

THE AHMEDABAD MERCANTILE CO-OPERATIVE BANK LTD

HEAD OFFICE: "AMCO HOUSE", Nr. Stadium Circle, Navrangpura, Ahmedabad - 380 009. Phone: (079) 26426582/84/88 Fax: (079) 26564863

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

Important Instructions: A) Fields marked with "*" are B) Please fill the form in English																							
For Office use only.	Application 1	vne*	☐ New		Updat	9			N				<u>\$</u>										
(To be filled by financial institution)	KYC Number		_ New		Opuat						(Manda	atory for I	ory for KYC update request)										
☐ 1. ENTITY DETAILS*																							
Name*																							
Entity Constitution Type*	Other (Spe	ecify)																					
Date of Incorporation / Formati	ion* D D	- M P	vi] - [\	YY	Y	ate of	Comm	nencen	nent of	f Busir	ness [D .	- M	M -	Y	YYY							
Place of Incorporation / Format	ion*					ountry o	f Incorp	oration /	Formati	on*		TIN or Eq	uivalen	t Issuing	Country								
PAN*			Form 60 furnished Country of Incorporation / Formation* TIN or Equivalent Issuing Country																				
TIN / GST Registration Number															T								
 ☐ Memorandum and Articles ☐ Resolution of Board / Mana ☐ Activity Proof - 1 (For Sole For Sole For	aging Committ	ee	Pov	tnership ver of att	orney			manag		icers o	or emp	loyees t	to trar	nsact o	n its be	half							
☐ 3. ADDRESS*																							
3.1 Registered Office Addre	ess / Place of	Business'	*		7																		
	ificate of Incor	poration	/ Forma	tion	Regis	tration	Certif	icate		Other	Docum	nent _	_										
Line 1*							<u> </u>		11	+		++											
Line 2																							
Line 3							_	City / Town / Village *															
District*				st Code*				· St	tate / I	J.T. Co	de*		ISO 31	66 Coun	try Code	*							
3.2 Local Address in India (if different fro	m above	:)*																				
Line 1*						11						44											
Line 2																							
Line 3					1		-	1	Town	11000	, r			1									

