FINGROWTH
CO-OPERATIVE BANK LTD.
(MULTI STATE BANK)

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity

(To be filled by applicant)

Instructions :

A) Fields marked with '*' are mandatory fields.

B) Please Fill the form in English and in BLOCK Letters.

C) Please read guidelines / detailed instructions overleaf

D) List of two character ISO-3166 country codes are available overleaf

Application Type : ☐ New ☐ Update

KYC Number :

Customer ID :

ENTITY DETAILS

Name* *(same as ID proof)* : FIRST NAME MIDDLE NAME LAST NAME

Date of incorporation of Formation* DD MM YYYY Place of incorporation of Formation*

Date of Commencement of Business* DD MM YYYY

Entity / Constitution Type* :
☐ Sole Proprietorship ☐ Private Limited Co. ☐ Association ☐ FPI Category I
☐ HUF ☐ Public Limited Co. ☐ Society ☐ FPI Category II
☐ Partnership ☐ LLP ☐ Foundation ☐ FPI Category III
☐ Trust ☐ Liquidator ☐ Financial Institution ☐ Other Please Specify

Tick if applicable : ☐ Residence for Tax purposes outside India or No Residence for tax purpose

: ISO - 3166 Country code of jurisdiction of residence*

Tax Identification Number of equivalent (if issued by jurisdiction)*

(Please Read guideline / details for "Jurisdiction of residence" and "tax identification number")

Fill if applicable : Number of controlling person(s) resident outside India for tax purpose

(Please provide details of each controlling person resident outside India for tax purpose separately in "annexure C-2")

PROOF OF IDENTITY (PoI)* *(One Certified copy of any one of the following Proof of Identity [pol] needs to be submitted)*

☐ PAN ☐ TAN ☐ CIN

Documents Submitted*

☐ Certification of incorporation or formation / registration certificate ☐ Memorandum & Articles of association / partnership deed / trust deed

☐ Resolution of board / Managing Committee ☐ OVD in respect of person authorised to transact

PROOF OF ADDRESS (One certified copy of any one of the following proof of address (PoA) needs to be submitted)

CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS *(One Certified Copy of any one of the following Proof of Address [PoA] needs to submitted)*

Line 1* :

Line 2 :

Line 3 : City / Town / Village :

State/U.T.* : Pin / Post code : ISO -3166 Country Code : I N

Proof of Address* : ☐ Certification of incorporation or formation ☐ Registration Certificate

CORRESPONDENCE / LOCAL ADDRESS DETAILS

(In Case the PoA is not the local address or address where the entity is currently residing. To be declared only and no PoA is required)

☐ Same as current / Permanent / Overseas details *(In case of multiple correspondence / local addresses, Please fill 'Annexure A1')*

Line 1* :

Line 2 :

Line 3 : City / Town / Village :

State/U.T.* : Pin / Post code : ISO -3166 Country Code : I N

ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT* (If Entity is resident outside India for Tax purposes)

☐ Same as current / Permanent / Overseas details ☐ *(same as correspondence / local address details)*

Line 1* :

Line 2 :

Line 3 : City / Town / Village :

State/U.T.* : Pin / Post code : ISO -3166 Country Code : I N

☐ CONTACT DETAILS *(Communications will be done on provided mobile no. and e-mail ID)*

Telephone (Office) E-mail ID

Fax Mobile

☐ DETAILS OF RELATED PERSON *(In case of additional related persons, Please fill 'annexure B2' form)*

☐ Addition of Related Person ☐ Deletion of related Person KYC Number (if Available)

Related person type : ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Authorised Signatory ☐ Court appointed official

Personal Detail (Mendatory in case the KYC Number of related person is not available)

☐ Name*

☐ PAN ☐ UID (Aadhar)

☐ DIN

Tick if applicable ☐ Politically Exposed Person ☐ Related to Politically Exposed Person

Photo

Signature

Address Details (Mandatory In case the KYC number of Related Person is not available)

Line 1* :

Line 2 :

Line 3 : City / Town / Village* :

State/U.T.* : Pin / Post code : Country :

☐ OTHER DETAILS

Income Range : ☐ Below 1 Lac ☐ 5 Lac to 10 Lac ☐ 10 Lac to 25 Lac ☐ 25 Lac to 50 Lac ☐ 50 Lac to 1 Cr. ☐ Above 1 Cr.

