

CKYC : _____

Customer ID _____

Related Person Type

- Authorised Signatory Beneficiary Court Appointed Official Karta Ownership
 Partner Promotor Proprietor Trustee Others, Please Specify _____

Full Name Mr./Mrs./Ms. _____
 Maiden Name (if any) _____
 Father's Name _____ Mother's Name _____
 Marital Status Single Married • Name of the Spouse _____
 Date of Birth _____ Gender Male Female Transgender
 Nationality _____ Country code of birth _____ Place of Birth _____ Community _____
 Residential Status Resident Non Resident Indian Foreign National Person of Indian Origin



Occupation	Annual Income (in INR)	Education	Proof of Identity
<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Others, Specify _____	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 to 5 Lac <input type="checkbox"/> 5 to 10 Lac <input type="checkbox"/> 10 to 15 Lac <input type="checkbox"/> 15 to 25 Lac <input type="checkbox"/> 25 Lac and above Net worth (in INR) Rs. _____ as on _____	<input type="checkbox"/> Below SSC <input type="checkbox"/> SSC <input type="checkbox"/> HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Masters <input type="checkbox"/> Professional	Passport No. _____ Passport Expiry Date _____ PAN No. _____ Aadhaar _____ Other Proof of Identity (Type) _____ (No.) _____ Expiry date (if any) _____

Communication Address

State _____

PIN _____

Country _____

Mobile _____

Permanent Address

State _____

PIN _____

Country _____

Email ID _____

Proof of Address _____

Purpose of Account _____ Line of Business _____

Any other Information _____ PEP (Politically Exposed Person) / Related to PEP / Not applicable

FATCA / CRS Declaration (Taxation Details)

SL No.	Country of residence for tax	Tax identification number (TIN) or Functional equivalent	TIN issuing country	Please provide address, if SL no. 1 is filled in taxation details Address _____ _____ City _____ State _____ PIN _____ Country _____

1. I hereby certify that I am not tax resident in, or citizen of, any other country besides those listed above. 2. Declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete. 3. Undertake to advise the bank promptly of any change in circumstances, which causes the information contained herein to become incorrect and to provide the bank with a suitably updated declaration within 30 days of such change in circumstances. 4. I authorize the bank to provide, directly or indirectly, to any relevant tax authorities/government authorities and/or other regulatory authorities locally/internationally or any party authorized to audit or conduct a similar control of the bank for tax purposes, the information contained in this form and to disclose to such tax authorities or such party any additional information that the bank may have in its possession. 5. I certify that I am authorized (FDA holder) to sign for the individual who is the beneficial owner of all the income to which this form relates and/or am using this form to document myself as an individual who is the Account Holder. In the event if the bank is put to any hardships or claims from any authorities due to any false, untrue or misleading representation/ information furnished by me as contained herein, I shall be solely liable and responsible for the same and I undertake to indemnify Bank against any loss or damage suffered by the Bank.

Declaration

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I / we undertake to inform you of any changes therein, immediately.

Place : _____ Date : _____

Signature

Office Use

Documents received Self Certified True copy Notary Risk Category High Medium Low

Signature of Officer _____
(Sign Code _____)

Signature of Branch Head _____
(Sign Code _____)

SERVICE REQUIREMENT

- Cheque Book : Yes No
 Debit Card : Yes No (applicable in case of proprietorship account only.)
 Net Banking : Yes No (If yes, kindly submit duly filled Net Banking application form separately at branch)
 E-mail Statement : Yes No Provide e-mail address : _____
 Mobile Banking : Yes No (If yes, kindly submit duly filled Mobile Banking application form separately at branch)
 SMS Alert : Yes No

(Mobile No. and email ID as at account address will be taken for all request.) Cheque book and Debit card will be issued as per applicable rules.

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Legal Entity / Other than Individuals KYC Applicant Form**A Clarification / Guidelines for filing Entity Details section****1 Entity Constitution Type**

- | | | |
|--|---|---|
| A - Sole Proprietorship | H - Trust | O - Artificial Juridical Person |
| B - Partnership Firm | I - Liquidator | P - International Organisation or Agency /Foreign Embassy or Consular Office etc. |
| C - HUF | J - Limited Liability Partnership | Q - Not Categorized |
| D - Private Limited Company | K - Artificial Liability Partnership | R - Others |
| E - Public Limited Company | L - Public Sector Banks | S - Foreign Portfolio Investors |
| F - Society | M - Central/State Government Department or Agency | |
| G - Association of Persons (AOP) / Body of Individuals (BOI) | N - Section 8 Companies (Companies Act, 2013) | |

2 In case of companies and partnerships, PAN of the entity is mandatory. In case of other entities, FORM 60 may be obtained if PAN is not available.

