

DATE : ___/___/___
तारीख :

BRANCH : _____
शाखा :

Customer No. _____
ग्राहक क्र. :

A/c No. _____
खाते क्र. :

KYC No. _____

Please Fill the Form in Black Ink & Capital Letters

I / We request you to open my /our Current Bank account in your bank
मी / आम्ही अशी विनंती करतो की तुमच्या बँकेत माझे / आमचे चालू खाते उघडावे.

Title of Account / खात्याचे नाव

Name _____
नाव

(Photo)
छायाचित्र
Sign Across

(1)

Name of Proprietor/Partners/Directors (s) authorised to operate account / खातेधारकाचे / खाते चालवणाऱ्याचे नाव

Surname / आडनाव

First Name / पहिले नाव

Middle Name / मधले नाव

- _____
- _____
- _____
- _____

(Photo)
छायाचित्र
Sign Across

(2)

Specimen Signature (Please sign in Black Ink) with rubber stamp / नमुना स्वाक्षरी (काळ्या शाईने करावी) व शिक्का

(Photo)
छायाचित्र
Sign Across

(3)

Operational Instruction / खाते चालवण्यासंबंधी सूचना

Please Specify : _____

कृपया सूचीत करा : _____

(Photo)
छायाचित्र
Sign Across

(4)

Communication Details / पत्रव्यवहारासाठी पत्ता :

Email ID : _____

Address : _____

Mobile No.: _____ Tel. (Off.): _____ Tel. (Res.): _____

Nomination Form / नामनिर्देशन अर्ज - DA01

(For Individual/Sole Proprietorship Account Only) नामनिर्देशन (व्यक्तिगत खात्यांसाठी/एकट्याच्या मालकीची संस्था असेल तर)

Nomination/नामनिर्देशन : Required /हवे Not Required /नको

I / We nominate following named person as my/our nominee after my/our death and is entitled legally to receive the money as per Banking Regulation Act, 1949 and The Co-operative Bank (Nomination) Rule 1985. माझ्या / आमच्या मृत्यूनंतर खालील व्यक्तीस कायदेशीररित्या पैसे मिळव्यास बँकिंग रेग्युलेशन १९४९, तसेच को.ऑपरेटिव्ह बँकेचे (नामनिर्देशन) नियम १९८५ नुसार मी / आम्ही खालील व्यक्तीचे नामनिर्देशन करित आहे / आहेत. (Only one person can be nominated per account) (एका खात्यासाठी फक्त एक व्यक्तीचे नामनिर्देशन होऊ शकते.)

Name & Address / नाव व पत्ता	Age/वय	Date of Birth (In case of Minor) जन्म तारीख (अज्ञान असल्यास)	Relation with Depositor खातेदाराशी नाते

As the Nominee is minor on this date. I/We appoint Shri./Smt./Miss _____
आजच्या घडीला नामनिर्देशित केलेली व्यक्ती अज्ञान आहे, म्हणून माझ्या/आमच्या मृत्यूच्या वेळी मी /आम्ही श्री/श्रीमती _____

Address/पत्ता: _____

to receive the amount of the deposit on behalf of the nominee in the event of my/our death during the minority of the nominee.
या व्यक्तीची अज्ञान व्यक्तीचे वाली म्हणून नेमणूक करतो. नामनिर्देशित केलेली व्यक्ती माझे/आमचे मृत्यूचे वेळी अज्ञान असल्यास हया व्यक्तीला रक्कम मिळवी.

Facilities Required (Please tick)Internet Banking Mobile Banking Debit Card SMS Banking E-Statement E-Passbook

"We are aware that the all the E channel products like Visa Debit Card / Rupay Debit Card / mobile banking / SMS banking / E Pass book / UPI and any other products that may be offered by the bank are available to us by applying online. We hereby authorize the 1st Account holder named herein to apply, receive / download the products / applications by accepting the terms and conditions and to operate the same individually."

