THE GANDHIDHAM CO-OPERATIVE BANK LTD.

Web: www.gcbl.in

Head Office:
T.B.X. 1&2, Adipur - Kachchh - 370205.
Tel.: +91-2836-260433, 260715 Fax: 02836-261539

Branch Office: Plot No. 303, 12-B, Agrasen Marg,
Gandhidham - Kachchh - 370201 Fax: 02836-220490
Tel.: 02836-220671, 260074, 220131 Email: gcbl.bank@yahoo.com

ACCOUNT OPENING FORM LEGAL ENTITY

Please open my/our ☐ **Saving Account** ☐ **BSBD Account**

Account No. | | | | | | | | | | | | | |

D D M M Y Y Y Y

Date : | | | | | | | | |

Please open my/our ☐ **Current Account** ☐ **Fixed Deposit Account at your**_____ **Branch**

Constitution of Current Account	Type of Fixed Deposit Account
☐ Individual ☐ Proprietorship ☐ Partnership ☐ HUF ☐ Trust ☐ Club ☐ Association ☐ Society ☐ Private Limited Co. ☐ Public Limited Co. ☐ Other_____	☐ Auto Renewal ☐ Auto Payment A/c. Details: A/c. No._____ IFSC Code: _____

Title Of the Account	Customer ID No.

Full Name of Proprietor/Partners/Karta/Trustees/Directors (First Name Middle Name Surname)	Customer ID No.

Initial Deposit Details **Membership No.-**

Deposit Amount ₹ _____ By- ☐ Cash ☐ Cheque No. | | | | | | |

Mode of Operation:

☐ Self ☐ Self/Authorized Signatory ☐ Thumb Impression ☐ Karta ☐ Proprietor/Authorized Signatory

☐ Any One ☐ Any Two ☐ Any Three ☐ All Jointly ☐ Letter on discharge by Authority ☐ Other _____

Required (Mark ✓ -yes/x-no): ☐ ATM ☐ Internet Banking ☐ Mobile Alert on- | | | | | | | | | | |

(* Please fill the form for ATM & Internet Banking)

☐ For Existing Deposit Holder: A/c No- | | | | | | | | | | | | | | |

Introduction : (*Not Mandatory, for reference only)

I/We _____ hereby confirm that I/We personally know the applicant/s detailed herein for more than six months and confirm his/her/their Identity and address.

Signature Verified by	Account Number	Introducer's Signature & Seal

Nomination *(Form DA 1) : (*For Individual & Proprietorship Firm only)

I_____ hereby nominate the following person to whom in the event of my death, the amount of deposit in the account may be returned by the The Gandhidham Co-op Bank Ltd.

Name & Address of the Nominee	Relationship	Date of Birth	If Nominee is Minor-I/We appoint Guardian
			Guardian Name - Guardian Address-

Signature(s), Name(s) & Address of Witness(s)	Signatures(s)/Thumb Impression(s) of Depositor(s)
(1)_____ (2)_____	

Declaration for Current Account Holders (*mandatory for all type of constitution)

1) I/We hereby declare that I/We agree to comply with and be bound by The Gandhidham Co-op. Bank's Rules & Regulations in force from time to time for the conduct of such Account.

2) I/We hereby confirm that, in the event of dishonor of a cheque drawn in this account on four occasions during the financial year bank may not issue any new cheque book & also the bank has a right to close the account at its discretion.

3) I/We hereby declare that I/We ☐ do not enjoy Credit facilities with other bank ☐ enjoy credit facilities as detailed below:

Name of the Bank & Branch	Account No.	Facility Enjoying	Amount

Signature & Seal- **X**

Declaration by the Fixed Deposit Holder

I/We hereby declare that I/We am/are aware of changes in section 194A of the Income Tax Act. The TDS is to be deducted from interest credited/paid if it exceeds ₹_____ during the financial year in respect of term deposit exists/kept/renewed. I/We require the Interest to be paid/credited without deduction of Tax if applicable in my/our case, then I/We will submit the necessary declaration in form 15H/G

Signature & Seal-

Declaration by the Sole Proprietor

As the firm of _____ has dealings with the bank. I hereby declare that I _____ the undersigned am the sole proprietor of the said firm and I am responsible to the Bank for the liabilities of the firm with the Bank. The bank may recover its claims from my estate. Whenever any change occurs in the constitution of the said firm, I undertake to inform the Bank of the same in writing and my responsibility to the Bank will continue until I receive the acknowledgment letter from the Bank & until all my liabilities with the bank are discharged.

Signature of Sole Proprietor-

Declaration by the Partners

As the firm of _____ has dealings with the Bank we hereby declare that we the undersigned are the partners in the said firm. We are jointly and severally responsible to the Bank for the liabilities of the firm with the Bank. The bank may recover its claims and dues from any or all of the partners of the firm & the estate of any deceased partner. Whenever any change occurs in the our partnership we undertake to inform the Bank of the same in writing and our individual responsibility to the Bank will continue until we receive from the bank an acknowledgment letter & until all our liabilities with the bank are discharged.

