

5. DETAILS OF RELATED PERSON

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

Full Name of Guardian

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

I hereby declare that the date of birth of the minor who is my _____ is ____/____/____ (Date of Birth) and I am his/her natural and lawful guardian/guardian appointed by court order, dated ____/____/____ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I shall indemnify the Bank against the claim of the above minor for any withdrawal / transactions made by me in his/her account.

(Signature of Guardian)

PROOF OF IDENTITY [PoI] OF RELATED PERSON*

A- PAN Card B- UID (Aadhaar) C- Voter ID Card

D- Driving Licence Driving Licence Expiry Date - -

E- Passport Number Passport Expiry Date - -

F- NREGA Job Card

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

6. SIGNATURE MISMATCH DECLARATION

The signature on the ID Proof/Address/Cheque provided is different from my signature on the account opening form. Please consider the signature on the account opening form as my updated signature in your Bank record.

Old signature as per documents/ existing Cust. Id		New signature as per account opening form	
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7. INCOME AND OTHER BANK DETAILS

Average Annual Turnover : Net Worth (As on - -) ₹.

Expected Annual Income :

Please Provide details of Account/Credit Facilities with other banks.

Bank & Branch	Place of Bank & Branch	Type of A/c Facility	Amount	A/c. No.

8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that, I/We may be held liable for it.
- My personal / KYC details may be shared with Central KYC Register
- I hereby consent to receiving information from Bank/Central KYC Registry through SMS/Email on the above registered number/email address

Date : - - Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Self-Certified True Copies Notary **Risk Category** High Medium Low

IN PERSON VERIFICATION CARRIED OUT BY

Identity Verification Done Date - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name **TTC CO-OPERATIVE BANK LIMITED**

[Institution Stamp]