# WARANGAL URBAN CO-OPERATIVE BANK LTD.,

## CENTRAL KYC REGISTRY

Know Your Customer (KYC) Application Form Individual & Related Person
(To be filled by Account Holder)

**For Office use Only** Application Type ☐ New ☐ Update ☐ Delete If existing CBS ID:

KYC Number *(Mandiatory for KYC update request)* Doc. No.:

Account Type ☐ Normal ☐ Minor ☐ Sr. Citizen ☐ Aadhar OTP based EKYC (non face to face mode)

## 1. INDIVIDUAL DETAILS (Either farther's name or spouse's name is to be mandatorily furnished. In case PAN is not available, fahter's name is

Pupose ☐ Savings ☐ Current ☐ Deposits ☐ Others, Specify

Role Type ☐ Individual ☐ Related Person ( ☐ Guardian for Minor ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Proprietor ☐ Beneficiary ☐ Beneficiaal Owner ☐ Court Appointment Official ☐ Authorised Signatory ☐ Power of Attorney Holder ☐ Other (Please Specify)

**Name of Applicant Name** (as per ID Proof)

**Prefrred Name**

**Maiden Name** (Fathers Name Madatory in absence of PAN)

**Fathers/Spouse Name**

**Mother's Name**

**Gender** ☐ Male ☐ Female ☐ Third Gender ☐ **Date of Birth**

**Marital Status** ☐ Single ☐ Married ☐ Divorce ☐ Widow ☐ Others

**Status** ☐ Resident Individual

**Nationality** ☐ Indian

**PAN** ☐ **Form 60** (Please enclose a self attested copy of your PAN Card / Form60 Only in case eligible under Income Tax Act 1962 Rule No. 1148) ☐ **Form 61**

**Preferred Mobile** ☐ **Preferred E-mail ID**

**Qualification** ☐ Illiterate ☐ Non Matric ☐ Undergraduate ☐ Graduate ☐ Post Graduate ☐ Other

**Occupation Type** ☐ S-Service ☐ Private Sector ☐ Public Sector ☐ Government Sector) ☐ O-Others ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B - Business ☐ X- Not Categorised ☐ Agriculture

**Profession**

**Religion**

**Average Income (In ₹ )** ☐ Nil ☐ 1 to < 60,000 ☐ 60,001 to < 1,20,000 ☐ 1,20,001 to < 6 Lakhs ☐ 6 Lakhs to < 12 Lakhs ☐ above 12 Lakhs

## 2. ADDRESS

**Permanent Adress**

Address Type ☐ Resident / Business ☐ Resident ☐ Business ☐ Regitred Office ☐ Unspecified

Line 1

Line 2

Line 3 City /Town/Village Locality

District State Pin Code

**Current Adress**

Address Type ☐ Resident / Business ☐ Resident ☐ Business ☐ Regitred Office ☐ Unspecified

Line 1

Line 2

Line 3 City /Town/Village

Distrit State Pin Code

Tel (Off) : Tel (Resi) ;