Name of Partner	Sign of Partner

Declaration letter by the HUF

We, the undersigned, for ourselves and _____ as Karta of the family, also guardian of* _____ hereby declare that we are the members of Hindu Undivided Family/Firm ☐ The joint family/firm is carrying business under the name and style of M/s. _____, which is our jointly family trade. ☐ The Hindu Undivided Family is engaged in _____ activity/occupation not in the nature of the business or trade. We, the undersigned, hereby aythorise (karta) _____ to operate upon the Bank account severally, singly and all transactions entred into and obligations incurred by them will be binding on all of us. Any acts done/to be done to comply with Bank's rules which are in force or as amended from time to time in the matter of maintaining and conduct of such accounts will be binding on us.

Name of Co-parcener	Sign Name of Co-parcener

*Here state the name of the children of each of the family members stating their parcentage and state also the name of guardians by whom they are represented.

Resolution of Company/Trust/Association/Club/Society etc. for opening a Bank Account

A certified copy of the Extract from the minutes of the Board of Directors/ Committee of Management of _____ duly convened, at which a proper quorum was present, held on _____ at _____. We hereby certify that the following resolution of the Board of Directors/ Committee of Management was passed at the meeting and duly recorded in the minute book.

Resolution

Resolved that a banking account for the Company/Trust/Association/Society/Club with the name _____ _____ be opened with The Gandhidham Co-Operative Bank Ltd., _____ Branch and that the said Bank is hereby authorized to honour Cheque/Draft/any other Mandate drawn by Company/ Trust/Association and to act upon any instructions so given relating to the account whether the same be overdrawn or not relating to the transactions of the Company/Trust/Association. This account shall be operated by _____ to the following Office Bearers.

(Names of the Office Bearers)

1.
2.
3.

Further, resolved that the specimen signatures of the above Office Bearers be sent to the above bank.

Signatures-

CERTIFIED TRUE COPY

SECRETARY **CHAIRMAN OF THE MEETING**

Name of the Holder	**Name of the Holder**	**Name of the Holder**	**Name of the Holder**	**Name of the Holder**
Please paste Passport Size color Photograph here	Please paste Passport Size color Photograph here	Please paste Passport Size color Photograph here	Please paste Passport Size color Photograph here	Please paste Passport Size color Photograph here
x	x	x	x	x
Signature	**Signature**	**Signature**	**Signature**	**Signature**

For Office Use only:

Risk Category : ☐ High ☐ Medium ☐ Low	Cheque Book Series		to	
Opened by	Verified by	Approved by		

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Customer ID Form - Legal (Add-on Form)

Customer ID No.		Date : (D D M M Y Y Y Y)	
☐ M/s ☐ The	Name :		
Date Of Incorporation : (D D M M Y Y Y Y)		Pan No.:	
GSTIN:			
Reg. No.:	Reg. Auth.:	Reg. Place:	

Business Nature	Constitution Type
☐ Trading ☐ Manufacturing ☐ Service providers ☐ Agriculture ☐ Jewellers ☐ Import - Export ☐ Shipping & Logistics Firm ☐ Real Estate ☐ Transportation ☐ Construction ☐ Travel Agent ☐ Job Worker ☐ Consultant ☐ Commission Agent ☐ Professional ☐ Restaurants/Bars/Hotels ☐ Educational Institute ☐ Salt Business-Trading/Manufacturing ☐ Investment/Finance Institute ☐ Non Profit Making Organization (NTC/NGO) ☐ Organizations receiving Donations (Trust/Society/Club) ☐ Others _____	☐ Proprietorship Concern ☐ Partnership Firm ☐ HUF Firm ☐ Limited Company ☐ Private Limited Company ☐ Association of Persons ☐ Trust ☐ Society ☐ Club ☐ Others _____

Address Proof Detail	Business Proof(Mark ✓ Any Two from the below list-Its Mandatory Option)
☐ Light Bill ☐ Telephone Bill ☐ Municipal/Gram Panchayat Tax Bill ☐ Bank Statement ☐ Rent Agreement & Utility Bill ☐ Property Purchase Document ☐ Not required in case Address is same as given in Business Proof ☐ Other _____	☐ Shop Act License ☐ CST/VAT Certificate ☐ Service Tax Registration ☐ GSTIN ☐ Professional Tax Certificate ☐ Talati Dakhlo in organization name ☐ Import-Export Code Certificate ☐ Labour License ☐ Collector Lease ☐ License issued by ICAI/ICWAI/IRDA etc. ☐ Drug License ☐ Food License ☐ License issued by state/Central Govt. ☐ License to sell/exhibit to sale Item ☐ Pan Card in the name of firm/Co ☐ IT Return(Complete Set)/CA Certificate ☐ Any Government Certificate of Registration ☐ DIC Certificate ☐ Reg. Certificate for Provident Fund ☐ Factory Reg. Certificate ☐ Certificate of Incorporation(commencement)+Memorandum & Articles ☐ Non Trading Corporation Certi. ☐ Reg. Certi. by Charity Commissioner ☐ Other _____

