



The Sutex Co-op. Bank Ltd.

Regd. Office / ADM. OFFICE : "SURAJRAM BACHKANIWALA BHAVAN" UDHNA-MAGDALLA ROAD, SURAT-395 017.
(Registered under the Gujarat Co. Operative Societies Act 1961)

1972
ISO 9001 : 2008

(Reg. No. : S - 37561, 2006)

Ph. : 2632027, 2632028, 2632029
Email : sutexcbs@sutexbank.in • Website : www.sutexbank.in

CENTRAL KYC REGISTRY I Know Your Customer (KYC) Application Form I Individual

Instructions :

- A) Fields marked with*are mandatory fields.
- B) Self-Certification of documents is mandatory.
- C) Please Fill the form in English and in BLOCK Letters.
- D) Please read guidelines / detailed Instructions overleaf.
- E) List of Two character ISO-3166 country codes are available overleaf.

Application Type : ☐ New ☐ Update
Account Type* : ☐ Normal ☐ Simplified ☐ Small
KYC Number :
CID No. :

Branch Code : <input type="text"/>	Branch Name : <input type="text"/>	BAR CODE
A/C. No. : <input type="text"/>		

1. PERSONAL DETAILS

	Prefix	First Name	Middle Name	Last Name
Name * (same as ID proof) :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*) :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name* :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name* :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth* :	DD - MM - YYYY		Gender* : <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	
Marital Status* :	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others		PHOTO	
Citizenship* :	<input type="checkbox"/> IN-Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)			
Residential Status* :	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian			
	<input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			
Occupation* :	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorised			
If Self-Employed :	<input type="checkbox"/> Doctor <input type="checkbox"/> Lawyer <input type="checkbox"/> Engineer <input type="checkbox"/> C.A. <input type="checkbox"/> Others			

2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)
(Please read guidelines / details for 'Jurisdiction of Residence' and 'Tax Identification Number')

ISO-3166 Country Code of Jurisdiction of Residence* :

Tax Identification Number or equivalent (if issued by Jurisdiction)* :

Place / City of Birth* : ISO-3166 Country Code of Birth* :

Signature / Thumb Impression

3. PROOF OF IDENTITY (PoI)* (One Certified Copy of any one of the following Proof of Identity (PoI) needs to be submitted)

<input type="checkbox"/> A-Passport Number : <input type="text"/>	Passport Expiry Date : DD - MM - YYYY <input type="text"/>
<input type="checkbox"/> B-Voter ID Card : <input type="text"/>	
<input type="checkbox"/> C-PAN Card : <input type="text"/>	DD - MM - YYYY <input type="text"/>
<input type="checkbox"/> D-Driving Licence : <input type="text"/>	Driving Licence Expiry Date : <input type="text"/>
<input type="checkbox"/> E-UID (Aadhaar) : <input type="text"/>	
<input type="checkbox"/> F-NREGA Job Card : <input type="text"/>	
<input type="checkbox"/> Z-Others (any document notified by the central government with no.) : <input type="text"/>	ID No. <input type="text"/>
<input type="checkbox"/> S-Simplified Measures Account - Document Type Code <input type="text"/>	ID No. <input type="text"/>

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS / ADDRESS DETAILS (One Certified Copy of any one of the following Proof of Address (PoA) needs to be submitted)

Line - 1 : <input type="text"/>	
Line - 2 : <input type="text"/>	
Line - 3 : <input type="text"/>	City / Town / Village : <input type="text"/>
District : <input type="text"/>	State/U.T.* : <input type="text"/> Pin / Post code : <input type="text"/> ISO-3166 Country Code : <input type="text"/>
Address Type* : <input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified	
Proof of : <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhaar Card	
Address* : <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> NREGA CARD <input type="checkbox"/> Others <input type="text"/>	Please Specify <input type="text"/>
<input type="checkbox"/> Simplified Measures Account - Document Type Code <input type="text"/>	

☐ **4.2 CORRESPONDENCE / LOCAL / ADDRESS DETAILS*** (In case the PoA is not the local address or address where the customer is currently residing to be declared only and no PoA is required)

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, Please fill 'Annexure A1')

Line - 1 :
Line - 2 :
Line - 3 : City / Town / Village :
District : State/U.T.* : Pin / Post code : ISO-3166 Country Code :

☐ **4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES*** (If section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Line - 1 :
Line - 2 :
Line - 3 : City / Town / Village* :
State : ZIP / Post code : ISO-3166 Country Code* :

☒ **5. CONTACT DETAILS** (Communications will be done on provided Mobile no. and Email-ID)

STD CODE STD CODE
Tel.(off) : Tel.(Res) : Mobile : 9 1
Fax : Email ID :

☒ **6. DETAILS OF RELATED PERSON** (In case of additional related persons, Please fill 'Annexure B1' form)

☐ CID No. : ☐ KYC Number (if available) :

☐ Addition of Related Person ☐ Deletion of Related Person

Related Person Type* : ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative
Name* : Prefix First Name Middle Name Last Name

PROOF OF IDENTITY (Pol)* (Mandatory if KYC number is not available. One Certified Copy of any one of the following Proof of Identity (Pol) needs to be submitted)

☐ A-Passport Number : Passport Expiry Date : DD - MM - YYYY
☐ B-Voter ID Card :
☐ C-PAN Card : DD - MM - YYYY
☐ D-Driving Licence : Driving Licence Expiry Date :
☐ E-UID (Aadhaar) :
☐ F-NREGA Job Card :
☐ Z-Others (any document notified by the central government with no.) : ID No.
☐ S-Simplified Measures Account - Document Type Code ID No.

