



# THE COIMBATORE CITY COOPERATIVE BANK LTD.

(Reg. No. K. 5496)

HEAD OFFICE : # 119, Dr Nanjappa Rd, Coimbatore-641018

CKYC for INDIVIDUAL

## CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

### Important Instructions:

- A) Fields marked with "\*" are mandatory fields.  
B) Tick '✓' wherever applicable.  
C) Please fill the form in English and in BLOCK letters.  
D) Please fill the date in DD-MM-YYYY format.  
E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.  
F) Please read section wise detailed guidelines / instructions at the end.  
G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
H) List of two character ISO 3166 country codes is available at the end.  
I) KYC number of applicant is mandatory for update application.  
J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

### For office use only

(To be filled by financial institution)

Application Type\* ☐ New ☐ Update

KYC Number  (Mandatory for KYC update request)

Account Type\* ☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

### ☐ 1. PERSONAL DETAILS\* (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<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*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
PAN*	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Form 60 furnished	

### ☐ 2. PROOF OF IDENTITY AND ADDRESS\* (Please refer instruction B at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A- Passport Number
- ☐ B-Voter ID Card
- ☐ C-Driving Licence
- ☐ D-NREGA Job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar
- II ☐ E-KYC Authentication
- III ☐ Offline verification of Aadhaar

☐ PHOTO\*



### Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin/Post Code*	<input type="text"/>
State/U.T Code*	<input type="text"/>
City / Town / Village*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

### ☐ 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

☐ Same as above mentioned address (In such cases address details as below need not be provided)

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- IV ☐ Deemed Proof of Address - Document Type code
- V ☐ Self Declaration

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ISO 3166 Country Code*	<input type="text"/>

☐ **4. CONTACT DETAILS** (All communications will be sent to Mobile number/ Email-ID provided) (Please refer instruction C at the end)

[illegible]

☐ 5. REMARKS (If any)

[illegible]

## 6. APPLICANT DECLARATION

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

[illegible]

Signature / Thumb Impression of Applicant

## 7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process  
☐ Equivalent e-document ☐ Video Based KYC

## KYC VERIFICATION CARRIED OUT BY

[illegible]

## INSTITUTION DETAILS

[illegible]



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☐ **4. CONTACT DETAILS**

Tel. (Off)											—											Tel. (Res)											—											Mobile											—										
Email ID																																																																	

☐ **5. REMARKS (If any)**


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Date : 

D	D	—	M	M	—	Y	Y	Y	Y
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 Place: 

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Signature /Thumb Impression of Applicant

**7. ATTESTATION / FOR OFFICE USE ONLY**

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**KYC VERIFICATION CARRIED OUT BY**

Date	<table><tr><td>D</td><td>D</td><td>—</td><td>M</td><td>M</td><td>—</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	—	M	M	—	Y	Y	Y	Y										
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[Employee Signature]

**INSTITUTION DETAILS**

Name	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
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