



PROGRESSIVE MERCANTILE CO-OP. BANK LTD.

Progressive Bank Bhavan,

670/1, Station Road AHMEDABAD-380 002.

Email : pmcbank@vsnl.net, Ph. : 079-22135228, 22134749, 22136975

BRANCH

Aadhar No. PAN No.

Account No. Customer ID : _____

ખાતું ખોલાવવા માટેનું ફોર્મ / ACCOUNT OPENING FORM

(Form to be filled in Capital Letters & Sign. to be done with Black Ink)

પ્રતિ / To,

મેનેજર / Manager

પ્રોગ્રેસીવ મર્કેન્ટાઇલ કો-ઓ. બેંક લી. / Progressive Mercantile Co-Op. Bank Ltd.

તારીખ / Date _____

_____ / Branch

હું/અમે આપની શાખામાં નીચે મુજબ બેંક એકાઉન્ટ ખોલાવવા માંગુ છું/માંગીએ છીએ.

I / We request you to open an account in my / our name/s with you as indicated below.

1. ખાતાનો પ્રકાર / TYPE OF ACCOUNT

ચાલુ ખાતું બચતખાતું ફ્લેક્સી ઓડ અન્ય

Current Account

Saving Account

Flexied OD

Other _____

2. પ્રાથમિક વિગતો / PRIMARY DETAILS

ખાતેદારનું નામ
Name of A/c Holder

સરનામું / Address _____

_____ શહેર / City _____

પીન / Pin _____ મો. / Mo. _____ ઈ મેઇલ / E-mail _____

ઓ. / O. _____ રહે. / R. _____ ધંધાનું સ્વરૂપ/પ્રકાર
Nature of Activity / Business

3. ખાતાનું બંધારણ / TYPE OF CONSTITUTION

સ્વતંત્ર માલિકી પેટી ભાગીદારી પેટી પ્રાઇવેટ લીમીટેડ કંપની

individual

Proprietorship Firm

Partnership Firm

Private Limited Company

જોઇન્ટ એસોસીએશન / ટ્રસ્ટ / ક્લબ એચ.યુ.એફ. અન્ય

Joint

Association / Trust / Club

H.U.F.

Other _____

4. ખાતું ચલાવવા અંગેની સૂચના / ACCOUNT OPERATING INSTRUCTION

પોતાની સહીથી સંયુક્ત અગર હયાતની સહીથી કોઈપણ બેની સંયુક્ત સહીથી એચ.યુ.એફ.ના કર્તાની સહીથી

Self

Jointly or Survivor

Any Two Jointly

Karta of H.U.F.

કોઈપણ એકઅથવા હયાતની સહીથી કોઈપણ એકની સહીથી ખાસ સૂચના

Any one or Any one of Survivors

Any one Singly

Special Instruction _____

5. પોતે / સંયુક્ત ધારક/અધિકૃત વ્યક્તિઓની વિગત / DETAILS OF ACCOUNTS HOLDERS

અનુ. નં Sr. No.	ખાતેદારનું નામ Name of Account Holders	નમુના ની સહી Specimen Signature	ગ્રાહક નંબર Customer ID
1.			
	માતાનું નામ	X	
2.			
	માતાનું નામ	X	
3.			
	માતાનું નામ	X	
4.			
	માતાનું નામ	X	

6. LETTER OF PROPRIETORSHIP

From Mr./Mrs. _____ Residential Address _____
 _____ Phone _____

I wish to inform that I _____ am doing Business under the names and style of

M/s. _____

and that I am the sole proprietor of the said concern. I shall be responsible for all transactions in my account with you and obligations incurred with you or arising from the operation of account, whether such obligations or transactions are in the course of business under the said trade name and style or otherwise.

Notwithstanding any change in the constitution of my concern or disposal of my proprietary interest in business in the said name and style of my business is closed for any reason, I shall continue to be liable to discharge all my obligations to you at all times and undertake to intimate you about such changes and also reconstitute or close the account as may be warranted.

Sign. _____

(to be signed in individual capacity without rubber stamp)

7. PARTNERSHIP LETTER

To
 The Manager
 Progressive Mer. Co-Op. Bank Ltd.
 Ahmedabad.

