



KRISHNA SAHAKARI BANK LTD; RETHARE BK.

Head Office : Malkapur (Karad)

Branch : शाखा-मलकापुर

System ID : शाखा-मलकापुर

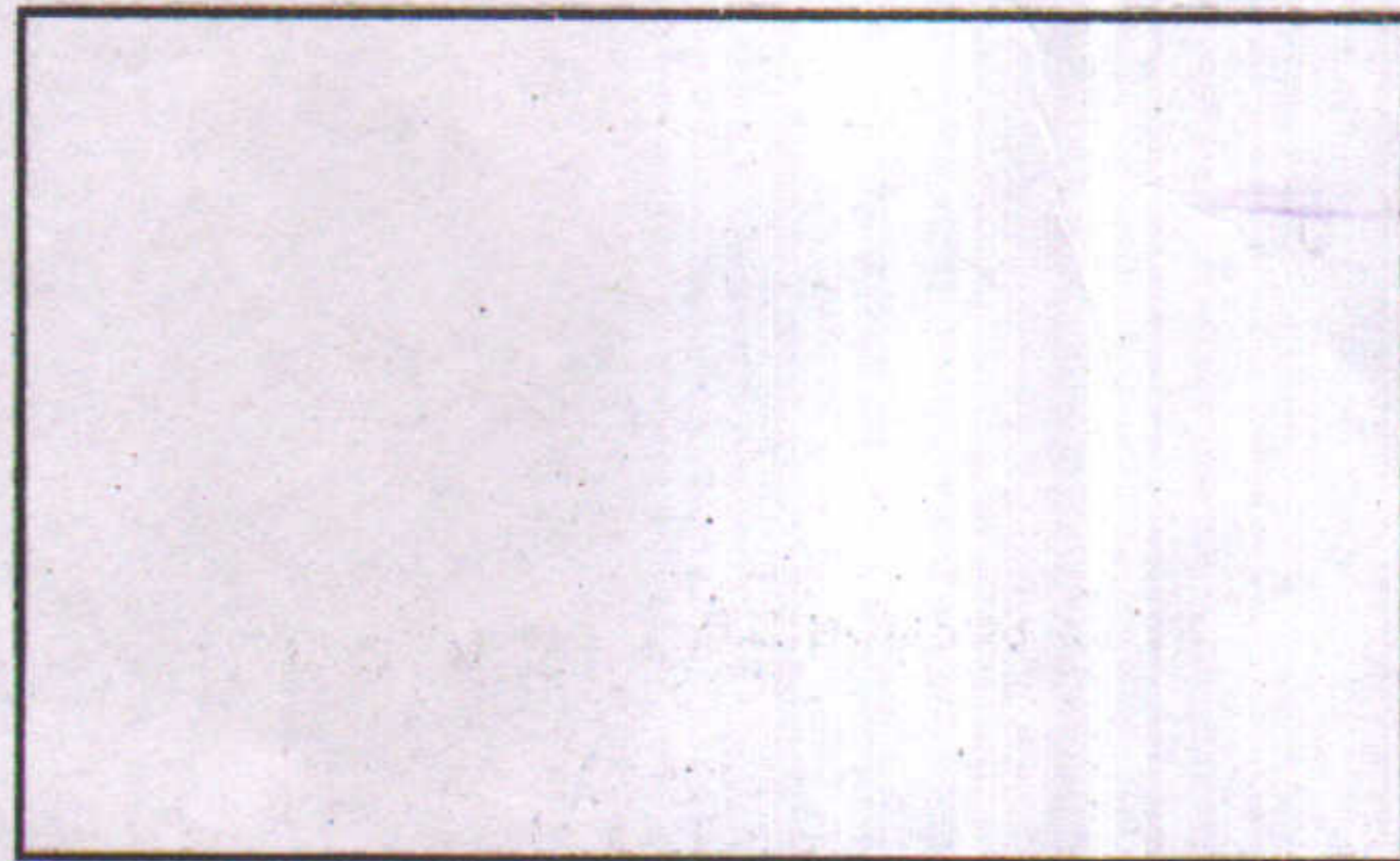
A/c No. _____

Name of A/c. : _____

Signatures of : _____

Mode of
Operation

Specimen
Signatures



Scanning Status

Authorised Officer

Date :



KRISHNA SAHAKARI BANK LTD;

RETHARE BK.

