KYC

NATIONAL INSURANCE EMPLOYEES' CO-OPERATIVE CREDIT & BANKING SOCIETY LTD.

Customer ID.. A/c.. Annual Income ....

CENTRAL KYC REGISTRY (Know Your Customer (KYC) Application Form | Individual

Important Instructions :

A) Fields marked with* are mandatory Fields.
B) Please fill the form in English and in Block letters.
C) Please fill the date in DD-MM-YYYY Format.
D) Please read section wise detailed guidelines/instructons at the end.
E) List of State / U.T code as per indian Motor vehicle Act. 1988
F) List of two character ISO 3166 country codes
G) KYC number of applicant is mandatory for update application
H) For particular section update, please tick (✓) in the box available before the section number and strick off the sections not required to be updated

For office use only
(To be filled by financial institution)

Application Type ☐ New ☐ Update

KYC Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (Mandatory for KYC update request)

Account Type ☐ Normal ☐ Simplified (for low risk customers) ☐ Small

1. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
☐ Name* (Same as ID proof)				
Maiden Name (If any*)				
Father/Spouse Name*				
Mother Name*				

Dateof Birth* ☐☐ ☐☐ ☐☐☐☐

PHOTO

Gender* ☐ M-Male ☐ F-Female ☐ T-Transgender

Marital Status* ☐ Married ☐ Unmarried ☐ Others

Citizenship* ☐ IN-Indian ☐ Others (ISO 3166 Country Code ☐☐)

Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ S-Service ☐ (Private Sector ☐ Public Sector ☐ Government Sector) ☐ O-Others ☐ (Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B-Business ☐ X-Not Categorised

Signature

2. PROOF OF IDENTITY (PoI) (Please refer Instruction C at the end)

(Certified copy of any one of the following Proof of identity (PoI) needs to be submitted)

☐ A-Passport Number ☐☐☐☐☐☐☐☐ Passport Expiry Date ☐☐-☐☐-☐☐☐☐

☐ B-Voter ID Card

☐ C-PAN Card

☐ D-Driving Licence Driving Licence Expiry Date ☐☐-☐☐-☐☐☐☐

☐ E-Land Phone Bill

☐ F-UID (Aadhaar)

☐ C-NREGA Job Card

☐ Z-Others (any document notified by the central government) Identification Number

☐ S-Simplified Measures Account- Document Type code ☐☐ Identification Number

3. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS / ADDRESS DETAILS (Please see instruction D at the end)

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

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐ Voter Identity Card ☐ NREGA Job Card ☐ Others ☐ Simplified Measures Account Document Type code ☐☐

Address

Line 1*

Line 2

Line 3 City / Town / Village*

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

4.1. CORRESPONDENCE/LOCAL ADDRESS DETAILS* (Please see instruction E at the end)

☐ Same as Current / Permanent / Overseas Address details (in case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U T Code* ISO 3166 Country Code*

5. CONTACT DETAILS (All communications will be sent on provided Mobile no./Email ID) (Please refer instruction F at the end)

Tel. (Off) Tel. (Res) Mobile –

FAX E-mail ID

6. DETAILS OF RELATED PERSON (in case of additional related persons, please fill Annexure B1) (please refer instruction G at the end)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Prefix First Name Middle Name Last name

Name*

If KYC Number and name are provided, below details of section 6 are optional)

7. PROOF OF IDENTITY (PoI) OF RELATED PERSON (Please see instruction (H) at the end)

☐ A-Passport Number Passport Expery Date – –

☐ B-Voter ID Card

☐ C-PAN Card

☐ D-Driving Licence Driving Licence Expiry Date – –

☐ E- UID (Aadhaar)

☐ F-NREGA Job Card

☐ Z-Others (any document notified by the central government) Identification Number

☐ S-moified Measures Account-Dccoument Type code Identification Number

8. REMARKS (If any)

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and undertake inform you of any charges therein immediately in case any of the above information is found to be false or untrue of misloading of misrepresenting I am aware that I may be held liable for it*

I hereby consent to receiving instruction from Central KYC Registry through SMS/Email on the above registered number/email address

Date – – Place Signature/Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAILS

Date – –

Emp. Name

Emp Code

Emp Designation

Emp Branch

Name : NATIONAL INSURANCE EMPLOYEES' CO-OPERATIVE CREDIT & BANKING SOCIETY LTD.

KOLKATA

★ MANDATORY FIELDS