

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 Individual PHOTO	
Instructions: A) Fields marked with '*' are mandatory fields. B) Please Fill the form in English and in BLOCK Letters. Application Type: Update Normal Small	
Customer ID KYC Number :	Signature / Thumb Impression
☐ PERSONAL DETAILS	
Name* (Same as ID proof) : PREFIX FIRST NAME MIDDLE NAME Maiden Name (If any*) : PREFIX FIRST NAME MIDDLE NAME	LAST NAME
Father / Spouse Name* : PREFIX FIRST NAME MIDDLE NAME Mother Name* : PREFIX FIRST NAME MIDDLE NAME	LAST NAME LAST NAME
Date of Birth* : D D - M M - Y Y Y Y Gender* Male Female Transgende	er
	ountry Name
Residential Status* : 🔲 Resident Individual 🔲 Non Resident Indian 🔲 Foreign National 🔲 Person of India	
Occupation* : Private Sector Service Public Sector Government Sector Business	Professional
: Self Employed Retired House Wife Student Other Tick if applicable : Residence for Tax purposes in jurisdiction(s) outside India	Please Spedify
ADDITIONAL DETAILS REQUIRED* (if Applicant is resident outside India for Tax purposes)	
(Please read guidelines / details for 'Jurisdiction of Residence' and 'Tax Identification Number')	
ISO - 3166 Country Code of Jurisdiction of Residence* :	
Tax Identification Number or equivalent (If issued by jurisdiction)*	
Place / City of Birth* : ISO - 3166 Country Code of Birth* :	_
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