Date : _____

As the firm of _____
 carrying on business as _____

at _____ and elsewhere (hereinafter referred to as "the firm") have or desire to have dealing with the Progressive Mer. Co-Op. Bank Ltd. We hereby inform you that we the undersigned are partners of the said firm and each of us has full unrestricted authority to sign on behalf of and to bind the firm. We also give the names of our other partners if any, who also have unrestricted authority to bind the firm and who have not, owing, to absence or for other reasons signed this form.

We the partners who have signed and the partners who have not signed, if any, are jointly and severally responsible to the Bank for all the liabilities of firm to the Bank. The Bank may recover its claims from the estate of any or all of the partners of the firm, and in case any partner is a member of a joint family, from the estate of the joint family and the interest therein of ever co-partner of the family.

Whenever any change occur in the constitution of the firm we (the partners) undertake immediately to inform the Bank in writing and our individual responsibility and that or our respective estate to the Bank will continue until we receive from the Bank an acknowledgment of the change in our constitution and until all our liabilities to the Bank prior to the aforesaid change are discharged.

We (the partners) also undertake that all acts of the firm purporting to be done on behalf of the firm before the Bank shall have received notice of any change in the constitution of the firm shall be binding on the firm and each of us and our respective estates until all liabilities in respect of such acts shall have been discharged.

We declare the Partnership is REGISTERED
UNREGISTERED
 Full Names of all Partners _____

Yours faithfully,
 Individual Signature _____

Signature on behalf
 of the firm _____

8. નામાંકન ફોર્મ ડીએ-૧ / NOMINATION FORM DA - 1

મેનેજરશ્રી, પ્રોગ્રેસીવ મર્કન્ટાઇલ કો.-ઓ. બેંક લી. / Manager, Progressive Mer. Co-Op. Bank Ltd.

_____ શાખા / Branch

(1) હું / અમે _____ નીચે જણાવેલી વ્યક્તિને નોમીનેટ કરું છું / કરીએ છીએ કે જેમને મારા / અમારા / સગીરોના મૃત્યુ થવાના પ્રસંગે, થાપણની રકમ જેની વિગત નીચે દર્શાવવામાં આવેલ છે. તે પ્રોગ્રેસીવ મર્કન્ટાઇલ કો.ઓ. બેંક ની _____ શાખાએ પરત આપવી.

I / We _____ Nominate the Following person to whom in the event of my / our minor's death the amount of the deposit, particulars whereof are given below, may be returned by Progressive Mer. Co-Op. Bank Ltd. _____ Br.

થાપણનો પ્રકાર Nature of Deposit	થાપણનો વિશિષ્ટ નં. (ખાતા નં.) Distinguishing Deposit A/c. No.	વારસદારનું નામ અને સરનામું Name of Nominee and Address	થાપણદાર સાથેનો સંબંધ Relationship with Depositor	વારસદારની ઉંમર Age of Nominee	નોમીની સગીર હોય તો તેની જન્મતારીખ If Nominee is minor, his/her date of Birth

(2) આ તારીખે નોમીની સગીર હોઈ, હું / અમે, શ્રી / શ્રીમતી / કુમારી _____ ને મારા / અમારા / સગીરના, નોમીની સગીરાવસ્થા દરમિયાન, મૃત્યુ થવાના પ્રસંગે નોમીની વતી થાપણની રકમ મેળવવા માટે નિયુક્તિ કરું છું / કરીએ છીએ.

As the Nominee is minor on this date, I/we appoint, Shri/Smt./Kum to _____ receive the Amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

હું / અમે આ ખાતામાં વારસદારની નિમણૂક કરવા ઇચ્છતા નથી. I/We do not want to appoint a nominee for this account

સ્થળ / Place : _____ થાપણદારની સહી / અંગુઠાનું નિશાન **X**

તારીખ / Date : _____ Signature (s) Thumb Impression of Depositor

Form of Declaration to be filled by a person who does not have either a Permanent Account Number of General Index Register Number and who makes payment in cash in respect of transaction in clause (a) to (h) of rule 114B

