



# THE PALGHAT CO-OPERATIVE URBAN BANK LTD.No.F.997

Head office - Court Road, Sultanpet, Palakkad - 678001

## CENTRAL KYC REGISTRY | Know your Customer (KYC) Application form | Individual

### Instructions :

- Fields marked with '\*' are mandatory fields.
- Please Fill the form in English and in BLOCK Letters.
- Please Read guidelines / detailed instructions overleaf
- List of Two character ISO-3166 country code are available overleaf

Application Type : ☐ New ☐ Update

Account Type\* : ☐ Normal ☐ Small

KYC Number :

### PERSONAL DETAILS

Name\* (same as on proof) :  FIRST NAME  MIDDLE NAME  LAST NAME

Maiden Name (If any\*) :  FIRST NAME  MIDDLE NAME  LAST NAME

Father / Spouse Name\* :  FIRST NAME  MIDDLE NAME  LAST NAME

Mother Name\* :  FIRST NAME  MIDDLE NAME  LAST NAME

Date of Birth\* :  D  D  M  M  Y  Y  Y  Y Gender\* ☐ Male ☐ Female ☐ Transgender

Marital Status\* : ☐ Married ☐ Unmarried Nationality\* ☐ India ☐ Others  COUNTRY NAME

Residential Status\* : ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of India Origin

Occupation\* : ☐ Private Sector Service ☐ Public Sector ☐ Govt. Sector ☐ Business ☐ Professional

☐ Self Employed ☐ Retired ☐ Housewife ☐ Student ☐ other  PLEASE SPECIFY

Photograph

Photograph

Tick if applicable : ☐ Residence for Tax purpose in jurisdiction(s) outside India

### ADDITIONAL DETAILS REQUIRED\* (If Applicants is resident outside India for Tax purpose)

(Please read guidelines / details for .....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\* :

### PROOF OF IDENTITY (pol)\* (One Certificate copy of any one of the following proof of Identity [pol] needs to be submitted)

☐ PAN :

☐ Voter ID Card :

☐ Passport Number :

☐ Driving License :

☐ UID (Aadhaar) :

☐ NREGA Job card :

☐ Passport Expiry Date :  D  D  M  M  Y  Y  Y  Y

☐ Driving License Expiry Date :  D  D  M  M  Y  Y  Y  Y

☐ Other [any document notified by the central government] :

### PROOF OF ADDRESS (PoA)\*

CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (One Certified copy of any one of following proof of Address [PoA] needs to be submitted)

Line 1\* :

Line 2\* :

Line 3\* :  City/ Town/ Village :

State/U.T\* :  Pin/Post code :  ISO-3166 Country Code :

Proof of Address\* : ☐ Passport ☐ Driving License ☐ Aadhaar Card

☐ Voter Identity Card ☐ NREGA CARD ☐ Others  PLEASE SPECIFY

### CORRESPONDENCE / LOCAL ADDRESS DETAILS (In case the PoA is not the local address where the customer currently .....To be .....only and no PoA is required)

Line 1\* :

Line 2\* :

Line 3\* :  City/ Town/ Village :

State/U.T\* :  Pin/Post code :  ISO-3166 Country Code :

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

[illegible][illegible]

☐ Addition of Related Person    ☐ Deletion of Related Person    KYC Number (if available):

Related Person Type\* : ☐ Guardian of Minor ☐ Nominee ☐ Assignee ☐ Authorized Representative ☐ Beneficial Owner ☐ Beneficiary

Name\* : 

			First Name	Middle Name	Last Name
--	--	--	------------	-------------	-----------

<input type="checkbox"/>	PAN	:								<input type="checkbox"/>	UID (Aadhaar)	:								
<input type="checkbox"/>	Voter ID Card	:								<input type="checkbox"/>	NREGA Job card	:								
<input type="checkbox"/>	Passport Number :									<input type="checkbox"/>	Passport Expiry Date	:	D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/>	Driving License	:								<input type="checkbox"/>	Driving License Expiry Date :		D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/>	Other [any document notified by the central government) :																			