Signature

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## CENTRAL KYC REGISTRY

**Know Your Customer (KYC) Application Form | Individual**
[To be filled by Account Holder]

### 3. APPLICANT DECLARATION

1. I/We hereby declare that the details furnished are true and correct to the best of my knowledge and belief and I/We 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/We are aware that I/We may be held liable for it.
2. I/We hereby confirm that my/our latest photograph has been affixed and I/We have submitted a self attested photocopy KYC document in support of POI & POA. The information provided by us/me on this Form is true, correct, and complete. I/We also confirm that I/We are aware of the FATCA / CRS Terms and Conditions and hereby accept the same.
3. I/We certify that the information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best my/our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment / categorization of the account as a Reportable Account or otherwise.
4. I/We permit/authorise the Bank to collect, store, communicate and process information relating to the Account and all transactions therein, by the Bank and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
5. I/We also agree that my/our failure to disclose any material fact known to me/us, now or in future, may invalidate my/our application and the Bank would be within its rights to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) / RBI for the purpose or take any other action as may be deemed appropriate by the Bank if the deficiency is not remedied by me/us within the stipulated period.
6. I/We hereby accept and acknowledge that the Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the Bank.
7. Should there be any change in information/incorrect provided by me/us, I/we declare and undertake the responsibility to intimate the bank within 30 days the date of change with supporting documentary evidence.
8. It shall be my/our responsibilities to educate myself/ourself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the rules thereunder.
9. I/We also agree to furnish such information and/or documents as the Bank may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
10. I/We shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information..
11. The details provided by me / us in the form is as per the notified rules 114G to 114H of the income tax act 1962.
12. I/We have read, understood and hereby accept & agree to the Terms & Conditions given for all the products & services I/We have requested.
13. I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.
14. I/We have been explained about the nature of information that may be shared upon authentication. I/We have been given to understand that my information submitted to the bank, herewith, shall not be used for any other purpose than mentioned above, or as per requirements of law.
15. I/We hereby declare that all the above information voluntarily furnished by me is true, correct and complete.
16. If there is a mismatch in my Date of Birth / Name / Middle Name / Surname in the document(s) submitted by me. I, hereby, confirm that the Date of Birth / Name / Middle Name / Surname mentioned in this form is/are correct. I/We, hereby, indemnify WU Co-operative Bank Ltd. against any claims and damages incurred by WU Co-operative Bank Ltd. for relying and acting on this declaration.
17. I have affixed my present signature in the Account Opening Form. Since, I do not have any document with my present signature, I have signed in the presence of Bank staff and have submitted my latest identity proof document - _____. I confirm my identity; a copy of my identity proof is enclosed, herewith. Request you to consider my signature on the Account Opening Form, as my present signature.
18. I/We hereby agree that in the event of any change in my correspondence address, I/We will immediately inform the Bank. In case the address submitted by me as proof, undergoes a change, I/We note to submit the fresh proof of address to the Branch for updating in the account records. I/We further confirm that if the copy of the proof of address if not submitted to the satisfaction of the bank, within 6 months, the Bank shall have the right to freeze / close the account. I/We, hereby, indemnify WU Co-operative Bank Ltd. against any claims and damages incurred by WU Co-operative Bank Ltd. for relying and acting on this declaration.
19. I/We hereby give consent to the Bank for downloading my/our CKYC record from Central KYC Records Registry.

Signature / Thumb Impression of Applicant

Date : ☐☐ ☐☐ ☐☐☐☐ Place : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

### ATTESTATION / FOR OFFICE USE ONLY

**KYC Verification carried out by:**

Date ☐☐ ☐☐ ☐☐☐☐

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

CBS ID:

Branch Officer Signature with Branch Round Stamp

AOF details verified with KYC documents: ☐

Signature of KYC scrutiny CAO Official with Name & PA / RP stamp and date

Cust ID Customer details verified and authorized: ☐

Signature of CAO authoriser with Name & PA / RP stamp and date

**REMARKS** *(If any)*

**Documents Received**

☐ Certified Copies ☐ EKYC Data received from UIDAI
☐ Equivalent E-Document ☐ Digital KYC Process
☐ Data Received From Offline Verification

| Document Name | ID Proof | Address Proof |
|---|---|---|
| Passport Number | ☐ | ☐ |
| Passport Expiry Date ☐☐ ☐☐ ☐☐☐☐ | ☐ | ☐ |
| Voter ID Card No. | ☐ | ☐ |
| Driving License No. | ☐ | ☐ |
| Driving License Expiry Date ☐☐ ☐☐ ☐☐☐☐ | ☐ | ☐ |
| NREGA Job Card | ☐ | ☐ |
| National Population Register Letter | | |
| Proof of possession of Aadhaar | ☐ | ☐ |
| Biometric ref. no. | ☐ | ☐ |
| E-KYC Authentication | ☐ | ☐ |
| Offline Verification of Aadhaar | ☐ | ☐ |
| Deemed POA | | |
| Self Declaration for Mailing Address | | |
| PAN Card No: | ☐ | ☐ |
| Ration Card No: | ☐ | ☐ |
| Electricity Bill : | ☐ | ☐ |
| Any Other ID : | ☐ | ☐ |