Annual Income (₹ in lakhs)	☐ Not Applicable ☐ Up to 1 ☐ 1-5 ☐ 5-10 ☐ 10-15 ☐ _____
Yearly Family Income (₹ in lakhs)	☐ Up to 5 ☐ 5-10 ☐ 10-15 ☐ 15-25 ☐ > 25- _____
Expected/Yearly Turnover (₹ in lakhs)	☐ < 5 ☐ 5-15 ☐ 15-25 ☐ 25-50 ☐ 50-100 ☐ > 100- _____
Details of Foreign Dealings	☐ No ☐ Yes-
Details of Associate Concerns (if any)	

Details of Account(s) or Credit Facility with other Bank(s) - ☐ Yes ↓ ☐ No

Name of the Bank & Branch	Account No.	A/C Type or Credit facility

Signature Of A/c. Holder With Seal	Signature Of Bank Officer

ACCOUNT HOLDER No. 1

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

Important Instructions : (A) Fields marked with '*' are mandatory fields. (B) Please Fill the form in English and in BLOCK Letters. (C) Please fill the date in DD-MM-YYYY format. (D) Please read section wise detailed guidelines / Instructions at the end. (E) List of State / U.T. code as per Indian Motor Vehicle Act, 1988 is available in the end. (F) List of Two character ISO-3166 country code are available at the end. (G) KYC number of applicant is mandatory for update application. (H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For Office use only

Application Type : ☐ New ☐ Update

Account Type* : ☐ Normal ☐ Small ☐ Simplified (for low risk customers)

KYC Number : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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

	Prefix	First Name	Middle Name	Last Name (Surname)
Name (Same as ID Proof)* :				
Maiden Name (if any)* :				
Father / Spouse Name* :				
Mother Name* :				

Date of Birth* (dd/mm/yyyy) : _____ Place / Country of Birth : _____

Gender* : ☐ Male ☐ Female ☐ Transgender

Marital Status* : ☐ Married ☐ Unmarried ☐ Others

Citizenship* : ☐ IN - Indian ☐ Other (ISO - 3166 Country Code of Birth ☐☐)

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

Occupation Type* : ☐ S - Service (☐ Private Sector ☐ Public Sector ☐ Government Sector)

☐ O - Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student)

☐ B - Business

☐ X - Not Categorised

Service / Business Name & Address : _____

☐ 2. TICK IF APPLICABLE : ☐ Residence for Tax Purpose in Jurisdiction(s) Outside India (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO-3166 country code of Jurisdiction Residence* : ☐☐

Tax Identification Number of equivalent (If issued by Jurisdiction) _____

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

☐ 3. PROOF OF IDENTITY (PoI) (Please refer Instruction C at the end)*

(Certified Copy of any one of the following proof of Identity (PoI) needs to be submitted)

☐ **A - Passport No. :** _____ **Passport Expiry Date :** _____

☐ **B - Voter ID Card :** _____

☐ **C - PAN Card :** _____

☐ **D - Driving License :** _____ **Driving License Expiry Date :** _____

☐ **E - UID (Aadhaar) :** _____

☐ **F - NREGA Job Card :** _____

☐ **Z - Others (any document notified by the central Government :** _____ **Identification No. :** _____

☐ **S - Simplified Measurers Account - Document Type Code :** _____ **Identification No. :** _____

☐ 4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified Copy of any one of the following proof of Address (PoA) needs to be submitted)

Address Type* : ☐ Residential / Business ☐ Residential ☐ Business ☐ Register Office ☐ Unspecified

Proof of Address : ☐ Passport ☐ Driving License ☐ UID (Aadhaar) ☐ Voter Identity Card ☐ NREGA Job Card ☐ Others _____

☐ Simplified Measures Account - Document Type Code Identification No. : _____ Document No. : _____

Address Line 1* : _____

Address Line 2 : _____

Address Line 3 : _____ **City / Town / Village :** _____

Pin Code* : _____ **State / U.T.* :** _____ **ISO-3166 Country Code*** ☐☐

☐ **4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS* (Please see instruction E at the end)**

☐ Same as Current / Permanent / Overseas Address Details (in case of multiple correspondence / local addresses, please fill "Annexure A-1)

Address Line 1* : _____

Address Line 2 : _____

Address Line 3 : _____ City / Town / Village* : _____

Pin Code* : _____ State / U.T.* : _____ ISO-3166 Country Code* ☐☐

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

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

Address Line 1* : _____

Address Line 2 : _____

Address Line 3 : _____ City / Town / Village* : _____

State* : _____ ZIP / Postal Code* : _____ ISO-3166 Country Code* ☐☐

☐ **5. CONTACT DETAILS (All communication will be sent on provided mobile no. / Email ID) (Please refer instruction G at the end)**