1. Full Name and Address of the Declarant _____
2. Particulars of transaction : Opening of : _____ accounts (s)
3. Amount of the transaction _____
(Give the amount of first day's transactions for saving bank and current A/c.)
4. Are you assessed to tax? yes / No _____
5. If yes, (i) Details of ward / Circle Range where the last return of income was filed ? (ii) Reasons for not having permanent account Number / General Index Register Number ? _____
6. Details of the document being produced in support of address in column _____
Verification : I _____ do hereby declare that what is state is true to the best of my knowledge and belief. Verified today, the _____ day of _____ 20 _____

Date : _____ Place : _____ Signature _____

Declaration by a person having agriculture income only and no other income chargeable to Income Tax

I Hereby declare that my source of income is from agriculture and I am not required to pay IT on any other income if any

Signature of Declarant _____

Note : Fill Form 60/61 additionally of Joint holder's

10. ગાહકની જાહેરાત / DECLARATION

૧. હું / અમે આથી જાહેર કરું છું / કરીએ છીએ કે પ્રોગ્રેસીવ મર્કન્ટાઇલ કો.ઓપ.બેન્ક લી. માં ખાતું ખોલવા અંગેના કાલના અમલમાં છે એ નિયમો જે / અમોએ વાંચ્યા છે અને તે તથા હવે પછી તેમાં જે કાંઈ ફેરફાર થાય તે મને / અમોને કબુલ મંજૂર છે.
1. I / we confirm having read and understood the account Rules and hereby agree to be bound by the terms and conditions, outlined in these rules which govern the accounts(s) which I / We am/are opening with Progressive Mer. Co-Op. Bank Ltd. and amendments there to made from time to time and those relating to various services.
૨. બેન્કને કોઈપણ ખાતું સંતોષકારક ચાલતું નથી તેમ જણાશે તો તે ખાતું બંધ કરવાની કે તે ખાતાની સેવાઓ અગાઉથી જાણ કર્યા સિવાય અટકાવવાની સત્તા બેન્કને રહેશે. હું / અમો બેન્ક દ્વારા અમારા ખાતામાં જુદી જુદી સેવાઓ અંગે સમયે - સમયે જે કોઈપણ ચાર્જિસ ઉઠાવવામાં આવશે તે અંગે સહમત છું / છીએ.
2. I / We understand that the bank may at its discretion close the Account if it is not running satisfactorily or discontinue any of the services completely or partly without any notice in advance to me / us. I / we agree that bank may debit service charges as applicable from time to time for various services.
૩. હું / અમો આથી અમારા ખાતા વિષેની માહિતી બેન્ક દ્વારા અન્ય બેન્ક સાથે / નાણાકીય સંસ્થાઓ / સરકારી સંસ્થા સાથે આપ-લે કરવામાં આવે તો તે અંગે કોઈપણ ખાતનો વાંધો લઈશું નહીં.
3. I / we do not have any objection if the bank exchanging / sharing information of our account with other Banks / financial institution / revenue statutory bodies.
૪. હું / અમો સ્વીકારીએ છીએ કે મારા / અમારા ખાતામાં અવાર-નવાર ચેકો રીટર્ન થશે તો બેન્ક મારું/અમારું ખાતું બંધ કરી શકશે.
4. I / we agree that the Bank shall have right to close my / our account due to frequent return of cheques.
- હું / અમો જાહેર કરીએ છીએ કે હું / અમો અન્ય બેન્કમાં નીચે મુજબની કોઈપણ ધિરાણની સવલત / ચાલુ ખાતું ધરાવીએ છીએ / ધરાવતા નથી.
 I / We declare that I/We have availed/not availed any credit facilities or having / not having Current Account with other bank(s).

બેન્કની શાખાનું નામ / Name of Bank & Branch	ખાતા નંબર / Account No.	સવલત / Facility	રકમ / Amount

5. I / We declare that I / We are not the member of other Co-op Soc. / Co-op Bank
If yes then : Name of Co-op. Soc./Bank _____ Shares held _____ M. No. _____
6. સરનામમાં કોઈપણ ખાતના ફેરફારની જાણસરનામાના આધાર સાથે બેન્કને તરત જ કરીશું.
Any change of address will be communicated in writing immediately to the Bank along with Address Proof.
7. હું / અમો આથી જાહેર કરીએ છીએ કે અમે ભારતના રહેવાસી છીએ અને ખાતું ખોલવા અંગે આપેલી વિગત મારા / અમારા જાણ મુજબ યોગ્ય અને સાચી છે.
I/We confirm that I / we am / are resident of india. I / we hereby declare that the information furnished herein is true and correct for the best of my/our knowledge.