Declaration / जाहीरनामा

I / We declare, confirm and agree :- 1) That all the particulars and information given in the Application form are true, correct, complete and upto date in all respects and I/We have not withheld any information. 2) That the rules of Current Bank Account of the Bank and terms & conditions relating to Internet Banking, Mobile Banking, Debit Card, SMS Banking, E-Statement, E-Passbook and other services as mentioned over "www.tjsb.co.in" (which may be amended from time to time) have been read by ME/US and that I/WE accept them as binding upon me/us. I accept & agree to be bound by the terms & conditions limiting the Banks liability. 3) 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 use of Internet Banking/ SMS Banking / VISA Debit Card/ Rupay card, etc.

मी/ आम्ही असे जाहीर आणि मान्य करतो :- १) या अर्जातील तपशिल व माहिती ही सत्य आहे आणि सर्व बाबींमध्ये पूर्ण आहे आणि मी / आम्ही कोणतीही माहिती लपविली किंवा राखून ठेवलेली नाही. २) या बँकेच्या चालू खात्याचे, इन्टरनेट, एसएमएस, मोबाईल बँकिंग व विसा/रुपे डेबिट कार्ड सर्व नियम व अटी मी/आम्ही वाचल्या आहेत आणि त्या मला/आम्हांला मान्य आहेत. त्या अटींमध्ये वेळेनुसार होणारे बदल माझे/आमचेवर बंधनकारक आहेत. ३) मी/आम्ही मान्य करतो की उपरोक्त सुविधा पुर्ण किंवा सांक्षिप्त स्वरूपात आम्हांला सुचित न करीता बंद करण्याचे अधिकार बँकेकडे राहिल.

Date / / Place _____

 I / We certify that We/I am not / are not enjoying any credit facility with any other bank/s / co-operative banks/society I / We is / are enjoying the credit facilities with _____ (NOC of the said bank with details enclosed) I /We certify that the lending institute is co-operative banks/society and details of shares are as per enclosed.

Signature of applicant/s with Rubber Stamp : _____

*** Note : If the depositor is illiterate, thumb impression should be attested by two witnesses**

Signature of Witness 1 _____ Signature of Witness 2 _____

Name, Address of Witness _____ Name, Address of Witness _____

Introduction by an existing Account Holder / बँकेच्या खातेदाराने ओळख दिली असल्यास

M/s. _____ Customer No.: _____

CD/CC/OD/Loan A/c. No. : _____ Branch : _____ Tel./Mobile No.: _____

I know Mr./M/s _____ for a period of _____ months/years and confirm his/their address.

(Attestation / Office Use only) IN PERSON VERIFICATION CARRIED OUT BY

Name: _____

Bank Seal

Signature of Introducer : _____

Date / /

Employee Code : _____ Signature : _____

FOR BANK'S USE ONLY / बँकेने भरावयाचा तपशीलThe Account is classified as Low Risk Medium Risk High Risk A/c opened on : / /

Bank Seal

Signature of Officer : _____

Employee Code : _____

Signature of Manager/Officer : _____

Employee Code : _____

Customer No.

Account No.

Know your Customer (KYC) Application Form / Legal Entity

Application Type* New Update

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
- B) Self-Certification of documents is mandatory
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G) List of two character ISO 3166 country codes is available at the end.
- H) KYC number of applicant is mandatory for update application.
- I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For Office Use Only (To be filled by Bank)

KYC Number (Mandatory for KYC update request)

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

Nature of Business / Entity Constitution Type* (Please refer instruction "B" at the end)

1. ENTITY DETAILS* (Please refer instruction "C" at the end)

Name*

Entity Constitution Type (Please refer instruction "B" at the end)

Date of Incorporation* Date of Commencement of Business*

Place of Incorporation* Country of Incorporation*

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

PAN* Others Pl. specify _____

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 (PoI)* (Please refer instruction "D" at the end)

