



THE AHMEDABAD MERCANTILE CO-OPERATIVE BANK LTD.

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CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity / Other than Individuals

Important Instructions :

- A) Fields marked with "*" are mandatory fields.
- B) Please fill the form in English and BLOCK letters.

For Office use only.

(To be filled by financial institution)

Application Type*

New Update

KYC Number

(Mandatory for KYC update request)

1. ENTITY DETAILS*

Name*

Entity Constitution Type* Other (Specify)

Date of Incorporation / Formation* - - Date of Commencement of Business - -

Place of Incorporation / Formation* Country of Incorporation / Formation* TIN or Equivalent Issuing Country

PAN* Form 60 furnished

TIN / GST Registration Number

2. PROOF OF IDENTITY (PoI)*

- Officially valid document(s) in respect of person authorised to transact
- Certificate of Incorporation / Formation Registration Certificate Regn. Certificate No
- Memorandum and Articles of Association Partnership Deed Trust Deed
- Resolution of Board / Managing Committee Power of attorney granted to its manager, officers or employees to transact on its behalf
- Activity Proof - 1 (For Sole Proprietorship Only) Activity Proof - 2 (For Sole Proprietorship Only)

3. ADDRESS*

3.1 Registered Office Address / Place of Business*

Proof of Address* Certificate of Incorporation / Formation Registration Certificate Other Document

Line 1*

Line 2

Line 3 City / Town / Village *

District* PIN / Post Code* State / U.T. Code* ISO 3166 Country Code*

3.2 Local Address in India (if different from above)*

Line 1*

Line 2

Line 3 City / Town / Village *

District* PIN / Post Code* State / U.T. Code* ISO 3166 Country Code*

4. CONTACT DETAILS (All Communication will be sent to mobile number/Email-ID provided may be used)

Tel. (Off) - FAX -
Mobile - Email ID

5. NUMBER OF RELATED PERSONS

6. REMARKS (if any)

7. 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/we hereby consent to receiving information from Central KYC Registry through SMS / Email on the above registered number/email address.

(Signature / Thumb Impression)

Date: - - Place:

Signature / Thumb Impression of Authorised Person(s)

8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

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

(Employee Signature)

INSTITUTION DETAILS

Name
Code

(Institution Stamp)

Annexure A2 | Legal Entity / Other than Individuals

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

Important Instructions :

- A) Fields marked with "*" are mandatory fields.
- B) Please fill the form in English and BLOCK letters.

For Office use only. Application Type* New Update Delete
 (To be filled by financial institution) KYC Number (Mandatory for KYC update & Delete request)

1. DETAILS OF RELATED PERSON*

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' & 'Name' is mandatory*

Related Person Type* Director Promoter Karta Trustee Partner Court Appointment Official Proprietor
 Beneficiary Authorised Signatory Beneficial Owner Power of Attorney Holder Other (Please Specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS

	Prefix	First Name	Maiden Name	Last Name
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			
Nationality*	<input type="checkbox"/> IN-Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)			
PAN*	<input type="text"/>			<input type="checkbox"/> Form 60 Furnished

1.2 PROOF OF IDENTITY AND ADDRESS*

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*

Line 2

Line 3 City / Town / Village *

District* PIN / Post Code* State / U.T. Code* ISO 3166 Country Code*

1.3 CURRENT ADDRESS DETAILS*

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

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

IV Deemed PoA

V Self Declaration

ADDRESS :

Line 1*

Line 2

Line 3 City / Town / Village *

District* PIN / Post Code* State / U.T. Code* ISO 3166 Country Code*

1.4 CONTACT DETAILS

Tel. (Off) - Tel. (Res) -

Mobile - Email ID

2. APPLICANT DECLARATION

- I hereby declare that the detail 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/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

(Signature / Thumb Impression)

Date: - - Place:

Signature / Thumb Impression of Applicant

3. 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

KYC VERIFICATION CARRIED OUT BY

Date - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

INSTITUTION DETAILS

Name

Code

(Institution Stamp)

(Employee Signature)