X _____ **X** _____ **X** _____ **X** _____
અરજદારની સહી(૧) / Sign. of Applicant(1) અરજદારની સહી(૨) / Sign. of Applicant(2) અરજદારની સહી(૩) / Sign. of Applicant(3) અરજદારની સહી(૪) / Sign. of Applicant(4)

11. ઓળખાણ આપનારની વિગત / APPLICANT'S INTRODUCTION

બેન્ક ના ખાતેદારની ઓળખાણ / Introduction by an existing Bank costomer
ખાતા નં. / A/c No. _____ નામ / Name _____
હું ખાતરી આપું છું કે હું બેન્ક ખાતેદાર છું અને હું અરજદારને અંગત રીતે _____ મહીના / વર્ષ થી ઓળખું છું અને તેણે / તેઓએ ઉપર જણાવેલ ઓળખ તેમજ સરનામાની પુષ્ટી કરું છું
I confirm I am A/c Holder of Bank & I personally know the applicant / firm detailed herein for _____ months / years and confirm his/her identity and address as stated above.
તારીખ Date _____
સ્થળ Place _____
સહી / Sign. _____
(Signature of Introducer)
Introducer Signature Verified by _____

A/c Opened and Sign.Verified by

Approved by

Sign.

Date : _____

Sign. of Br. Manager/Incharge

Date : _____

A/c Closed on _____ or Transferred to _____ Branch on _____

13. TERMS AND CONDITION'S

- 1) The Account holder shall maintain the Minium balance stipulated by the Bank at all times Filing which the Bank shall be at liberty to return the cheque issued in the account
- 2) It shall be the sole responsibility of the Account holder to furnish Full, Correct and Accurate information pertaining to his Account as specified by the Bank.
- 3) Bank reserves the right to Close, Stop or Modify any Scheme or Service at any time without prior Notice.
- 4) The Account holder desiring to open a Current Account Admits that he / they is / are not enjoying C ash Credit facilities in the same name with this or other Banks / Financial institutions.
- 5) The Account Holder agrees to allow the Bank to levy Service Charges pertaining to various Services as Applicable from time to time as per Bank Rules.
- 6) The Bank shall be at liberty to unilaterally close the account of the account holder without prior Notice in the event of the Account not being operated as per the rules and regulations of the Bank.
- 7) Bank shall not inform regarding renewal of Fixed Deposit on maturity.
- 8) Rate of interest are Subject to change according to rules and regulations of R.B.I., hence amount payable shall differ accordingly.
- 9) Receipt of Term Deposit is NON - TRANSFERABLE.
- 10) Business/Trading/Partnership/Proprietary/Company/Corporations cannot open a savings account. Registered Trust / Societies/Charitable/Educational Institutions may open a savings account subject to conditions. The Bank reserves the right to close the account, in case the savings account is used for business purposes as evinced by the transaction behaviors.
- 11) Normally, the account should be funded up front. In the event of an account being non-funded for a sufficient length of time as construed by the Bank or if the balance in the A/c has become zero in due course and remains so for three months, the Bank reserves the right to close the account without any obligation to intimate the customer.

14. ખાતું ખોલાવવા માટે જરૂરી દસ્તાવેજોની યાદી નીચે મુજબ છે / DOCUMENT REQUIRED FOR OPENING AN ACCOUNT ARE AS UNDER.

1. વ્યક્તિગત ખાતા માટે / For Individual Account.

- A ઓળખ અંગેનો પુરાવો (કોઈ એક) / Identity Proof (ant one) / Address Proof(any one)
- ▶ પાસપોર્ટ કોપી / Passport copy / Passport copy
 - ▶ મતદાતાનું ઓળખ કાર્ડ / Voter's ID Card / Gas Connection Card
 - ▶ ડ્રાઈવિંગ લાયસન્સ (સ્માર્ટકાર્ડ) / Driving Licence (Smart card) / Latest Telephone Bill
 - ▶ પાનકાર્ડ / Pan Card / Latest Electricity Bill
 - ▶ બેંકને માન્ય હોય તેવું ઓળખ કાર્ડ / Any Others ID Card Acceptable Bank / Latest Tax Bill

