JALGAON JANATA SAHAKARI BANK LTD., JALGAON

(Scheduled Bank)



जळगाव जनता सहकारी बँक लिमिटेड, जळगाव

(शेड्यूल्ड बँक) मुख्य कार्यालयः 'सेवा' ११७/११९, नवी पेट, जळगाव. फोनः ०२५७- २२२३६९९, २२२५०७८

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

Important Instructions: A) Fields marked with * are mandatory B) Tick wherever applicable C) Please fill the date in DD-MM-YYYY	r fields E) KYC r					
BRANCH NAME : BRANCH CODE :			STRATION FORM on Individual / Legal Entity)			
(to be filled by financial information) KYC Number	Type* □ New □ Update	(Mandatory for KYC up	odate required)			
☐ 1. ENTITY DETAILS*						
□ Name*						
1.1 ENTITY CONSTITUTION TYPE*						
HUF B	artnership	nership Public / Private Limite urance Self Help Group Association	ed / One Person Company			
Sub-Category of Entity :						
	OVERNMENT	TRUST	BANK			
Financial Services Company	Local Authorities	Charitable Trust	Co-operative Bank			
Others	State Electricity Boards	Public Trust	se sperauve Barrix			
ASSOCIATION	Quasi Government Bodies	Private Trust	SOCIETIES			
Business Association	Others	Religious Trust	Credit Co-Operative			
Unregistered Association	_	Educational Trust	Non Credit Co-Operative			
Other Association			_			
* Self Employed Professional (Please Tick): CA / CS / ICWA / CMA Lawyer Doctor Architect IT Consultant Other (PI Specify) * Nature of Business (Please Tick): Manufacturing Service Provider Stock Broker Real Estate Agriculture Retail Trading Other (PI Specify)						
Date of Incorporation / Formation* Date of Incorporation / Formation* Date of Commencement of Business MM YYYY Place of Incorporation / Formation* Country of Incorporation / Foundation* TIN or Equivalent issuing Country PAN*						
	For	III oo lulliisileu				
TIN/GST Registration Number						

	□ 2. PROOF OF IDENTITY (POI)*												
Certificate of Incorpo	ration / Formati	on				Registrati	on Certifica	te R	egn C	ertifica	te No.		
Memorandum and A	rticles of Associ	ation	☐ Parti	nership Dee	 d [Trust Dee							
Resolution of Board	/ Managing Con	nmittee	Pow	er of attorne	y granted to it	s manager, of	ficers or en	nployees	to trar	nsact o	n its be	ehalf	
Activity Proof- 1 (Fo	r Sole Proprieto	rship Only)	Activ	vity proof -2	(For Sole Prop	orietorship On	ly)						
☐3. ADDRESS*													
□ 3.1 Registered Office Address / Place of Business*													
Proof of Address*		te of Incorporation	on / Formatio	on	Registration	n Certificate		Landlin	e / Tel	Bill			
110010171441000	_	lectricity Bill			ease / Sale Ag		fice premis	_	0, 101	. 5			
		er (Please specif	_										
Line 1*													
Line 2													
Line 3							City / Town /	/ Village*			\forall		
District*			PIN / Post C	ode		State / U.T	Code*		SO 31	166 Co	untry C	ode*	
						J					·		
☐ 3.2 Local Address	in India(Sepera	ate proof of addr	ress to be ta	aken)*									
Line 1*													
Line 2													
Line 3						Ci	ty / Town / \	/illage*			iii	ii	
District*			PIN / Post	Code		State / U.	T Code*	15	SO 310	66 Cou	ntry Co	ode*	
☐ 4. CONTACT DETA	ILS (All commu	nications will be	e sent to Mo	bile Numbe	er / Email-ID p	rovided* may	be used)						
Tel (Off)			Fax										
101 (011)													
Mahila 🗔								1 1 1					
Mobile			Email ID										
Mobile Mobile													
Mobile			Email ID										
	LATED PERSO	DNS	Email ID										
Mobile	LATED PERSO	DNS	Email ID										
Mobile			Email ID Email ID	Individual	slient form to b	pe taken)							
Mobile 5. NUMBER OF RE			Email ID Email ID	Individual	client form to b	pe taken)							
Mobile 5. NUMBER OF RE			Email ID Email ID	Individual	client form to b	pe taken)							
5. NUMBER OF RE 6. NAME OF RELAT			Email ID Email ID	Individual	client form to b	pe taken)							
5. NUMBER OF RE 6. NAME OF RELAT			Email ID Email ID	Individual	Slient form to b	pe taken)							
5. NUMBER OF RE 6. NAME OF RELA 1 2 3 4			Email ID Email ID	Individual	client form to b	pe taken)							
5. NUMBER OF RE 6. NAME OF RELAT			Email ID Email ID	Individual	client form to t	pe taken)							
5. NUMBER OF RE 6. NAME OF RELA 1 2 3 4			Email ID Email ID	Individual	client form to be	De taken)							
5. NUMBER OF RE 6. NAME OF RELA 1 2 3 4	TED PERSONS		Email ID Email ID (Seperate		client form to be	pe taken)							
5. NUMBER OF RELATION OF RELAT	LARATION (Ple	ase refer instructed details furnish	Email ID Email ID (Seperate	e end)	and correct	to the best	-		_				
5. NUMBER OF RELATION OF RELAT	LARATION (Ple	ase refer instructed details furnish changes there	Email ID Email ID (Seperate	e end) are true a	and correct case any of	to the best f the above	information		_				
5. NUMBER OF RELATION OF RELAT	LARATION (Plectare that the rm you of anying or misrepr	ase refer instructed details furnish changes there esenting. I/W	Email ID Email ID (Seperate	e end) are true adiately. In aware tha	and correct case any of	to the best f the above	information		_				
5. NUMBER OF RELATION OF RELAT	LARATION (Ple	ase refer instruction details furnish changes there esenting. I/W s may be sha	Email ID Email ID (Seperate	e end) are true adiately. In aware tha	and correct case any of	to the best f the above e held liable	information for it.	on is fou	ind to	be fa	ilse o	r	
5. NUMBER OF RE 6. NAME OF RELA 1 2 3 4 5 7. APPLICANT DEC 1 / we hereby dec undertake to inforuntrue or mislead My / our persona	LARATION (Ple	ase refer instruction details furnish changes there esenting. I/W s may be sha	Email ID Email ID (Seperate	e end) are true adiately. In aware tha	and correct case any of	to the best f the above e held liable	information for it.	on is fou	ind to	be fa	ilse o	r	

Please affix a latest passport size colour photograph here

Stamp / Signature

Please affix a latest passport size colour photograph here

Stamp / Signature

Please affix a latest passport size colour photograph here

Stamp / Signature

Name :	Name :	Name :			
8. For Branch Use Only :					
Profession Code	Profession / Occupation : ———				
Customer Risk Category	High Medium	Low			
Documents Received -					
Sr. No. D	Oocument Name	Document Number			
KYC VERIFICATION	CAPPIED OUT BY	INSTITUTION DETAILS			
Identity Verification Done	Date DDMMYY	Y Y Name			
Emp. Name		Code			
Emp. Code					
Emp. Designation					
Emp. Branch					
		Institution Stamp			
(Emp	ployee Signature)				
KYC VERIFICATION	APPROVED BY	INSTITUTION DETAILS			
Identity Verification Approved	Date DDMMYY	Y Y Name Name			
Emp. Name		Code			
Emp. Code					
Emp. Designation					
Emp. Branch					
		Institution Stamp			
(Emp	oloyee Signature)	TOSTANON OWNER			