBS.</li> </ol>
Maker