

KNOW YOUR CLIENT (KYC) APPLICATION FORM



TJSB SAHAKARI BANK LTD., 2nd Floor, Madhukar Bhavan, Road No.16, Wagle Estate, Thane (W) - 400 604.

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS

A. IDENTITY DETAILS										Photograph								
1	Name of the Applicant										Please affix your recent passport size photograph <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">Signature Across photograph</div>							
2	Father's / Husband's Name																	
3	a) Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female		b) Marital status		<input type="checkbox"/> Single <input type="checkbox"/> Married		c) Date of Birth		D	D	M	M	Y	Y	Y	Y
4	a) Nationality				<input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify, _____)				a) Status		<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National							
5	a) PAN								b) Aadhaar Number, if any									
6	Specify the proof of identity submitted								<input type="checkbox"/> PAN card <input type="checkbox"/> Any other (Please specify; _____)									

B. ADDRESS DETAILS

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1	Residence / Correspondence Address					<input type="checkbox"/> Correspondence Address					<input type="checkbox"/> Residence Address									
						_____ _____ _____														
	City/town/village					PIN Code														
	State					Country														
2	Specify the proof of address submitted for Residence / correspondence address																			
3	Contact Details					Tel. (Off.)					Tel. (Res.)									
						Fax No.					Mobile No.									
						Email ID														
4	Permanent Address (If different from above. Mandatory for Non-Resident Applicant to specify overseas address)																			
											_____ _____ _____									
	City/town/village					PIN Code														
State					Country															

C. DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my 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 am aware that I may be held liable for it.

Signature of the Applicant _____

Date

D	D	M	M	Y	Y	Y	Y
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FOR OFFICE USE ONLY

Sr. No.	Particulars									
1	<input type="checkbox"/> Originals verified and Self-Attested Document copies received									
2	In-Person-Verification (IPV) details:									
	a)	Name of the person doing IPV								
	b)	Designation								
	c)	Name of Organization								
	d)	Signature								
e)	Date	D	D	M	M	Y	Y	Y	Y	Y
Name & Signature of the Authorised Signatory _____										Seal/Stamp of the intermediary
Date		D	D	M	M	Y	Y	Y	Y	