Tel. (Off) : _____ Tel. (Res.) : _____ Mobile : _____

Fax : _____ Email ID : _____

☐ **6. DETAILS OF RELATED PERSON (in case of additional related persons, please fill Annexure B1) (please refer Instruction G at the end)**

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

Related Person Type* : ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name* : _____ | _____ | _____ | _____

(If KYC number and name are provided, below details of section 6 are optional) :

PROOF OF IDENTITY (PoI) OF RELATED PERSON* (Please see instruction H at the end)

☐ A - Passport No. : _____ Passport Expiry Date : _____

☐ B - Voter ID Card : _____

☐ C - PAN Card : _____

☐ D - Driving license : _____ Driving License Expiry Date : _____

☐ E - UID (Aadhaar) : _____

☐ F - NREGA Job Card : _____

☐ Z - Others (any document notified by the central government) : _____ Identification No. : _____

☐ S - Simplified Measures Account - Document Type Code : _____ Identification No. : _____

☐ **7. OTHER DETAILS***

Income : Rs. _____ (Monthly) Rs. _____ (Yearly)

Net Worth (In INR) : Rs. _____ As on Date : _____

Education / Qualification : ☐ Below SSC ☐ SSC ☐ HSC ☐ Graduate ☐ Master Degree ☐ Professional

Please tick if Applicable : ☐ Politically Exposed Person ☐ Related to Politically Exposed Person

RELATION WITH OUR BANK / OTHER BANK :

Our Bank A/c Details		Other Bank A/c Details			
A/c Type	A/c Number	Bank Name	Branch	A/c Type	A/c Number

☐ **8. REMARKS (if any)**

APPLICANT DECLARATION	Attestation / For Office Use Only (Branch)	Institutional Details
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.**	**Documents Received** ☐ Certified Copy	Name Code
Signature / thumb Impression of Applicant	Emp. No. : Name : Designation : Verified by (Signature)	Stamp

For Bank Use Only (Entry / Authorisation purpose) ☐ **Create** ☐ **Update** **Customer ID :**

Entered by	Authorised by	Entered for CKYCR	Authorised for CKYCR
Sign with Emp. Name / Number	Sign with Emp. Name / Number	Sign with Emp. Name / Number	Sign with Emp. Name / Number

નોંધઃ એક કરતાં વધુ અરજદારના કિસ્સામાં અલગ ફોર્મ મેળવી આ ફોર્મ સાથે જોડવા.

FATCA & CRS - SELF CERTIFICATION FORM FOR INDIVIDUAL ACCOUNTS AND PROPRIETOR CONCERN

Customer ID :	**Branch :**	**Account No.**

BASIC INFORMATION :

Name			
Father's Name			
Present Address			
Permanent Address			
PAN		**Gender :**	
Mobile No		**Email Address :**	
Date of Birth		☐ Primary Holder	☐ Joint Holder#
Possible Docs.	☐ Passport ☐ Election ID ☐ UIDAI ☐ Govt. ID Card	☐ PAN Card ☐ NREGA Job Card	☐ Driving License ☐ Others

Part I - Please fill each of the following details :

1	Country of :	
	a) Birth	
	b) Citizenship	
	c) Residence for Tax Purposes	
2	US Person (Yes / No) (Citizen or Resident of USA or Green card Holder of USA)	
3	Is Your Country of Tax Residence any other than India?	☐ Yes ☐ No

Part II - Please note :

a. If in all fields above, the country mentioned by you is India and if you do not have US person status, please proceed to **Part III** for signature.

b. If for any of the above field, the country mentioned by you is not India and / or if your US person status is Yes, please provide the Tax Payer Identification Number (TIN) or functional equivalent as issued in the specific country in the table below:

i)	TIN / Functional Equivalent*	
	Country of Issue	
ii)	TIN / Functional Equivalent*	
	Country of Issue	
iii)	TIN / Functional Equivalent*	
	Country of Issue	

a. If you satisfy the criteria mentioned in Part II (b) above but do not have Taxpayer Identification Number / functional equivalent, please fill **Part IV Self Certification.**

c. In case you are declaring US person status as 'No' but your Country of Birth is US, please provide document evidencing Relinquishment of Citizenship. If not available provide reasons for not having relinquishment certificate. Please also fill **Part IV Self-Certification.**

Part III - Customer Declaration (Applicable for all customers) :

(i) Under penalty of perjury, I / we certify that :

1. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof.
   (This clause is applicable only if the account holder is identified as a US person)
2. The applicant is an applicant taxable as a tax resident under the laws of country outside India.
   (This clause is applicable only if the account holder is a tax resident outside of India)

(ii) I / We understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA / CRS. The Bank is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/ we shall seek advice from professional tax advisor for any tax questions.

(iii) I / We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.

(iv) I / We agree that as may be required by domestic regulators / tax authorities the Bank may also be required to report, reportable details to CBDT or close or suspend my account.