_____ Branch

| |
|----------------------------|
| A/c. No. |
| Date: / /200 |

To,

Being desirous of opening a Current Account with you, I/We hand you a remittance of Rs. (Rupees _____) herewith I/We have read the Rules of the Bank and agree to be bound them for operating instructions and other details, we state as under :

TITLE OF ACCOUNT

Constitution : _____ Profession/ Business _____

Address : _____

Name of the Previous Banker _____ ESTD No. _____

OPERATIONAL INSTRUCTION _____ Telephone No. _____

Enclosures : True Copy of Partnershp Deed / Letter of authority
Please Supply me a pass book / statement of account and a cheque book

| | |
|--------------|--------------|
| Full Name(s) | Signature(s) |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| | | |
|--|--------|-----------------------|
| Specimen Signature of persons authorised to operate the a/c. | | |
| Full Name(s) | Status | SPECIMEN SIGNATURE(s) |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Introduced by

I/We know M/s. _____
 _____ of the last over _____
 years, Their addresses mentioned above are correct as per our
 knowledge.
 Name of A/c. _____
 A/c. No. _____
 Signature _____

Branch Manager



KRISHNA SAHAKARI BANK LTD, RETHARE BUDRUK.

CENTRAL KYC REGISTRY /KYC APPLICATION FORM – INDIVIDUAL.



Branch Code

Branch Name

Important instructions

1. Field marked "*" are mandatory fields.
2. Please fill form in English and in BLOCK letters
3. Please fill the date in DD-MM-YYYY format.
4. KYC number of applicant is mandatory for update application
5. For particular section update, Please tick(✓) in the box.

| | | | |
|--|---|------------------------------|-----------------------------------|
| For Office use only (To be filled by officers only) | Application Type | <input type="checkbox"/> New | <input type="checkbox"/> Update . |
| Customer ID | <input type="text"/> | | |
| KYC Number | <input type="text"/> (Mandatory for KYC update request) | | |

1. Personal Detail

| | Prefix | First Name | Middle Name | Last Name |
|-------------------------|--|---|---|----------------------|
| Name*(Same As ID proof) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Median Name (If any*) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Father/Spouse Name* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mother Name* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Gender* | <input type="checkbox"/> M-Male | <input type="checkbox"/> F-Female | <input type="checkbox"/> T- Transgender . | |
| Marital Status* | <input type="checkbox"/> Married | <input type="checkbox"/> Unmarried | <input type="checkbox"/> Other | |
| Residential Status* | <input type="checkbox"/> Residential Individual | <input type="checkbox"/> Non-Individual Indian. | | |
| Occupation Type* | <input type="checkbox"/> Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> Other (<input type="checkbox"/> Agricultural <input type="checkbox"/> Professional <input type="checkbox"/> Self <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> Business <input type="checkbox"/> Not categorized. | | | |

(Photo Box)

2. Proof of Identity (PoI)*

(Certified copy of any one of the following Proof of Identity (PoI) need to be submitted).

| | | | |
|----------------------|----------------------|-----------------------|----------------------|
| A- UID (Adhaar) No.* | <input type="text"/> | D-Voter ID No. | <input type="text"/> |
| B- PAN Card* | <input type="text"/> | E-Driving Licence No. | <input type="text"/> |
| C-.Passport Number | <input type="text"/> | | |

3. Current/Permanent Address

Address Type* Residential/Business Residential Business Registered Office Unspecified

Proof of Address* Ration Card Driving Licence Voter ID Passport Light Bill Other

Address

Line1*

Line2*

Line3 City/Town/Village PIN CODE

4. Temporary Address (If any)

Line1*

Line2*

Line3 City/Town/Village PIN CODE

6. Contact Detail

Tele (Office) Tele (Resi)

Fax Mobile

Email

7. Detail of Related Person

Addition of Related Person Deletion of Related Person

KYC No. Of Related Person

(If Available)

| Prefix | First Name | Middle Name | Last Name |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

8. Mobile SMS Alert

I authorized to bank sent SMS alerts Yes No.

If Yes Mobile No.

9. Customer Details

Member Yes No. Member No. Anniversary Date

Religion Hindu Muslim Christian Buddhist Parsi Sheikh other.

Caste Open S.C. S.T. O.B.C. Others.

Edu. Qualification NON SSC SSC/HSC Under Graduate Graduate Post Graduate Professional Other

Monthly/Yearly Income upto Rs.25,000 Rs.25,001 to 1,00,000 Rs.1,00,001 to 5,00,000 Above Rs.5,00,000.

House Ancestral Owned Rented Company Provided Other

Vehicle Two Wheeler Four Wheeler Three Wheeler Other

10. Remark (If any)

