



जनकल्याण सहकारी बँक लि. JANAKALYAN SAHAKARI BANK LTD.

Customer Information form for other than individual as per Central KYC Registry

Important Instructions:

A) Fields marked with "*" are mandatory fields.

C) KYC number of entity is mandatory for update application.

B) Please fill the form in English and in BLOCK letters.

For office use only	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update	
(To be filled by financial institution)	KYC Number <input type="text"/>	(Mandatory for KYC update request)

BUSINESS ENTITY DETAILS

1. ENTITY DETAILS

Name*	<input type="text"/>		
Date of Incorporation*	<input type="text"/>	Date of Commencement of Business*	<input type="text"/>
Place of Incorporation*	<input type="text"/>	Country of Incorporation*	<input type="text" value="I"/> <input type="text" value="N"/>
PAN	<input type="text"/>		

Nature of Business / Entity Constitution Type* (please mark ✓ on appropriate place)

- | | | |
|--|--|--|
| <input type="checkbox"/> A - Sole Proprietorship | <input type="checkbox"/> E - Public Limited Company | <input type="checkbox"/> I - Liquidator |
| <input type="checkbox"/> B - Partnership Firm | <input type="checkbox"/> F - Society | <input type="checkbox"/> J - Limited Liability Partnership |
| <input type="checkbox"/> C - HUF | <input type="checkbox"/> G - Association of Person (AOP) / Body of Individuals (BOI) | <input type="checkbox"/> K - Artificial Juridical Person |
| <input type="checkbox"/> D - Private Limited Company | <input type="checkbox"/> H - Trust | <input type="checkbox"/> Z - Others |
| | | <input type="checkbox"/> X - Not Categorized |

2. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

Tel. (Off)	<input type="text"/>	Tel. (Res)	<input type="text"/>	Mobile	<input type="text"/>
FAX	<input type="text"/>	Email ID	<input type="text"/>		

3. PROOF OF IDENTITY (PoI)*

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

- | | |
|---|--|
| <input type="checkbox"/> Certificate of Incorporation / Formation | <input type="checkbox"/> Registration Certificate |
| <input type="checkbox"/> Resolution of Board / Managing Committee | <input type="checkbox"/> Memorandum and Article of Association / Partnership Deed / Trust Deed |

4. PROOF OF ADDRESS (PoA)* (Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS

Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	
Proof of Address*	<input type="checkbox"/> Certificate of incorporation / Formation	<input type="checkbox"/> Registration Certificate			
Line 1*	<input type="text"/>				
Line 2	<input type="text"/>				
Line 3	<input type="text"/>			City / Town / Village*	<input type="text"/>
State / U.T Code*	<input type="text"/>	Pin / Post Code*	<input type="text"/>		

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS*

Same as Current / Permanent / Overseas Address details

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Certificate of incorporation / Formation Registration Certificate

Line 1*

Line 2

Line 3 City / Town / Village*

State / U.T Code* Pin / Post Code*

5. DETAILS OF RELATED PERSON (for every related person, CIF meant for individual to be submitted.)

Addition of Related Person Deletion of Related Person Update Related Person details

KYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' and 'Name' is mandatory.

Related Person Type* Director Promoter Karta Trustee Partner
 Authorised Signatory Court Appointed Official Beneficiary

REMARKS (If any)

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.
- "My/Our Personal KYC details may be shared with Central KYC Registry"

[Signature / Thumb Impression]
 Signature / Thumb Impression of Applicant

Date : -- Place :

ATTESTATION / FOR OFFICE USE ONLY

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

IN PERSON VERIFICATION CARRIED OUT BY

Identity Verification Done Date --
 Emp. Name
 Emp. Code
 Emp. Designation
 Emp. Branch

INSTITUTION DETAILS

Name **JANAKALYAN SAHAKARI BANK LTD.**
 Code **I N 2 0 9 9**

[Employee Signature]

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