☒ **7. REMARKS** (If any)

OTHER DETAILS

Constitution

Weaker Section SC ☐ ST ☐ Women ☐ OBC ☐ Minority Community ☐ Non Weaker ☐

Yearly Income Range : ☐ Below 1 Lac ☐ 1 Lac to 5 Lac ☐ 5 Lac to 10 Lac ☐ 10 Lac to 25 Lac ☐ 25 Lac and above

Educational Qualification : ☐ Below SSC ☐ SSC ☐ HSC ☐ Graduate ☐ Post Graduate

Please Tick If Applicable : ☐ Politically Exposed Person ☐ Related to Politically Exposed Person

Any Other Information :

Do you have account in any other branch(es) of our Bank ? If so, please give details.

	Name of the Branch	Type of Account / Facility	Account Number
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have account in any other bank(s) ? If so, please give details.

	Name of Bank & Branch	Type of Account / Facility	Account Number
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDITIONAL INFORMATION (OPTIONAL)

ASSETS

Approximate Value Rs.

Vehicle	<input type="checkbox"/>	Car	<input type="checkbox"/>	Two-wheeler	<input type="checkbox"/>	Others	<input type="checkbox"/>	None
House You Live in	<input type="checkbox"/>	Ancestral	<input type="checkbox"/>	Owened	<input type="checkbox"/>	Rented	<input type="checkbox"/>	Employer's
Any other Investment : Yes / No. If Yes None								
Life Insurance Policy	<input type="checkbox"/>	Upto Rs.1 Lac	<input type="checkbox"/>	Upto Rs.2 Lacs	<input type="checkbox"/>	Upto Rs.5 Lacs	<input type="checkbox"/>	Above Rs. 5 Lacs
Other Investment	<input type="checkbox"/>	Upto Rs.1 Lac	<input type="checkbox"/>	Upto Rs.2 Lacs	<input type="checkbox"/>	Upto Rs.5 Lacs	<input type="checkbox"/>	Above Rs. 5 Lacs
Any Other Assets								

EXISTING CREDIT FACILITIES, IF ANY

Car Loan	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Housing Loan	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Consumer Loan	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Against Security	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Business / Agriculture	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Education Loan	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Others									
Do you have a Credit Card	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, which Card				
If yes Name of the Bank									

IN CASE OF SALARIED

Employer Name										
Employer's Address										
						PIN Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Current Employment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many times have you been abroad in last three years	<input type="checkbox"/>	Never	<input type="checkbox"/>	1 to 5 times	<input type="checkbox"/>	Above 5 times				

INTRODUCER

I/We certify that captioned applicant/s is/are known to me/us personally and I/We confirm that the occupation and address stated in this application form for opening account are correct to the best of my/our knowledge and belief.

CID <input type="text"/>	Account No. <input type="text"/>
Verified by :	Introductory Signature
Officer / Manager :	

■ 8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my/our 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/We am/are aware that I/We may be held liable for it.
- My personal / KYC details may be shared with Central KYC Registry
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address

D D - M M - Y Y Y Y

Date : Place :

Signature / Thumb Impression of Applicant

■ 9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received <input type="checkbox"/> Certified Copies	Risk Categorisation - <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date <input type="text"/>	Name <input type="text"/>
Emp. Name <input type="text"/>	Code <input type="text"/>
Emp. Code <input type="text"/>	[Institution Stamp]
Emp. Designation <input type="text"/>	
Emp. Branch <input type="text"/>	
[Employee Signature]	



Aadhaar Holder Consent Form Illustrative Template

The below illustrative template for obtaining consent from the Aadhaar holder for using the Aadhaar number, Biometric information and/or One time Pin (OTP) for providing the Aadhaar Authentication Service to be used by an Authentication User Agency (AUA). AUA may customize the consent form as per their requirement.

The Sutex Co-op. Bank Ltd.

Consent for Authentication

[☐] *Mark a tick (✓) to provide consent to below option*

I hereby state that I have no objection in authenticating myself with Aadhaar based authentication system and consent to providing my Aadhaar number, Biometric and/or One Time Pin (OTP) data for Aadhaar based authentication for the purposes of availing of the

e-KYC from The Sutex Co-op. Bank Ltd.

I understand that the Biometrics and/or OTP I provide for authentication shall be used only for authenticating my identity through the Aadhaar Authentication system for that specific transaction and for no other purposes.

I understand that The Sutex Co-op. Bank Ltd. shall ensure security and confidentiality of my personal identity data provided for the purpose of Aadhaar based authentication.

OR,

[☐] *Mark a tick (✓) to provide consent to below option*

I do not wish to authenticate myself with the Aadhaar based Authentication system for Authentication of my identity. However, I do understand that if at anytime I wish to authenticate myself with the Aadhaar based Authentication system I need to provide a consent to The Sutex Co-op. Bank Ltd. to provide my Aadhaar number, Biometric and/or OTP data.

Signature/Thumb Impression: _____

Name : _____

Aadhaar Number: _____

CID No. : _____

Date : ____/____/20____