

Sangli Urban Co. Op. Bank Ltd. Sangli

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Individual

Know Your Cu	stomer (KYC) Application Form - Individual Person		
Existing Customer*	□YES □NO Branch Customer ID*		
CRESAI KYC Number ((if available)		
Personal Deta	ils		
Name* (same as ID proof Maiden Name (if any*) Father/Spouse Name* Mother Name* Date of Birth*	Prefix First Name Middle Name Last Name f)		
Gender*			
Marital Status*	Male Female Transgender Married Others		
Citizenship*	Indian Others (Country)		
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 Agriculturist		
Politically Related *	X-Not Categorised Signature Yes No		
Annual Family Income* Below 3 lakhs 3 lakhs - 5 lakhs 5 lakhs - 10 lakhs Above 10 lakhs			
Religion*	Cast Sub-Cast		
Educational Qualification			
Name of Organization v	where working		
Additional Details - Residence for Tax purpose in jurisdiction(s) outside India			
Residence Country*			
Tax Identification Numb	per or equivalent (if issued by jurisdiction)		
Place / City of Birth*	Country Birth*		
Proof of Identity			
A-Passport	Passport Expiry Date DD MM YYYYY		
B-Voter ID Card			
C-PAN Card			
D-Driving Licence	Driving Licence Expiry Date DD MM YYYY		
E-UID (Aadhaar)			
F-NREGA Job Card			
Z-Others (any document notified by the Central Government)			
S-Simplified Measures	Account - Document Type Code Identification No.		

Proof of Address						
Permanent Address 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 ID Card ☐ NREGA Job Card ☐ Others						
Simplified Measures Account - Document Type Code						
Address proof Document No.*						
Address proof expiry date DD MM MYYYYY						
Address						
Line 1*						
Line 2*						
Line 3* City / Town / Village*						
District State Country*						
Pin / Post Code*						
Correspondence / Local Address						
Line 1*						
Line 2*						
Line 3* City / Town / Village*						
District State Country*						
Pin / Post Code*						
Address In The Jurisdiction Details Where Applicant Is Resident Outside India For Tax Purpose						
Line 1*						
Line 2*						
Line 3* City / Town / Village*						
District State Country*						
Pin / Post Code*						
Contact Details						
Tel. (Off.) Tel. (Res) Mobile -						
FAX Email ID Email ID						

APPLICANT DECLARATION	N		
found to be false or misrepresenting I/We am/are aware that I/	and correct to the best of my/our knowledge and belief and I/We use may be held liable for it. dence at my correspondence address as currently I/We are staying at		
Date: DD MM YYYY	Y	Signature/Thum	b impression of Applicant
Attestation for Office Use	Only		
Documents Received Self-Certification	ed 🗌 True Copy 🔲 Notary	Risk category* High	Medium Lov
In Person Verification (Carried Out By ate	Customer ID*	
Emp. Name*			
Emp. Code*			
Emp. Designation*			
		(Employee Sig	nature)

Document Type Codes for Simplified Measures Account

Identity Proof -			
01	Identity card with applicant's photograph issued by Central / State Government Departments, Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.		
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.		
Address Proof -			
01	Utility bill which is not more than two months old of any service provider. (Electricity, Telephone, Post-Paid Mobile Phone, Piped Gas, Water Bill.)		
	Property or Municipal Tax receipt.		
02	Bank Account or Post Office savings bank account statement.		
03	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.		
04	Letter of allotment of accommodation from employer issued by State or Central Government Departments, Statutory or Regulatory Bodies, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and Listed Companies. Similarly, leave and licence agreement with such employers allotting official accommodation.		
05	Documents issued by Government Departments of Foreign Jurisdictions and letter issued by Foreign Embassy or Mission in India.		
06			

Other Information Asset Owned / Possesed Residence Ancestral Self-Acquired Purchased on loan Rented Company Provided Consumer durables Refgerator Air conditioner Washing Machine Home Theatre Plasma/LCD TV Microwave Others No of cars No of Two Wheelers Vehicles owned Car Two Wheeler Year of purchase Year of purchase Cars Make / Model Whether car is provided by employer Yes No Assets (others) Computer Housing plot Commercial property Agricultural land ■ Life Insurance Policy Life insurance policy for self and Below 2 lac 2 lac to 5 lac Above 5 lac Above 10 lac Nil family members (sum assured) Do you have Pension Policy If yes name of the issuer and sum assured Yes No Would you like to avail life insurance under our tie up arrangement Yes No ■ Medical / Health Insurance Do you have Medical/Health Insurance No Yes If yes, amount of Insurance 1 lac to 3 lac 3 lac to 5 lac Above 5 lac Below 1 lac Loans Loans availed Car loan Trade / Industry Share loan Education loan Housing loan Gold loan Others Durables No loans outstanding Outstanding if any Rs. \[Would you like to avail any loan from the Bank in the near future? Yes No If yes, please provide the following information Loans availed Education Housing **Consumer Durables** Car Industrial Finance Transport Finance Trade Finance Expected time of availing the loan Less than 6 months 6 to 12 months 1 to 2 years More than 2 years Locker Do you have Locker facility with any other Bank Yes No

Applicant Signature

Date:

Place: