

DATE ____/____/____

BRANCH _____

Customer No. _____

A/c No. _____

Title of the Account

Entity Name : _____

Names of Proprietor / Partners / Directors

1 _____ 2 _____

3 _____ 4 _____

Registered Address :

Line 1* _____

Line 2 _____

Line 3 _____ City / Town / Village* _____

State / U.T Code* _____ Pin / Post Code* _____ ISO 3166 Country Code* _____

Mobile Number : _____ Tel.(Off.) : _____ Tel. (Res.) _____

Email ID : _____

Correspondence Address In case of multiple correspondence / local addresses, please fill 'Annexure A2'

Know your Customer (KYC) Details of Legal Entity

☐ 1. ENTITY DETAILS*

Entity Constitution Type ☐

GST No. _____ Date of Commencement of Business* _____

Country of Incorporation* ☐ ☐

Identification Type* _____ Identification Number* _____ Identification Issuing Country* _____
(Number mentioned on Identification type doc.)

PAN* _____ Others _____ Pl. specify _____

Annual Income _____

Number of controlling person(s) resident outside India for tax purpose

(Please provide details of each Controlling Person resident outside India for Tax purposes separately in 'Annexure C2')

☐ 2. PROOF OF IDENTITY (P&I)

Certified / Self attested copy of any two of the following Proof of Identity [POI] needs to be submitted

(Mandatory Document)

☐ Certificate of Incorporation / Commencement

☐ Bye-Laws

☐ Registration Certificate

☐ PAN

☐ Memorandum / Articles of Association

☐ Trust Deed

☐ GST Certificate

☐ TAN

☐ Shop & Establishment Licence

☐ Partnership Deed

☐ CIN

Certified / Self attested copy of other additional Document

☐ Resolution / request to open account & mode of operation

☐ List of Directors / Authorised signatories & their address / Form 32

☐ 3. PROOF OF ADDRESS (P&A)

Certified copy of any one of the following POA needs to be submitted

(P.T.O.)

3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS*

	<input type="checkbox"/>	Type	<input type="checkbox"/>	Ownership	<input type="checkbox"/>	Rental				
Address Type*	<input type="checkbox"/>	Residential & Business	<input type="checkbox"/>	Residential	<input type="checkbox"/>	Business	<input type="checkbox"/>	Registered office	<input type="checkbox"/>	Unspecified
Proof of Address*	<input type="checkbox"/>	Certificate of Incorporation / Commencement	<input type="checkbox"/>	Utility Bill	<input type="checkbox"/>	Registration Certificate	<input type="checkbox"/>	Wealth/ITR		
	<input type="checkbox"/>	Agreement/Maintenance Receipt	<input type="checkbox"/>	Other Pl. specify						

☐ **4. TICK IF APPLICABLE** ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer Guidelines available with Branch)

Please indicate the Entity's country of tax residence (if resident in more than one country please detail all countries and associated tax identification number and TIN issuing country).

Country of Tax Residence	PAN/TIN (Tax Identification number) /Functional Equivalent	PAN/TIN Issuing Country /Functional Equivalent issuing Country	Expiry Date	Documents provided#

#Documentary Evidence for TIN / Functional Equivalent and / or Tax Residency should be mandatorily provided

If USA then whether Specified US Person - Yes / No. If No, provide exclusion No. (Details provided at the end)

If other than India and USA then whether other reportable person - Yes/ No. If No then provide the exclusion number.

☐ **5. Classification of Entity** (Related information available with branch)

(A) Financial Institution:

(1) Reportable Financial Institution - Yes / No. If Yes Provide GIIN: _____

(2) Non-reportable financial Institution - Yes / No. If Yes provide category: _____

(3) Sponsored Investment Entity / Trustee Documented Trust : Yes / No.

If Yes: Name of the Sponsor / Trustee: _____

GIIN of the Sponsor / Trustee _____

(4) Non- Participating Financial Institution: Yes/ No

(5) Owner documented Financial Institution: Yes / No If yes then for each controlling person who is tax resident outside India, please fill details in Annexure C2

OR

(B) Non-Financial Entity (NFE) :

1) Active NFE : Yes / No If Yes, Provide category ☐ ☐

If listed Company, Name of the stock exchange on which listed: _____

If related entity of listed Company, name of the company and name of the stock exchange on which listed _____

OR

2) Passive NFE : Yes / No If Yes, provide category

Each controlling person who is tax resident outside India should fill Annexure C2 OR

3) Direct Reporting NFE : Yes / No If yes, provide GIIN _____

☐ **6. DETAILS OF RELATED PERSON*** (In case of additional related persons, please fill 'Annexure B2')

6.1 PERSONAL DETAILS

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	_____			
Father / Spouse Name*	_____			
Mother's Maiden Name	_____			
Date of Birth*	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others	Nationality*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code) <input type="text" value=""/> <input type="text" value=""/>
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin	
Occupation Type*	<input type="checkbox"/> S -Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector)		
	<input type="checkbox"/> O - Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student		
	<input type="checkbox"/> B- Business <input type="checkbox"/> X - Not Categorized	_____		

6.2 PROOF OF IDENTITY (Pol)*

(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

6.3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified
(POA) ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐ Voter Identity Card
ADDRESS ☐ NREGA ☐ Others (Pl. specify)

Line 1* _____

Line 2 _____

Line 3 _____

Landmark _____ City / Town / Village* _____

State / U.T Code* _____ Pin / Post Code* _____ ISO 3166 Country Code* _____

TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S)
ADDITIONAL DETAILS REQUIRED*

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)

Country of Tax Residency	PAN/TIN (Tax Identification No.) /Functional Equivalent	PAN/ TIN Issuing Country /Functional Equivalent issuing Country	Expiry Date	Documents provided #

Place / City of Birth* _____ ISO 3166 Country Code of Birth*

Self attested copy of documentary evidence for TIN/Functional Equivalent and tax residency should be mandatorily provided.

Date: / /

Place _____

Name _____

SIGNATURE OF APPLICANT/S WITH RUBBER STAMP :

ATTESTATION / FOR OFFICE USE ONLY

KYC Number (Mandatory for KYC update request)

Account Holder Type* US Reportable ☐ Other Reportable ☐ (Please refer instruction 'A' at the end)

Documents Received ☐ Self-Certified ☐ True Copies ☐ Notary

Risk Category ☐ High ☐ Medium ☐ Low

IN PERSON VERIFICATION CARRIED OUT BY
INSTITUTION DETAILS

Identity Verification ☐ Done Date - -
 Emp. Name
 Emp. Code
 Emp. Designation
 Emp. Branch

Name **TJSB SAHAKARI BANK LTD.**

Code **IN 0860**

[Employee Signature]

Manager's Signature

Bank
Seal

Obtain personal KYC for Authorised Signatory