



For Bank's use only

Date	DD / MM / YYYY	Account Number																			
KYC No of Entity	Mandatory for Update & Delete request										CIF No. of the Entity										
A/c Type	<input type="checkbox"/> Normal	<input type="checkbox"/> Gold	<input type="checkbox"/> Silver	<input type="checkbox"/> Platinum	Existing Customer ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Application Type	<input type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> Deletion										

To be filled in by the Applicant

ENTITY DETAILS		( Fields marked with * are mandatory)										(Please select <input checked="" type="checkbox"/> )																		
Name of the Entity*																					Name must match with the name provided in Proof of Identity									
Entity Constitution Type*	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society						<input type="checkbox"/> Association of Persons <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> HUF <input type="checkbox"/> Artificial Liability Partnership <input type="checkbox"/> Public Sector Bank						<input type="checkbox"/> Central/State Govt. Dept. or Agency <input type="checkbox"/> Section 8 Company <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> International Org or Agency/Foreign Embassy etc. <input type="checkbox"/> Not Categorized <input type="checkbox"/> Others (Specify):																	
Date of Incorporation*	D	D	-	M	M	-	Y	Y	Y	Y	Date of Commencement of Business	D	D	-	M	M	-	Y	Y	Y	Y									
Place of Incorporation*											Country of Incorporation*	<input type="checkbox"/> India <input type="checkbox"/> Others -Please write name of the Country here																		
PAN of the Entity*												[If OTHERS, please fill the "FATCA/CRS Declaration Form (Legal Entity)"]																		
GST No.											TIN or Equivalent of Issuing Country:																			
Nature of Business*	<input type="checkbox"/> Manufacturing of _____ <input type="checkbox"/> Trading in : _____ <input type="checkbox"/> Service Provider of _____ <input type="checkbox"/> Agriculture <input type="checkbox"/> Education & Training <input type="checkbox"/> Transport <input type="checkbox"/> Direct Sales <input type="checkbox"/> Digital Marketing <input type="checkbox"/> Medical Supplies & Services <input type="checkbox"/> Consultancy <input type="checkbox"/> Fashion Designing <input type="checkbox"/> Sports & Fitness <input type="checkbox"/> Performing Arts						<input type="checkbox"/> Electronics Wholesale <input type="checkbox"/> Entertainment <input type="checkbox"/> Food & Restaurant <input type="checkbox"/> Gas Station <input type="checkbox"/> Import/Export of _____ <input type="checkbox"/> Telecom Service <input type="checkbox"/> Telemarketer <input type="checkbox"/> Travel Agent <input type="checkbox"/> Retail Shop <input type="checkbox"/> Garage <input type="checkbox"/> Pawnshop <input type="checkbox"/> Used Cars <input type="checkbox"/> Venture Capital						<input type="checkbox"/> Gold & Diamonds Dealer <input type="checkbox"/> Bullion Dealer <input type="checkbox"/> Building & Construction <input type="checkbox"/> Antique Dealer <input type="checkbox"/> Stock Broker <input type="checkbox"/> Co-op.Credit Society <input type="checkbox"/> Investment Mgmt. <input type="checkbox"/> Fund Manager <input type="checkbox"/> Money Service <input type="checkbox"/> Broker of _____ <input type="checkbox"/> Non-Profit Social Cause <input type="checkbox"/> Others (Specify _____)																	

CONTACT DETAILS																					
Tel No. (Off.)	ISD/Country Code	Area/STD Code																			Official Email ID-1
FAX	ISD/Country Code	Area/STD Code																			
Mobile No*	ISD/Country Code																				Official Email ID-2
Mobile No*	ISD/Country Code																				

PROOF OF IDENTITY*																				(Please select <input checked="" type="checkbox"/> )									
<input type="checkbox"/> Officially valid documents(s) of person(s) authorised to transact										<input type="checkbox"/> Partnership Deed																			
<input type="checkbox"/> Certification of Incorporation / Formation										Cert. No. <input type="text"/>																			
<input type="checkbox"/> Registration Certificate										Regn. No. <input type="text"/>																			
<input type="checkbox"/> Memorandum & Articles of Association										<input type="checkbox"/> Trust Deed																			
<input type="checkbox"/> Resolution of Board / Managing Committee										<input type="checkbox"/> Power of attorney granted to its manager, officers, employees or others to transact on its behalf																			
										<input type="checkbox"/> Activity Proof - 1 (For Sole Proprietor only)																			
										<input type="checkbox"/> Activity Proof - 2 (For Sole Proprietor only)																			


ADDRESS : REGISTERED OFFICE / PLACE OF BUSINESS *																				(Please select <input checked="" type="checkbox"/> )										
Proof of Address*	<input type="checkbox"/> Certificate of Incorporation										<input type="checkbox"/> Registration Certificate issued by _____										<input type="checkbox"/> Other Document : Please write Document Name here									
Address* (As per Proof of Address.)											City/Town/Village																			
	District*					State*					Country*					Pincode*														