B Clarification / Guidelines for filling 'Proof of Identity(PoI)' section

- Activity Proof - 1 and Activity Proof - 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
- Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
- Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
- 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

C Clarification / Guidelines for filling 'Proof of Address (PoA)' section

- State / U.T Code and Pin/ Post Code will not be mandatory for Overseas addresses.
- Certified copy of document or equivalent e-document to be submitted.

D Clarification / Guidelines for filling 'Contact Details' section

- Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- Do not add '0' in the beginning of Mobile number.

E Clarification / Guidelines for filling 'Related Person Details' section**1 Personal Details**

*The name should match the name as mentioned in the Proof of Identity submitted, failing which the application is liable to be rejected.

2 Proof of Address [PoA]

*PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.

*State /U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.

*In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR.

*REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.

- If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.
- Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

F Provision for capturing signature of multiple authorised persons is to be made by the RE.

DA1 ACKNOWLEDGEMENT

Account No. _____ Name of Depositor _____

Nomination in favour of _____ dated _____ has been registered in the books of the Bank. Kindly note that in case of nominee being a non-resident Indian, the repatriation of funds will be subject to the guidelines of RBI

Place :

Date :

Branch Manager / Officer

TERMS & CONDITIONS :

I/We have read, understood and abide by banks rules for conduct of the accounts/service/products & charges.

1. I/We have read and understood the rules of opening of Savings/Current/Term Deposit Account of the Bank and terms & conditions (which may be amended from time to time) relating to Mobile Banking, Debit Card, Internet Banking, E-Statement, Passbook and other services as mentioned over www.ttbl.com. I/We accept them as binding upon me/us. I/we accept and agree to be bound by terms & conditions limiting the Bank's liability.
2. I/ We understand that the Bank may, at the absolute discretion, discontinue any of the services completely or partially without any notice to me/us. I/We agree that the Bank may debit charges to my/our account for operations effected through transaction from Savings/Current Account and/or use of Mobile Banking/SMS Banking/ Rupaya Debit card etc.
3. I/We, hereby declare that I am/we are voluntarily submitting and/or are desirous voluntarily to undergo Aadhaar Authentication process provided by the Unique Identification Authority of India (UIDAI) for availing subsidies, benefits/services covered by Section 7 of the Aadhaar Act, for the purpose of transfer of any monetary subsidy or benefit to me/our account as well as facilitating the withdrawal of money by me/us through Aadhaar based micro-ATM machine, AEPS, BHIM Aadhaar pay etc. I/we request to link this account to my/our Aadhaar Card Number/s submitted to you for receiving subsidy Government benefits.

AND

I/we declare that I/we is/are voluntarily providing physical copy of the Aadhaar card of establishment of KYC/e-KYC for opening of my/our account with TTC CO-OPERATIVE BANK LIMITED _____ Branch and/or for KYC/E-KYC updation in respect of my/our existing Account bearing Account No. _____ with TTC CO-OPERATIVE BANK LIMITED _____ Branch

4. The information provided by me/us in this Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Act, 1962. It shall be my/our responsibility to educate myself/ourselves and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder.
5. The information provided by me/us in this form and in its supporting Annexure as well as in the documentary evidence/s provided is true, correct and complete to the best of my/our knowledge and belief, and that I/we have not withheld any material information that may affect the assessment/categorisation of the account as a Reportable account or otherwise I/we hereby accept and acknowledge that the Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me/us to the Bank at any point of time.
6. I/we agree that my/our failure to disclose any material/fact known to me/us, now or in future, may invalidate my/our application and the Bank would be within its right to put restrictions on the operations of my/our account and/or any of the above mentioned facilities, or close it or report to any regulator and/or authority designated by Government of India/RBI for the purpose or take any other action as may be deemed appropriate by the Bank if the deficiency is not remedied by me/us within the stipulated period.
7. Bank enjoys its Paramount "Charge of lien", "Right to set off" and "right to appropriation" against balance lying in different accounts/instruments tendered for collection while transacting and rendering normal banking business.
8. I/we also agree to furnish such information and/or documents as the Bank may require from time to time on account of any change in law to the subject matter herein. I/we shall indemnify that Bank for any loss that may be suffered by the Bank on account of providing incorrect or incomplete or invalid information.

Date : _____

Place : _____

(1) _____ (2) _____ (3) _____
(4) _____ (5) _____ (6) _____

- Signature/s of the proprietor / Partner / Director / Trustee along with Name & stamp of entity.
- The declaration should be signed by proprietor / partners in case of partnership firm / LLP & all other cases as per resolution.

FOR BANK USE ONLY

Date :

Risk classification of a/c. : _____

AML done / UN terror list Checked : _____ Document Received Certified Copies Equivalent e-document

Approvals if any : Yes Mail Dated : _____ from _____ attached

Emp. Name _____ Emp. Code _____

Emp. Designation _____ Emp. Branch _____

Applicant/s Signed in my presence

AOF & KYC complete

A/c opened by / Authorised by