4. CONTACT DETAILS (AI	Communic																										
Tel. (Off)							FAX																				
Mobile							Ema	ail ID																			I
5. NUMBER OF RELA	ATED PE	RSON	IS							1																	
6. REMARKS (if any)																											
																								I		I	I
7. APPLICANT DECLARA	HOL																										
. All EleANI DECEANA	11014																										
 I hereby declare that the belief and I undertake to information is found to be held liable for it. 	o inform	you o	f any														(:	Sign	natu	ire ,	/ Th	uml	b lm	pre	ssio	n)	
belief and I undertake to information is found to be held liable for it. I/we hereby consent to above registered number	o inform be false o	you or untr	of any ue or matic	mis	leadi	ing o	r mis	repre	esenti	ng. I am	awar	e th	at [i	may l	oe	Si		-					b Im	-			i(s)
belief and I undertake to information is found to be held liable for it. I/we hereby consent to above registered number	o inform oe false o receiving r/email a	you or untr	of any ue or matic	mis	leadi	ing o	r mis	repre	esenti	ng. I am	awar	e th	at [i	may l	oe	Si		-						-			ı(s)
belief and I undertake to information is found to be held liable for it. I/we hereby consent to above registered number Date: DDD — MI	o inform oe false o receiving r/email a	you or untr	f any ue or matic	mis	leadi	ing o	r mis	repre	esenti	ng. I am	awar	e th	at [i	may l	oe	Si		-						-			i(s)
belief and I undertake to information is found to be held liable for it. I/we hereby consent to above registered number Date: DD D - M I	o inform oe false of receiving r/email ac FFICE U	you or untruntruntruntruntruntruntruntruntruntr	matics:	on fro	om C	Centrace:	r mis	C Reg	gistry	ng. I am	awar	e th	at [i	may l	ne [gnatu	rre / '	Thun	mb in	mpres			-			1(s)
belief and I undertake to information is found to be held liable for it. I/we hereby consent to above registered number Date: DD D - M I	o inform oe false of receiving r/email ac FIFICE U EICATION	you or untrining information i	f any	on fro	Pla Equiv	Centrace:	r mis	C Reg	gistry	ng. I am	awar	e th	at [i	may l	ne [Sij	gnatu	rre / '	Thun	mb in	mpres			-			n(s)
belief and I undertake to information is found to be held liable for it. I/we hereby consent to above registered number Date: DD - M I	o inform oe false of receiving r/email ac FIFICE U EICATION	you or untrining information i	f any	on fro	om C	Centrace:	r mis	C Reg	gistry	ng. I am through	awar	e th	at [i	may l	ne [gnatu	rre / '	Thun	mb in	mpres			-			n(s)
belief and I undertake to information is found to be held liable for it. I/we hereby consent to above registered number Date: DD - M I DOCUMENTS Received Cocuments Received Cocuments Received Documents Received Documents Received Documents Received Documents Received Cocuments Received Documents	o inform oe false of receiving r/email ac FIFICE U EICATION	you or untrining information i	f any	on fro	Pla Equiv	Centrace:	r mis	C Reg	gistry	ng. I am	awar	e th	at [i	may l	ne [gnatu	rre / '	Thun	mb in	mpres			-			n(s)
belief and I undertake to information is found to be held liable for it. I/we hereby consent to above registered number Date: DD - M I B.ATTESTATION / FOR O Cocuments Received Cocuments Received Cocuments Received Done Emp. Name	o inform oe false of receiving r/email ac FIFICE U EICATION	you or untrining information i	f any	on fro	Pla Equiv	Centrace:	r mis	C Reg	gistry	ng. I am through	awar	e th	at [i	may l	ne [gnatu	rre / '	Thun	mb in	mpres			-			n(s)
belief and I undertake to information is found to be held liable for it. I/we hereby consent to above registered number Date: DD - M I B.ATTESTATION / FOR O Documents Received Consents Received Done KYC VERIFIED Emp. Name Emp. Code	o inform oe false of receiving r/email ac FIFICE U EICATION	you or untrining information i	f any	on fro	Pla Equiv	Centrace:	r mis	C Reg	gistry	ng. I am through	awar	e th	at [i	may l	ne [gnatu	rre / '	Thun	mb in	mpres			-			n(s)
belief and I undertake to information is found to be held liable for it. I/we hereby consent to above registered number Date: DD - MI 8.ATTESTATION / FOR O	o inform oe false of receiving r/email ac FIFICE U EICATION	you or untrining information i	f any	on fro	Pla Equiv	Centrace:	r mis	repre	gistry	ng. I am through	awar	e th	at [i	may l	if		gnatu	ION	Thun	TAI	LS			-			n(s)



THE AHMEDABAD MERCANTILE CO-OPERATIVE BANK LTD.

Scheduled Bank HEAD OFFICE: "AMCO HOUSE", Nr. Stadium Circle, Navrangpura, Ahmedabad - 380 009. Phone: (079) 26426582/84/88 Fax: (079) 26564863

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. ☐ New Update Delete For Office use only. Application Type* **KYC Number** (To be filled by financial institution) (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 ☐ Karta ☐ Court Appointment Official ☐ Proprietor Promoter Trustee ☐ 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) Maiden Name Father / Spouse Name* Mother Name* Date of Birth* Gender* ☐ T-Transgender M-Male F-Female Nationality* □ IN-Indian Others (ISO 3166 Country Code PAN* Form 60 Furnished 1.2 PROOF OF IDENTITY AND ADDRESS* 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 **РНОТО*** ☐ 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 ADDRESS : Line 1* Line 2 Line 3 City / Town / Village * District* ISO 3166 Country Code* PIN / Post Code* State / U.T. Code*