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

<input type="checkbox"/> Certificate of Incorporation / Commencement	<input type="checkbox"/> Bye-Laws	<input type="checkbox"/> Value Added Tax Certificate	<input type="checkbox"/> PAN
<input type="checkbox"/> Memorandum / Articles of Association	<input type="checkbox"/> Trust Deed	<input type="checkbox"/> Service Tax Certificate	<input type="checkbox"/> TAN
<input type="checkbox"/> Shop & Establishment Licence	<input type="checkbox"/> Partnership Deed	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> 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 (PoA)* (Please see instruction "E" at the end)

Certified copy of any one of the following Proof of Address [POA] needs to be submitted

3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS*

	Type <input type="checkbox"/>	Ownership <input type="checkbox"/>	Rental <input type="checkbox"/>
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"/> Agreement/Maintenance Receipt	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Wealth/ITR
		<input type="checkbox"/> Other Pl. specify _____	

Line 1*

Line 2

Line 3

Landmark City / Town / Village*

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

3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS *

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, Please fill 'Annexure A2')

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"/> Agreement/Maintenance Receipt	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Wealth/ITR
		<input type="checkbox"/> Other Pl. specify _____	

Line 1*

Line 2

Line 3

Landmark City / Town / Village*

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

3.3 ADDRESS IN THE JURISDICTION WHERE ENTITY IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES*

Same as Current / Permanent / Overseas Address details
 Same as Correspondence / Local Address Details
 Address Type*
 Residential & Business
 Residential
 Business
 Registered office
 Unspecified
 Proof of Address*
 Certificate of Incorporation / Commencement
 Utility Bill
 Registration Certificate
 Wealth/ITR
 Agreement/Maintenance Receipt
 Other Pl. specify _____
 Line 1* _____
 Line 2 _____
 Line 3 _____
 Landmark _____ City / Town / Village* _____
 State / U.T Code* _____ Pin / Post Code* _____ ISO 3166 Country Code* _____

4. CONTACT DETAILS (All communications will be sent on provided Mobile No./Email ID) (Please refer instruction "E" at the end)

Tel. (Off) _____ Mobile _____
 Tel. (Res) _____ Email ID _____

5. 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 Residency	TIN (Tax Identification No.) / Functional Equivalent	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.

6. 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
(B) Non-Financial Entity (NFE) : OR
 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 _____

7. DETAILS OF RELATED PERSON* (In case of additional related persons, please fill 'Annexure B2') (Please refer instruction "G" at the end)

Addition of Related Person
 Deletion of Related Person
 Update Related Person details
 KYC Number of Related Person (if available*) _____ If KYC number is available, only 'Related Person Type' and 'Name' is mandatory.
 Related Person Type*
 Director
 Promoter
 Karta
 Trustee
 Partner
 Authorised Signatory
 Court Appointed Official
 Beneficiary
 Others _____

7.1 PERSONAL DETAILS (Please refer instruction 'G.I' at the end)

Name* (Same as ID proof) Prefix _____ First Name _____ Middle Name _____ Last Name _____
 Maiden Name (if any*) _____
 Father / Spouse Name* _____
 Mother Name* _____
 Date of Birth* DD - MM - YYYY Gender* M- Male F- Female T-Transgender
 Marital Status* Married Unmarried Others Nationality* 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 Categorized _____

Customer No.

Account No.

7.2 TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction 'G.II' at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 5.2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

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

7.3 PROOF OF IDENTITY (PoI)* (Please refer instruction 'G.III' at the end)

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

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	ID No.	<input type="text"/>

7.4 PROOF OF ADDRESS (PoA)* (Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

7.5.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction 'G.IV' at the end)