LOCAL ADDRESS IN INDIA *																				<input type="checkbox"/> Same as Above										(Please select <input checked="" type="checkbox"/> )									
Address* (As per Proof of Address.)											City/Town/Village																												
	District*					State*					Country*					Pincode*																							

**NUMBER OF RELATED PERSONS** (Proprietor/Partners/Directors/Authorised Persons) \* All partners/directors/beneficial owners


DETAILS OF RELATED PERSON-1\* :

Addition  Deletion  Update

Name*	Name must be same as in ID proof			Please do not staple  Affix latest coloured Passport size Photograph & sign across	Signature of the Related Person-1
Related Person Type* (Select any one)	<input type="checkbox"/> Proprietor <input type="checkbox"/> Karta <input type="checkbox"/> Promoter <input type="checkbox"/> Court Appointed Official <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Director <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Beneficiary <input type="checkbox"/> Other : _____				
CIF (Individual)	BCB Customer ID Number	KYC No.	(If available)		
Director ID No.			Whether Signatory in this Account <input type="checkbox"/> Yes <input type="checkbox"/> No		
PAN (Individual)*					


DETAILS OF RELATED PERSON-2\* :

Addition  Deletion  Update

Name*	Name must be same as in ID proof			Please do not staple  Affix latest coloured Passport size Photograph & sign across	Signature of the Related Person-2
Related Person Type* (Select any one)	<input type="checkbox"/> Proprietor <input type="checkbox"/> Karta <input type="checkbox"/> Promoter <input type="checkbox"/> Court Appointed Official <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Director <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Beneficiary <input type="checkbox"/> Other : _____				
CIF (Individual)	BCB Customer ID Number	KYC No.	(If available)		
Director ID No.			Whether Signatory in this Account <input type="checkbox"/> Yes <input type="checkbox"/> No		
PAN (Individual)*					


DETAILS OF RELATED PERSON-3\* :

Addition  Deletion  Update

Name*	Name must be same as in ID proof			Please do not staple  Affix latest coloured Passport size Photograph & sign across	Signature of the Related Person-3
Related Person Type* (Select any one)	<input type="checkbox"/> Proprietor <input type="checkbox"/> Karta <input type="checkbox"/> Promoter <input type="checkbox"/> Court Appointed Official <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Director <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Beneficiary <input type="checkbox"/> Other : _____				
CIF (Individual)	BCB Customer ID Number	KYC No.	(If available)		
Director ID No.			Whether Signatory in this Account <input type="checkbox"/> Yes <input type="checkbox"/> No		
PAN (Individual)*					

DETAILS OF RELATED PERSON-4\* :

Addition  Deletion  Update

Name*	Name must be same as in ID proof			Please do not staple  Affix latest coloured Passport size Photograph & sign across	Signature of the Related Person-4
Related Person Type* (Select any one)	<input type="checkbox"/> Proprietor <input type="checkbox"/> Karta <input type="checkbox"/> Promoter <input type="checkbox"/> Court Appointed Official <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Director <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Beneficiary <input type="checkbox"/> Other : _____				
CIF (Individual)	BCB Customer ID Number	KYC No.	(If available)		
Director ID No.			Whether Signatory in this Account <input type="checkbox"/> Yes <input type="checkbox"/> No		
PAN (Individual)*					

I/We accept the Terms & Conditions of Current Account as shown on Bank's Website & on Current Account Opening Form.

Note : Please use additional form in case of more than four Related Persons

Company Seal/Stamp & Signature	Date _____	Place: _____
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Risk Category of the Entity:  Low  Medium  High

Rationale for assigning the Risk Category :

FOR BRANCH USE

KYC documents, signature and photo of the applicant(s) verified and found correct. The applicant's name is not found in Caution Lists published by various authorities. A/c is KYC compliant.

	Emp. No.
Signature of Dy. Branch/Head/Officer	Date:

	DESIGNATION:
	Emp. No.
Signature of Branch Head	Date:
	DESIGNATION:

FOR USE AT CENTRAL PROCESSING DEPT.

DOCUMENTS RECEIVED: (Please select  applicable options below )

- |   |  |
|---|--|
| <input type="checkbox"/> Certified Copies               | <input type="checkbox"/> KYC data from UIDAI |
| <input type="checkbox"/> Data from offline verification | <input type="checkbox"/> Video Based KYC     |
| <input type="checkbox"/> Equivalent e-document          | <input type="checkbox"/> Digital KYC Process |

Verified KYC documents, risk category and found correct. A/c is KYC compliant. Updated the complete information including FATCA/CRS details in the system.

	Emp. No.
Signature of the Official verifying the documents	Date:
	DESIGNATION: