



इंद्रायणी को-ऑप. बँक लि. पिंपरी.

स्था. २००९

Head Office-Plot no: 109/B, CTS NO:1480, Near Sadhu Waswani Garden, Jamtani Chowk, Pimpri, Pune. 411017

RE - KYC FORM (NON-INDIVIDUAL)

Name of Firm / Company / Trust / Society / Institution _____

Registered / Factory _____

Address _____

Nearest Landmark _____ City _____

State _____ Country _____ Pincode _____

Office /Communication _____

Address _____

Nearest Landmark _____ City _____

State _____ Country _____ Pincode _____

Contact Details संपर्क विवरण	STD Code	Tel. (Factory)	Tel. (Office)	Mobile

Email : _____ Member / Nominal Member No. _____

PAN No.: _____ TAN No.: _____ CIN NO.: _____

Place of Incorp/Formation _____ Business Activity _____ Date of Establishment _____

Constitution

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Institute | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Partnership Firm |
| <input type="checkbox"/> Association of Persons | <input type="checkbox"/> Trust | <input type="checkbox"/> Private Limited Company | <input type="checkbox"/> HUF |
| <input type="checkbox"/> Co-operative Society | <input type="checkbox"/> Public Limited Company | <input type="checkbox"/> Co-operative Credit Society | <input type="checkbox"/> Club |
| <input type="checkbox"/> Non-Scheduled Urban Co-operative Bank | | <input type="checkbox"/> Company Registered u/s 8 of Companies Act 2013. | |
| <input type="checkbox"/> LLP | <input type="checkbox"/> Other (Please Specify) _____ | | |

Registration Numbers & Date

	Date
Registration No. (Shop Act, Company Act etc)	
GST No.	
Udyog Aadhar Number	
SSI No.	
TAN No.	

Name of Proprietor / Partners / Director / Trustees / Karta	Related Person Type	Customer ID
1) _____	_____	
2) _____	_____	
3) _____	_____	
4) _____	_____	

Please fill up Individual Customer Profile for Proprietor, Partners, Trustees, Members, Director Authorised Signatories
(The Information will be kept strictly confidential)

KYC DOCUMENT SUBMITTED (SELF CERTIFIED) (Tick any one of the following)

Pan Card	Aadhar Card	Electricity Bill	Shop Act	Udyog Aadhar	Udaym	ITR Return	GST Reg. Certificate	FDA Licence	Visit Report	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CUSTOMER'S DECLARATION : I hereby declare that the details submitted by me for my identify and address are true to the best of my knowledge and belief. I authorised the bank to update my KYC details / address as per information provided by me. I undertake to inform you of any changes therein, immediately. In case 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.

Applicant's Signature / अर्जदाराची सही

Officer's/ Branch Manager / अधिकारी / शाखाधिकारी स्वाक्षरी