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*

8 REMARKS (If any)

Declaration and undertaking by Entity * I / We certify that :-

- I) The information provided in the Form is in accordance with section 285 BA of the Income Tax ac 1961 read with rules 114F to 114H of the income tax rules 1962.
 - II) The information provided in the form, its supporting Annexure as well as in the documentary evidence provide by me/ us are, to the best of our knowledge and belief, true, correct and complete and that I / we have not withheld any material information a that may affect the assessment categorization of the account as a Reportable account of otherwise.
 - III) I / We permit / authorize the bank to collect store, communicate, process and share information relating to the Account and all transactions therein to regulator centres, KYC Registry and any other bank including confidential information for compliance with any law or regulation whether domestic or foreign.
 - IV) I / We undertake the responsibility to declare and disclose immediately but within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexure as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence.
 - V) I / We also agree that our failure to disclose any material fact known to us now or in future may invalidate our application and the bank would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and /or nay authority designed by the Government of India (GOI) / RBI for the purpose deemed appropriate by the Bank if the deficiency is not remedied by us within stipulated period.
 - VI) 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.
 - VII) It shall be my / our responsibilities 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 Rules thereunder.
 - VIII) 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 either in India or abroad in the subject matter herein.
 - IX) I / We hereby consent to receiving information from central KYC Registry through SMS / E-mail on the above registered number / E-mail address.
 - X) I / We shall indemnify the Bank for any loss that arise to the bank on account of providing incorrect or incomplete information.
 - XI) I / We certify that I / We have the capacity to sign for the Entity as per CBDT rules / SEBI / RBI.
- Date / / Place _____

Signature _____ Name _____

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

INSTITUTION DETAILS

Name

Code

[Employee Signature]



List of two- digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U. T	Code	State / U. T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two- digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire !Côte d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion !Réunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao !Curaçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy !Saint Barthélemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		

Instructions / Check list / Guidelines for filling Legal Entity KYC Application Form

A Clarification / Guidelines for filling 'Account Holder' type section

US Reportable

- F1 - Owner-Documented FI with specified US owner(s)
- F2 - Passive Non-Financial Entity with substantial US owner(s)
- F3 - Non-Participating FFI
- F4 - Specified US Person
- F5 - Direct Reporting NFFE
- XX - Not Applicable

OtherReportable

- C1 - Passive Non-Financial Entity with-one or more controlling person that is a Reportable Person
- C2 - Other Reportable Person
- C3 - Passive Non-Financial Entity that is a CRS Reportable
- XX - Not Applicable

B Clarification / Guidelines for filling 'Nature of Business / Entity Constitution' type section

Entity Constitution Type:

- A - Sole Proprietorship B
- Partnership Firm
- C - Private Limited Company
- D - Public Limited Company
- E - Liquidator
- F - Limited Liability Partnership
- G - Artificial Juridical Person
- H - Others
- I - Not Categorized

C Clarification / Guidelines for filling 'Entity Details' section

Identification Type:

- T-TIN
- C- Company Identification Number
- G- US GIIN
- E- Global Entity Identification Number (EIN)
- O- Other

D Clarification / Guidelines for filling 'Proof of Identity[Pol]' section

- 1 One certified copy of any one of the mentioned Proof of Identity [Pol] needs to be submitted.

E Clarification / Guidelines for filling 'Proof of Address [PoA]' section

- 1 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 2 In case of multiple correspondence / local addresses, please fill 'Annexure A2'

F Clarification / Guidelines for filling 'Contact Details' section

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

G Clarification / Guidelines for filling 'Related Person Details' section

I Personal Details

- 1 Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

II Resident outside India for tax purposes

- 1 Jurisdiction(s) of Residence: It may be mentioned that since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA.
- 2 Tax Identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification ("Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

III Proof of Identity [Pol]

- 1 If driving license number or passport is provided as Pol then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

IV Proof of Address [PoA]

- 1 PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.

H Clarification / Guidelines for filling 'Details of Controlling Person' section

I Personal Details

- 1 Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Pol submitted failing which the application is liable to be rejected.
- 2 Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

II Proof of Identity [Pol]

- 1 If driving license number or passport is provided as Pol then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

III Proof of Address [PoA]

- 1 PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.