Income Range : ☐ Below 1 Lac. ☐ 1 Lac. to 5 Lac. ☐ 5 Lac. to 10 Lac. ☐ 10 Lac. to 15 Lac. ☐ 15 Lac. to 25 Lac. ☐ 25Lac.and Above

Net. Worth (In INR) : 

--	--	--	--	--	--	--	--

 As on : 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Educational Qualification : ☐ Bellow SSC ☐ SSC ☐ HSC ☐ Graduate ☐ Masters ☐ Professional (CA, CS, CMS, others)

Please Tick if applicable : ☐ Politically Exposed Person ☐ Related to Politically Exposed Person

[illegible]

## APPLICATION DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my / our knowledge and belief and I am/are undertaking 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 am/we are aware that I/we may be held liable for it.

**I would like to share my personal / KYC details with Central KYC Registry**

Signature / Stamp

 Signature / Stamp of Applicant

[illegible][illegible]**ATTESTATION / FOR OFFICE USE ONLY**

Documents Received : ☐ Self-Certified ☐ True Copies ☐ Notary  
Risk Category : ☐ High ☐ Medium ☐ Low

### IN PERSON VERIFICATION DETAILS

Identity Verification	:	<input type="checkbox"/>	Done						
Date	:								
Emp. Name	:								
Emp. Code	:								
Emp. Designation	:								
Emp. Branch	:								

Signature

Signature / Stamp

## INSTITUTION DETAILS

Name : \_\_\_\_\_

Code : \_\_\_\_\_

Stamp : \_\_\_\_\_

☐ **DETAILS OF RELATED PERSON** (In case of additional related persons, Please fill 'Annexure B2' form)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number (if available):

Related Person Type\* : ☐ Guardian of Minor ☐ Nominee ☐ Assignee ☐ Authorized Representative ☐ Beneficial Owner ☐ Beneficiary

Name\* :  First Name  Middle Name  Last Name

**PROOF OF IDENTITY (pol)\*** (Mandatory if KYC Number is not available. One Certificate copy of any one of the following proof of Identity [pol] needs to be submitted)

☐ PAN :  ☐ UID (Aadhaar) :   
☐ Voter ID Card :  ☐ NREGA Job card :   
☐ Passport Number :  ☐ Passport Expiry Date :          
☐ Driving License :  ☐ Driving License Expiry Date :          
☐ Other [any document notified by the central government) :

☐ **DETAILS OF RELATED PERSON** (In case of additional related persons, Please fill 'Annexure B2' form)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number (if available):

Related Person Type\* : ☐ Guardian of Minor ☐ Nominee ☐ Assignee ☐ Authorized Representative ☐ Beneficial Owner ☐ Beneficiary

Name\* :  First Name  Middle Name  Last Name

**PROOF OF IDENTITY (pol)\*** (Mandatory if KYC Number is not available. One Certificate copy of any one of the following proof of Identity [pol] needs to be submitted)

☐ PAN :  ☐ UID (Aadhaar) :   
☐ Voter ID Card :  ☐ NREGA Job card :   
☐ Passport Number :  ☐ Passport Expiry Date :          
☐ Driving License :  ☐ Driving License Expiry Date :          
☐ Other [any document notified by the central government) :

**APPLICATION DECLARATION**

I hereby declare that the details furnished above are true and correct to the best of my / our knowledge and belief and I undertaking 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 am/ we are aware that I/we may be held liable for it.

I would like to share my personal / KYC details with Central KYC Registry

☐ Signature / Stamp of Applicant

Place :

Date :

**ATTESTATION / FOR OFFICE USE ONLY**

Documents Received : ☐ Self- Certified ☐ True Copies ☐ Notary  
Risk Category : ☐ High ☐ Medium ☐ Low

**IN PERSON VERIFICATION DETAILS**

Identity Verification : ☐ Done

Date :

Emp. Name :

Emp. Code :

Emp. Designation :

Emp. Branch :

Signature

**INSTITUTION DETAILS**

Name :

Code :

Stamp :