(v) I / We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Name

Date (DD/MM/YYYY) **Signature**

Part IV - Self-Certification :

(declaring that I am not resident for tax purpose in any other country other than India)

To be filled only if -

(a) Name of the country in Part I is other than India and TIN or Functional equivalent is not available, or

(b) US person is mentioned as No in Part I, and Date of Birth is USA.

I confirm that I am neither a US person nor a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India Therefore, I am providing the following document as proof of my citizenship and residency in India. **x**

Document Proof submitted (Please tick document being submitted) :

☐ Passport ☐ Election ID ☐ PAN Card ☐ Driving License

☐ UIDAI ☐ Govt. ID Card ☐ NREGA Job Card ☐ Others

Details under FATCA CRS : The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income - tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto

*Functional Equivalent of TIN includes the following :

A social security / insurance number, citizen / personal identification / services code / national identification number, a resident / population registration number, Alien card number, etc.

#In case of joint accounts this form is required for each joint holder.

FATCA & CRS - SELF DECLARATION FORM FOR ENTITIES (NON INDIVIDUALS)

Primary Details (Mandatory)

1	Name of Entity				
2	Customer ID		2A.	Account No.	
3	City of Incorporation				
4	Country of Incorporation				
5	Address Type	☐ Registered Office ☐ Business ☐ Branch Office			
6	Address for Tax Residence purpose				
7	Entity Constitution Type (Partnership Firm, HUF, Private Limited Company, Public Limited Company, Society, AOP/BOI, Trust, Liquidator, Limited Liability Partnership, Artificial Juridical Person, Others specify)				
8	Date of Incorporation				
9	PAN of the Entity				
10	Identification type and Identification Number (if TIN or US GIIN not provided) :				
	Company Identification Number				
	Global Intermidiary Identification Number				
	Other (Please Specify & Provide)				
11	Issuing country for identification number provided in 10 Above				
12	Please tick the applicable tax resident declaration **(Any one)** Entity is a tax resident of India and not resident of any other country ☐ OR Entity is a tax resident of the country/ies mentioned in the table below ☐ (If this option is selected, fill point no. 13)				
13	Please indicate all the country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below:				

	Country	Tax Identification Number*	Identification Type (TIN or Others%, please specify)

In case the Entity's Country of Incorporation/ Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code in the Box (refer definition D4)

*In case Tax Identification Number is not available, kindly provide functional equivalent.

FATCA-CRS Self Declaration Entities

(Please consult your professional tax advisor for further guidance on you tax residency, if required)

(Mandatory Details)

Entity Type *(Please select any one of the following)*

a. Is the Entity a Financial Institution or Direct Reporting Non Financial Entity? ☐ (Please fill Part A and Submit the GIIN)

b. Is the Entity a Non Financial Entity (NFE) and publically traded company? ☐ (Please fill Part B Point No. 1)

c. Is the Entity a related Non Financial Entity (NFE) of publically traded company? ☐ (Please fill Part B Point No. 2)

d. Is the Entity is Active Non Financial Entity (NFE)? ☐ (Please fill Part B Point No.3 and submit CP-BO* details)

e. Is the Entity is Passive Non Financial Entity (NFE)? ☐ (Please fill Part B Point No.4 and submit CP-BO* details)

*CP-BO - Controlling Person / Beneficial Owner

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, *(please tick as appropriate)*

☐ Financial Institution *(Refer definition A)*

or

☐ Direct reporting NFE *(Refer definition B)*

G I I N ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity :

G I I N - Not Available

(If the entity is a financial institution)

☐ **Applied for**

☐ Not required to apply for - please specify 2 digits sub category ☐☐ (refer definition C)

☐ Not obtained - Non-participating FI

PART B (please fill Any One as appropriate, to be filled by NFEs other than Direct Reporting NFEs)

1 Is the Entity a publicly traded company? *(that is , a company whose shares are regularly traded on an established securities market)* *(Refer definition D1)*

Yes ☐

(If yes, please specify any one stock exchange on which the stock is regularly traded)

Name of stock exchange : _____

2 Is the Entity a related entity of a publicly traded company? *(a company whose shares are regularly traded on an established securities market)* (Refer definition D2)

Yes ☐

(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)

Name of listed company : _____

Nature of relation :

☐ Subsidiary of the Listed Company or ☐ Controlled by a Listed Company

Name of stock exchange : _____

3 Is the Entity an Active NFE? *(Refer definition D3)*

Yes ☐ **Also provide CP-BO Form** ☐

Nature of Business : _____

Please specify the sub-category of Active NFE ☐☐ (Mention code - refer D3)

4 Is the Entity a Passive NFE? (Refer definition E2)

Yes ☐ **Also provide CP-BO Form** ☐

Nature of Business : _____

PART C : Declaration

I / We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals. I / We have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions documents) and hereby confirm that the information provided by me/us on this form are true, correct and complete.