1.3 CURRENT AI	DDRESS	DE	TAII	LS*																																		
Same as abo	ve ment	tione	ed ac	ddre	ess (I	n sı	ich (case	es a	ddr	ess	det	ails	as	belo	1 WC	nee	d no	ot b	oe p	orov	/ide	ed.)															
I Certified copy of	OVD or 6	equi	valer	nt e-	doc	ume	ent o	f O\	VD d	or O	VD	obt	ain	ed t	hro	ugh	dig	itall	KY(Cpr	OCE	2551	nee	ds t	o b	e s	ubr	nitt	ted	(an	yon	ie o	fthe	fo	llow	/ing	OVI)s)
☐ A - Passport I	Number																																					
☐ B-VoterIDC	ard			T	T						T	T	T	T																								
☐ C-Driving Lic	ence		T	T	T	Ì				T	T	Ť	Ť	T																								
☐ D-NREGAJo	b Card	П	T	T	T					T	T	Ť	Ť	T						T		7 11 12			Τ	T			T			•						
☐ E - National P	opulatio	on Re	giste	erLe	etter					T	T	Ť	Ť	T	T				Ť	Ť	T			Г	Ť	T			T	ī								
☐ F-Proof of Po	ossessio	n of I	۹adh	aar	ſ	T				T	Ť	Ť	Ť	T					i																			
II 🗌 E - KYC Authe	nticatio	n			Ī		T			T	T	Ť	T	T					ĺ																			
III Offline verifi	cation of	Aad	lhaar	r	Ì	T				T	T	Ť	Ť	T	T				ĺ																			
IV Deemed PoA					L					_									_																			
V ☐ Self Declarat	ion																																					
ADDRESS:		_		_	_	_		_			_				_	_	_	_	_		_	_	_	_	_		_	_	_	_		_	_	_	_		_	
Line 1*		_	+	\perp	+	_	_	1	+	4	4				<u>_</u>	+	Ļ	+	4			Ļ	+	4	4		L	1	4			_	<u> </u>	ļ	1	4	4	
Line 2		_	<u></u>	Ļ	1	_	_	<u> </u>	_	4	4			L	_	+	+	+	4								L	1	4			L	Ļ	1	1	4	4	
Line 3		_	_	\perp	1	_	_	Ļ		\perp				L	_	1	+	+	_	Cit	y /							1	4						_	4	4	
District*								P	IN,	/ Po	st (Cod	e*								St	ate	/ U	Т.	Cod	le*				150	316	66 C	ount	ry (Code	*		
1.4 CONTACT D	ETAILS																																					
Tel. (Off)	Π.	_ [\top	T	T	T	T	T	T		Te	el. (f	Res		Т	T	Т	7.	_		Т	Т	T	7	_		T	T										
			\pm	\pm	<u> </u>	+	\pm	\pm	\pm	\exists		nail		_	\pm	\pm	\pm	+			+	+	\pm	1			+	+	_			Т	_	_	Т			
Mobile	-										CI	IIdii	טוו																	_		_		_				
2. APPLICANT D	ECLARA	ATIC	N																																			
 I hereby declar belief and I un 																																						
information is	ound to																										(Si	gna	itui	re /	Th	um	b In	pr	essi	on)		
 held liable for it I/We hereby co 		0 10	cois d	na	nfor	mai	lon	frai	m (ont	tral	VVI	r D	ogic	tru	thre	.ual	n CA	10	/En	nail	on	th															
above registere							LION	1101	III C	em	Liai	KII	Ch	egis	Liy	LIIIC	Jugi	1 31	VIS	/ LII	IIaII	UII	LIII	L		_	_						_	_		_		
Date: D D	- M	M	- [Υ	Υ	Υ	Υ	ţ	Plac	e:														PRINCIPAL	Si	ign	atu	re /	/ Th	um	b In	npr	essi	on	of A	ppi	ican	
3. ATTESTATION	/ FOR	OFF	ICE	US	E O	NLY	,																															
Documents Receiv	ed 🗌 (Certi	fied	Сор	ies						E-I	KYC	da	ta r	ecei	ived	fro	m U	JID	ΑI					Dat	a r	ece	eive	d f	ron	n Of	fflin	e Ve	erif	icat	ion		
)igit	al KY	C Pr	roce	SS					Eq	uiv	ale	nt e	-do	cum	ent																				District to	
	YC VER	IFIC/	ATIO	N C	ARR	IED	OU	F BY	1															IN	STI	TU	TIC	IN	DET	TAIL	5							
Date	DD) -	M	IVI	_	Y	Υ	Y	1							Na	me				7	T	T								T	T		T				
Emp. Name		_	_	\pm	_	T	T	T	Ť	_	Т				7	Co	de	Γ	_		Ť	T	Ť			T	Ť	T			T	T	T	T	T			
1000 March 1000 1000		\pm	+	\pm	+	+	+	+	+	+	+			_	_	-	uc			_	_		_			_			_		_	-	_	_	_			
Emp. Code											- 1																											
		+	_	Ļ	\perp	_	_	<u>_</u>	_	_	4	_																										
Emp. Designation			T	L	,				I	I	<u> </u>																											
Emp. Designation Emp. Branch				I I	,			I I	I	 														(nst	titu	utio	n S	itar	np)								
									I	 														(nst	titu	utio	n S	itar	np)								8
		Emp	loye	e Si	gnat	ture)	I I	I	I														(nst	titu	utio	n S	itar	np)								