



THE AHMEDABAD MERCANTILE CO-OPERATIVE BANK LTD.
(MULTI STATE SCHEDULED BANK)

HEAD OFFICE : "AMCO HOUSE", Nr. Stadium Circle, Navrangpura, Ahmedabad - 380 009.

Phone : (079) 26426582/84/88 Fax : (079) 26564863

E-mail : info@amco-bank.com • Web : www.amcobank.com

Beneficial Owner Declaration
(For Company/Partnership/LLP/AOP/BOI/Trust)

1	Name of the controlling person (mandatory)		
2	Entity Type (mandatory)	<input type="checkbox"/> Pub/Pvt Co. <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Society <input type="checkbox"/> Club <input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> Insurance <input type="checkbox"/> SHG <input type="checkbox"/> Foreign Bodies <input type="checkbox"/> NGO <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Government	
3	Controlling person type code (mandatory)		
4	Date of birth (mandatory)		
5	PAN (optional)		
6	Customer ID (if available)		
7	Percentage of ownership/capital/profits (mandatory)		
8	Place / City of Birth (mandatory)		
9	Country of Birth (mandatory)		
10	Gender (mandatory)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender
11	Marital Status (mandatory)	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others
12	Father's name (mandatory)		
13	Nationality (Please specify country) (mandatory)		
14	Adhaar No (Optional)		
15	Mother's Name (optional)		
16	Maiden Name (if any)		
17	Country of tax residence* (Mandatory)		
18	Tax identification number (or functional equivalent of country other than India) *		
19	Tax identification number type (for country other than India)		
20	Address (Mandatory)		
	Address - City (Mandatory)		
	Address - State (Mandatory)		
	Address - Country (Mandatory)		
	Address - Pin Code (Mandatory)		
21	Address Type for above (Mandatory)	<input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office



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22	Mobile Number (Mandatory)		
23	Telephone Number (with ISD &STD code)		
24	Occupation Type (Mandatory)	<input type="checkbox"/> S - Service Provider <input type="checkbox"/> O - Others <input type="checkbox"/> B-Business <input type="checkbox"/> X - Not Categorized	<input type="checkbox"/> S - Service Provider <input type="checkbox"/> O - Others <input type="checkbox"/> B-Business <input type="checkbox"/> X - Not Categorized
25	Proof of Identity [@] (Mandatory) (Tick relevant and mention the details)	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> PAN No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Any other Government Issued Doc _____ Mention ID no _____ Expiry Date: DD / MM / YYYY	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> PAN No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Any other Government Issued Doc _____ Mention ID no _____ Expiry Date: DD / MM / YYYY
26	Proof of Address (Mandatory) (attach self attested proof) (any one) (Please select any one Address proof)	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> PAN No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Any other Government Issued Doc _____	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> PAN No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Any other Government Issued Doc _____
27	Spouse's name (Optional)		

*To include US, where controlling person is a US citizen or green card holder. Please provide ALL the countries of tax residency and corresponding TINs.

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

[@] Permissible values are:

- Passport – (With expiry date)
- Election ID card
- Driving License– (With Expiry Date)
- PAN Card
- UIDAI Letter
- ID Card
- NREGA Job card
- Others

We hereby declare that no natural person is holding 25% or more shares/exercise control in the company as per (B) above or information about the ultimate shareholders is not available with the company. The details of senior managing officials. (e.g. Managing Director / Chief Executive Officer, etc) are as under :

Sr. No.	Name	Designation	Date of Birth	Nationality	Residential Address	ID proof no.**

FOR

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DESIGNATION

(Signature & seal of any of the Directors/Partners/Members/Trustees)