Date :

Authorized Signatories [with Company / Trust / Firm / Body Corporate seal]

Terms & Conditions :- Towards compliance with tax information sharing laws, as stated in CBDT regulations, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any **change in any information provided by you, please ensure you advise** us promptly, **i.e., within 30 days.** Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators / tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

Definitions / Instructions / Guidance

A. Financial Institution (FI) - The term FI means any financial institution that is a

1 *Depository institution:* Accepts deposits in the ordinary course of banking or similar business.

2 ***Custodial institution:*** Any entity that as a substantial portion of its business, holds financial assets for the account of others and where the entity's gross income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of-

(a) The three-year period ending on December 31 of the year preceding the year in which the determination is made; (b) The period during which the entity has been in existence before the determination is made)

3 ***Investment entity :*** Conducts a business or operates for or on behalf of a customer for any of the following activities: (a) Trading in money market instruments, foreign exchange, foreign currency, etc. (b) Individual or collective portfolio management. (c) Investing, administering or managing funds, money or financial asset on behalf of others persons. [OR] the gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described therein. A entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds50 percent of the entity's gross income during the shorter of: (i) The Three-year period ending on 31 March of the year preceding the year in which the determination is made; or(ii) The period during which the entity has been in existence.

4 ***Specified Insurance company:*** Entity issuing insurance products i.e. life insurance or cash value products.

5 ***Holding company or treasury company:*** Is an entity that is a holding company or treasury centre that is a part of an expanded affiliate group that includes a depository, custodial institution, specified insurance company or investment entity

B. Direct Reporting NFE : *means a Non-financial Entity (NFE) that elects to report information about its direct or indirect substantial U.S. owners to the IRS*

C. GIIN not required : Categories with codes

Code	Sub-Category
01	Governmental Entity, International Organization or Central bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund ; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors and Investment Managers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign-corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FI

D. Non-Financial Entity (NFE) : Entity that is not a financial institution (including) a territory NFE). Types of NFEs excluded from FATCA reporting are as below:

1 ***Publicly traded corporation (listed company):*** A company is publicly traded if its stock are regularly traded on one or more established securities markets.

2 ***Related entity of a listed company:*** The NFE is related entity of an entity of which is regularly traded on an established securities market;

3 ***Active NFE:*** (is any one of the following):

Code	Sub-Category
01	Less than 50 percent of the NFE.s gross income for the preceding financial year or other appropriate reporting period is passive income and less than 50 percent of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income;
02	The NFE is a Governmental Entity, an International Organization, a Central bank, or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for NFE status if the entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution:
07	Any NFE is a 'non for profit' organization which meets all of the following requirements: • It is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare; • It is exempt from income tax in India; • It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;

4. Exemption Code :-

The applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents require that. upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE.s jurisdiction of residence or any political subdivision thereof.

Code	Sub-Category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(z)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan
14	Owner Documented FI

E. Other definitions

1 ***Related entity:*** An entity is a related entity of another entity if either entity controls the other entity or the two entities are under common control For this purpose control includes direct or indirect ownership of more than 50% of the vote or value in an entity

2 ***Passive NFE:*** The term passive NFE means any NFE that is not (I) an Active NFE (including publicly traded entities or their related entities), or (ii) a withholding foreign partnership or withholding foreign trust pursuant to relevant U.S. Treasury Regulations (Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)

3 ***Passive income:*** The term passive income means the portion of gross income that consists of: (a) Dividends, including substitute dividend amounts; (b) Interest; (c) Income equivalent to interest, including substitute interest and amounts received from or with respect to a pool of insurance contracts if the amounts received depend in whole or part upon the performance of the pool: (d) Rents and royalties, other than rents and royalties derived in the active conduct of a trade or business conducted, at least in part, by employees of the NFE: (e) Annuities; (f) The excess of gains over losses from the sale or exchange of property that gives rise to passive income described in this section ; (g) The excess of gains over losses from transactions (including futures, forwards and similar transactions) in any commodities, but not including: (i) Any commodity hedging transaction. determined by treating the entity as a controlled foreign corporation ; or (ii) Active business gains or losses from the sale of commodities, but only if substantially all the foreign entity.s commodities are property (h) The excess of foreign currency gains over foreign currency losses; (i) Net income from notional principal contracts; (j) Amounts received under cash value insurance contracts; (k) Amounts earned by an insurance company in connection with its reserves for insurance and annuity contracts

4 ***Controlling Persons:*** Controlling persons are natural persons who exercise control over an entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" shall be interpreted in a manner consistent with the Financial Action Task Force recommendations.

5 ***Specified US Persons :*** Any US person other than i) A publicly traded corporation: ii) A corporation that is a member of the same expanded affiliate group: iii) A tax exempt organization; iv) an individual retirement plan; v) the United States or and agency or instrumentality of the United States; vi) Any state [including District of Columbia and United States possession] or State Authorities; vii) A bank, viii(A real estate investment trust; ix) A regulated investment company; x) an entity registered with the SEC under the Investment Company Act of 1940; xi) A common trust fund; xii) A tax exempt trust; xiii) A registered dealer; xiv) A registered broker

6 ***Expanded affiliated group:*** Expanded affiliated group is defined to mean one or more chains of members connected through ownership (50% or more, by vote or value, as the case may be) by a common parent entity if the common parent entity directly owns stock or other equity interests meeting the requirements in at least one of the other members.