B તેમજ વધુમાં નીચેના દસ્તાવેજો જોઈશે

- ▶ નવનિતમ પાસપોર્ટ સાઈઝના કલર ફોટા (બે નંગ) / Latest passport size color photographs (2 copies)
- ▶ વરિષ્ઠ નાગરીક / સગીર માટે: જન્મનું પ્રમાણપત્ર / For Senior Citizen / Minor : Birth Certificate

2. એચ.યુ.એફ. માટે / For Hindu Undivided Family

- ▶ એચ.યુ.એફ. ડીડ / HUF Deed HUF Letter / એચ.યુ.એફ. લેટર

3 પેઠી / કંપની / કલબ / એસોસીએશન / સોસાયટી / ટ્રસ્ટ વિગેરે માટે / For Firm / Company / Club / Association / Societies / Trust etc.

- ▶ ગુમાસ્તા ધારા / સેલ્સ ટેક્સ / પ્રો. ટેક્સ અથવા અન્ય સરકારી દસ્તાવેજ / Gumasta Dhara / Sales Tax / Prof. Tax Or Any Govt. Documents
- ▶ મેમોરેન્ડમ / આર્ટીકલ ઓફ એસોસીએશન / ધંધો શરૂ કર્યાનું પ્રમાણ પત્ર / Memorandum / Article of Association / Incorporation of Business
- ▶ બંધારણ અને બાયલોગની પ્રમાણીત નકલ / Duly certified copies of constitution and bye-laws
- ▶ નોંધણીનું પ્રમાણપત્ર / Certificate of Registration
- ▶ ખાતું ખોલવા અંગેના તેમજ ખાતું ચલાવવા માટેના અધીકાર અંગેના ઠરાવની ખરી નકલ / Resolution passed by the Managing Body authorising

નોંધ / Note :

- ▶ સંયુક્ત ધારણ / ભાગીદાર / માલિક / હોદ્દેદારો / ડાયરેક્ટરોના ઓળખ અને સરનામાનાં પુરાવા વ્યક્તિગત ખાતા મુજબ લેવાના રહેશે. Identity and address proof of joint Holders / Partners / Proprietor / Office Bearers applicable as per individual Account
- ▶ દરેક દસ્તાવેજોની નકલ ઓરીજનલ સાથે રજૂ કરવાની રહેશે. ઓરીજનલ દસ્તાવેજો ચકાસણી કર્યા બાદ પરત કરવામાં આવશે. Documents to be submitted In original along with a photocopy. Original documents will be returned after verification
- ▶ છ માસ થી વધુ અને નિયમિત ચાલતું ખાતું ધરાવતા ખાતેદારની ઓળખાણ આપવાની રહેશે / Introduction from a customer having operative bank account since last six months.
- ▶ ઉપર દર્શાવેલ દસ્તાવેજ / આધારોની વિગત સંપૂર્ણ નથી. બેંકને જરૂર જણાય તો વધારાના સંતોષ જનક દસ્તાવેજ / આધારો માંગી શકે છે. The documents listed above are not exhaustive. The Bank may ask for additional proof / evidence to its satisfaction

15. બેંકની વિગત / BANK DETAILS

Bank Branches Name & Address Details

Kalupur	Mirambica	C. G. Road	Memnagar-Gurukul	Sabarmati
670/1, Progressive Bank Bhavan, Station Road, Ahmedabad-2. Ph. : 079-22135228, 22134749	20, Krishnavan Society, Naranpura, Ahmedabad. Ahmedabad-13. Ph. : 079-27495666	Abhigam Complex, Nr. Parimal Crossing, C. G. Road, Ahmedabad-6. Ph. : 079-26463300	Nirman Tower, Sola Road, Sattadhar Cross Road, Ahmedabad-57. Ph. : 079-27431489	Sambhavnath Appartment, Javahar Chowk, Sabarmati, Ahmedabad-5. Ph. : 079-27502332



Progressive Mercantile Co-op. Bank Ltd.