7 ***Owner documented FI:*** An FI meeting the following requirements: (i) The FI is an FI solely because it is an investment entity; (ii) The FI is not owned by or related to any FI that is a depository institution, custodial institution, or specified insurance company; (iii) The FI does not maintain a financial account for any nonparticipating FI; (iv) The FI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and (v) The designated withholding agent agrees to report to the IRS (or, in the case of reporting Model 1 FI, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate with respect to any specified U.S. persons and (2) Not with sanding the previous sentence, the designated withholding agent is not required to report information With respect to an indirect owner of the FI that holds its interest through a participating FI, a deemed-compliant FI (other than an owner-documented FI), an entity that is s a U.S. person, an exempt beneficial owner, or an excepted NFE.

ખાતામાં થતા નાણાકીય વ્યવહારો બાબત

ખાતેદારનું નામ	
સરનામું	
ફોન નંબર	
તારીખ	

પ્રતિ,
શાખા મેનેજરશ્રી,
ધી ગાંધીધામ કો-એપરટીવ બેંક લી.
.....શાખા
.....

સાહેબશ્રી,

વિષય : મારા / અમારા નામના કરન્ટ / સેવિંગ્ઝ ખાતા નંબર.....માં થતાં નાણાંકીય વ્યવહારો બાબત

જય ભારત સાથે જણાવવાનું કે, હુ /અમો આપની બેંકમાં.....

નામથી કરન્ટ / સેવિંગ્ઝ ખાતા નંબર.....ધરાવીએ છીએ.

રીઝર્વ બેંક ઓફ ઇન્ડીયાએ બંકોને કાળા નાણાંને સફેદ કરવા અને શંકાસ્પદ નાણાંના વ્યવહારો ઉપર અંકુશ મુકવાના, નાણાંકીય ગોટાળાઓ અટકાવવા તથા મોટી રોકડ લેવડ-દેવડના વ્યવહારોની પૂરતી ચકાસણી અને નિયમન કરવાના હેતુથી બેનંબરી કે બેનામી ખાતા ખોલવા ઉપર પ્રતિબંધ મુકેલ છે. જેની મને/અમોને જાણ છે.

આ અનુસંધાને આપને જણાવવાનું કે, મારું / અમારું આપની બેંકમાં ઉપરોકત નામથી જે ખાતુ ચાલે છે / ચલાવીએ છીએ તે કોઇ બેનંબરી /બેનામી ખાતુ નથી. આ ખાતામાં જે કંઇ વ્યવહારો થાય છે તે મારા / અમારા ધંધા - વ્યવસાયને લગતા જ છે.

બેંકે કાયદોકીય રીતે ઇન્કમટેક્સ વિભાગ, પ્રિવેન્શન ઓફ મની લોન્ડરીગ એકટ હેઠળ દરેક માસ દરમ્યાન રૂા. ૧૦ લાખ કે વધુ રકમના થતાં રોકડ વ્યવહારોની વિગત તથા મોટી રકમના થતા શંકાસ્પદ વ્યવહારોની વિગત FIU.IND ને આપવાની થાય તે જે આપ આપી શકો છો. જે મને/અમોને બંધનકર્તા રહેશે. આ વ્યવહારો સંબધી આપની બેંકને કોઇ વધુ માહિતીની જરૂરીયાત હશે તો તે હું/અમો પુરી પાડીશું જેની ખાત્રી આપુ છું / આપીએ છીએ.

આપનો / આપના વિશ્વાસુ

X	X
X	X

ACCOUNT HOLDER No. 2

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

Important Instructions : (A) Fields marked with '*' are mandatory fields. (B) Please Fill the form in English and in BLOCK Letters. (C) Please fill the date in DD-MM-YYYY format. (D) Please read section wise detailed guidelines / Instructions at the end. (E) List of State / U.T. code as per Indian Motor Vehicle Act, 1988 is available in the end. (F) List of Two character ISO-3166 country code are available at the end. (G) KYC number of applicant is mandatory for update application. (H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For Office use only

Application Type : ☐ New ☐ Update

Account Type* : ☐ Normal ☐ Small ☐ Simplified (for low risk customers)

KYC Number : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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

	Prefix	First Name	Middle Name	Last Name (Surname)
Name (Same as ID Proof)* :				
Maiden Name (if any)* :				
Father / Spouse Name* :				
Mother Name* :				

Date of Birth* (dd/mm/yyyy) : _____ Place / Country of Birth : _____

Gender* : ☐ Male ☐ Female ☐ Transgender

Marital Status* : ☐ Married ☐ Unmarried ☐ Others

Citizenship* : ☐ IN - Indian ☐ Other (ISO - 3166 Country Code of Birth ☐☐)

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

Occupation Type* : ☐ S - Service (☐ Private Sector ☐ Public Sector ☐ Government Sector)

☐ O - Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student)

☐ B - Business

☐ X - Not Categorised

Service / Business Name & Address : _____

_____

☐ **2. TICK IF APPLICABLE :** ☐ **Residence for Tax Purpose in Jurisdiction(s) Outside India (Please refer instruction B at the end)**

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO-3166 country code of Jurisdiction Residence* : ☐☐ | **Tax Identification Number of equivalent (If issued by Jurisdiction)** _____

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

☐ 3. PROOF OF IDENTITY (PoI) (Please refer Instruction C at the end)*

(Certified Copy of any one of the following proof of Identity (PoI) needs to be submitted)

☐ **A - Passport No. :** _____ **Passport Expiry Date :** _____

☐ **B - Voter ID Card :** _____

☐ **C - PAN Card :** _____

☐ **D - Driving License :** _____ **Driving License Expiry Date :** _____

☐ **E - UID (Aadhaar) :** _____

☐ **F - NREGA Job Card :** _____

☐ **Z - Others (any document notified by the central Government :** _____ **Identification No. :** _____

☐ **S - Simplified Measurers Account - Document Type Code :** _____ **Identification No. :** _____

☐ 4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified Copy of any one of the following proof of Address (PoA) needs to be submitted)

Address Type* : ☐ Residential / Business ☐ Residential ☐ Business ☐ Register Office ☐ Unspecified

Proof of Address : ☐ Passport ☐ Driving License ☐ UID (Aadhaar) ☐ Voter Identity Card ☐ NREGA Job Card ☐ Others _____

☐ Simplified Measures Account - Document Type Code Identification No. : _____ Document No. : _____

Address Line 1* : _____

Address Line 2 : _____

Address Line 3 : _____ **City / Town / Village :** _____

Pin Code* : _____ **State / U.T.* :** _____ **ISO-3166 Country Code*** ☐☐

☐ **4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS* (Please see instruction E at the end)**

☐ Same as Current / Permanent / Overseas Address Details (in case of multiple correspondence / local addresses, please fill "Annexure A-1)

Address Line 1* : _____

Address Line 2 : _____

Address Line 3 : _____ City / Town / Village* : _____

Pin Code* : _____ State / U.T.* : _____ ISO-3166 Country Code* ☐☐

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

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

Address Line 1* : _____

Address Line 2 : _____

Address Line 3 : _____ City / Town / Village* : _____

State* : _____ ZIP / Postal Code* : _____ ISO-3166 Country Code* ☐☐

☐ **5. CONTACT DETAILS (All communication will be sent on provided mobile no. / Email ID) (Please refer instruction G at the end)**

Tel. (Off) : _____ Tel. (Res.) : _____ Mobile : _____

Fax : _____ Email ID : _____

☐ **6. DETAILS OF RELATED PERSON (in case of additional related persons, please fill Annexure B1) (please refer Instruction G at the end)**

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

Related Person Type* : ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name* : _____

(If KYC number and name are provided, below details of section 6 are optional) :

PROOF OF IDENTITY (PoI) OF RELATED PERSON* (Please see instruction H at the end)

☐ A - Passport No. : _____ Passport Expiry Date : _____

☐ B - Voter ID Card : _____

☐ C - PAN Card : _____

☐ D - Driving license : _____ Driving License Expiry Date : _____

☐ E - UID (Aadhaar) : _____

☐ F - NREGA Job Card : _____

☐ Z - Others (any document notified by the central government) : _____ Identification No. : _____

☐ S - Simplified Measures Account - Document Type Code : _____ Identification No. : _____

☐ **7. OTHER DETAILS***

Income : Rs. _____ (Monthly) Rs. _____ (Yearly)

Net Worth (In INR) : Rs. _____ As on Date : _____

Education / Qualification : ☐ Below SSC ☐ SSC ☐ HSC ☐ Graduate ☐ Master Degree ☐ Professional

Please tick if Applicable : ☐ Politically Exposed Person ☐ Related to Politically Exposed Person

RELATION WITH OUR BANK / OTHER BANK :

Our Bank A/c Details		Other Bank A/c Details			
A/c Type	A/c Number	Bank Name	Branch	A/c Type	A/c Number

☐ **8. 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.

Signature / thumb Impression of Applicant

Attestation / For Office Use Only (Branch)

Documents Received

☐ Certified Copy

Emp. No. :

Name :

Designation :

Verified by (Signature)

Institutional Details

Name

Code

Stamp

For Bank Use Only (Entry / Authorisation purpose) ☐ **Create** ☐ **Update** **Customer ID :**

Entered by	Authorised by	Entered for CKYCR	Authorised for CKYCR
Sign with Emp. Name / Number	Sign with Emp. Name / Number	Sign with Emp. Name / Number	Sign with Emp. Name / Number