Head Office : Progressive Bank Bhavan, 670/1, Station Road, Kalupur, Ahmedabad-380 002.
Ph. : 22135228, 22134749



Know Your Customer (KYC) Application Form (Resident Individuals)

Please fill the information Block Letters and ✓ in appropriate places

Customer's Details (as appearing in your supporting identification document)

Gender M F T Date of Birth (Compulsory)

CKYC Identifier
(Skip if not allotted)

Name

Guardian's Name
(in case of Minor)

Maiden Name (if any)

Father / Spouse Name

Mother Name

Address

City

Pin

City of Birth

Country of Birth

Nationality I N D I A N

Citizenship I N D I A N

Mobile

Email ID

Telephone : (O)

Resi. :

Annual Income

Below/Below ₹ 2 Lacs

₹ 2 Lacs < ₹ 5 Lacs

₹ 5 Lacs < ₹ 10 Lacs

₹ 10 Lacs < ₹ 25 Lacs

₹ 25 Lacs < ₹ 50 Lacs

₹ 50 Lacs < ₹ 1 Crore

₹ 1 Crore & above

Occupation

Private Sector Service

Public Sector Service

Business

Professional

Retired

Housewife

Student

Govt. Sector Service

Self Employed

Qualification :

Nature of Business :

Marital Status :

Single

Married

Others

Please (✓) if the following is additionally applicable to you

Politically Exposed Person (PEP)

Relative of PEP

Proof of Identity

PAN Card

(Mandatory)

Expiry Date

UID (Aadhar) NO.

Passport No.

Driving Licence No.

Voter ID Card No.

Proof of Address

UID (Aadhaar)

Passport

Driving Licence

Voter ID Card

Telephone/Electricity/Gas Bill

Bank account Statement

DETAILS OF RELATED PERSON (In Case of additional related persons please fill Annexure B1) (Please refer instruction G at the end)

Addition of Related Person

Deletion of Related Person

KYC Number of Related Person (if available*)

Related Person Type

Guardian of Minor

Nominee

Assignee

Authorized Representative

Beneficial Owner

Beneficiary

Name*

Prefix

First Name

Middle Name

Last Name

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

Proof of identity [PoI] of RELATED PERSON* (Please see instruction (H) at the end)

A. Passport Number

Passport Expiry Date

B. Voter ID Card

C. PAN Card

D. Driving Licence

Driving Licence Expiry Date

E. UID (Aadhaar)

F. NREGA Job Card

Z. Others (any document notified by the central government)

Identification Number

Declaration

I hereby declare that the information provided by me above as well as in the documentary evidence provided by me are to the best of my knowledge and belief, true, correct and complete. In case any of the above information is found to be false, untrue, misleading or misrepresenting, I am aware that I may be held liable for it I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

My Personal / KYC details may be shared with central KYC registry

Place :

Signature

Date : D D M M Y Y Y Y

Attestation / For Office Use Only

Customer No.	Branch	KYC Verified by (Employee Name) / Code	Designation	Date	Signature

Central KYC Registry | Instructions / Check list / Guidelines for filling individual KYC Application Form

General Instructions :

- 1 Tick '✓' wherever applicable
- 2 Self-Certification of documents is mandatory.
- 3 Please fill the form in English and in Block Letters.
- 4 Please fill all dates in DD-MM-YYYY format.
- 5 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively, details of which are available at the end.
- 6 KYC number of applicant is mandatory for updation of KYC details.
- 7 For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- 8 In case of 'Small Account type' only personal details in section 1 and 2, photograph, signature and self-certification of documents is required.

A Clarification / Guidelines on filling 'Personal Details' section

- 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.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction (s) outside India.

- 1 Jurisdiction (s) of Residence : 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 (a "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)

C Clarification / Guidelines on filling 'Proof of identity [PoI] Section'

- 1 If driving license number or passport is provided as proof of identity 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.

D Clarification / Guidelines on filling 'Proof of Address [PoA] Current / Permanent / Overseas Address details' section

- 1 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.
- 2 State / U. T. Code and Pin / Post Code will not be mandatory for overseas addresses.

E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, please fill 'Annexure A1'

F Clarification / Guidelines on filling 'Contact details' section

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

G Clarification / Guidelines on filling 'Details of Related Person' Section

- 1 Provide KYC number of related person if available.

H Clarification / Guidelines on Filling 'Related Person details - Proof of Identity [PoI] of Related Person' section

- 1 In case of nominees, proof of identity is not required.
- 2 Mention identification / reference number if "Z - Others " (any document notified by the central government) is ticked.