Net Worth (in INR) : As on D D M M Y Y Y Y

Any other information :

ACCOUNT HOLDER TYPE (Tick if applicable)

☐ Central / State Government ☐ Central / State Government Undertaking ☐ Non Profit Organisation

☐ Non Resident Individual ☐ Overseas Corporate Body / FII ☐ Bank / Financial Institution / Insurance Company

APPLICANT DECLARATION

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

I would like to share my personal / KYC details with Central KYC Registry.

(Signature / thumb Impression)

☐ Signature / thumb Impression of applicant

Place :

Date :

ATTESTATION / FOR OFFICE USE ONLY

Document Required : ☐ Self-Certified ☐ True Copies ☐ Notary

Risk category : ☐ High ☐ Medium ☐ Low

IN PERSON VERIFICATION DETAILS

Identity Verification : ☐ Done

Date : D D M M Y Y Y Y

Emp. Name :

Emp. Code :

Emp. Designation :

Emp. Branch :

[Employee Signature]

INSTITUTION DETAILS

Name :

Code :

Stamp :

[Institution Stamp]

In Case of Multiple Correspondence/ Local Addresses, Please Fill This Form **Annexure A2**

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity | Annexure A2 for Local Address

Instructions :

A) Fields marked with '*' are mandatory fields.

B) Please Fill the form in English and in BLOCK Letters.

C) Please read guidelines / detailed instructions overleaf

D) List of two character ISO-3166 country codes are available overleaf

Application Type : ☐ New ☐ Update

Account Type* : ☐ Normal ☐ Small

KYC Number :

Customer ID :

CORRESPONDENCE / LOCAL ADDRESS DETAILS

(In Case the PoA is not the local address or address where the customer is currently residing. To be declared only and no PoA is required)

☐ Same as current / Permanent / Overseas details *(In case of multiple correspondence / local addresses, Please fill 'Annexure A1')*

Line 1* :

Line 2 :

Line 3 : City / Town / Village* :

State/U.T.* : Pin / Post code : ISO -3166 Country Code : I N

☐ CONTACT DETAILS *(Communications will be done on provided mobile no. and e-mail ID)*

Telephone (Office) STD CODE E-mail ID

Fax STD CODE Mobile

APPLICANT DECLARATION

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

I would like to share my personal / KYC details with Central KYC Registry.

(Signature / thumb Impression)

☐ Signature / thumb Impression of applicant

Place :

Date : D D M M Y Y Y Y

ATTESTATION / FOR OFFICE USE ONLY

Document Required : ☐ Self-Certified ☐ True Copies ☐ Notary

Risk category : ☐ High ☐ Medium ☐ Low

IN PERSON VERIFICATION DETAILS

Identity Verification : ☐ Done

Date : D D M M Y Y Y Y

Emp. Name :

Emp. Code :

Emp. Designation :

Emp. Branch :

[Employee Signature]

INSTITUTION DETAILS

Name :

Code :

Stamp :

[Institution Stamp]

CLOSE RELATIVE DECLARATION (To be filled by the applicant if he/she do not have any address proof)

I hereby confirm that Mr./Ms. (*Applicant Name) _____ Who is desirous of opening an account with your Bank is my (Relationship) _____ He / She is residing with me since _____ (*Month) _____ (*Year) at the below mentioned address:

*Building Name _____ *City _____

*State _____ *Country _____ *PIN Code _____ *Telephone Number _____

The applicant does not hold a documentary address proof in his/her independent name. Since the applicant is residing with me, the address proof in my name is being provided to the bank for the purpose of address verification. I have no objection towards receiving any correspondence from the bank in the name of applicant at my above-mentioned address. I enclose herewith the below:

1. Self-attested (*Document Name) _____ as Identity Proof

2. Self-attested (*Document Name) _____ as Identity Proof

Name of the Declarant _____ A/C No. if Existing Customer _____

Declarant Signature

In Case of Additional Related Persons, Please Fill This Form. **Annexure B2**

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity | Annexure B2 for Related Person Details

Instructions :

A) Fields marked with '*' are mandatory fields.

B) Please Fill the form in English and in BLOCK Letters.

C) Please read guidelines / detailed instructions overleaf

D) List of two character ISO-3166 country codes are available overleaf

Application Type : ☐ New ☐ Update

KYC Number :

Customer ID :

☐ DETAILS OF RELATED PERSON

☐ Addition of Related Person ☐ Deletion of related Person KYC Number (if Available)

Related person type* : ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Authorised Signatory ☐ Court appointed official

Personal Detail (Mendatory in case the KYC Number of related person is not available)

☐ Name

☐ PAN ☐ UID (Aadhar)

☐ DIN

Tick if applicable ☐ Politically Exposed Person ☐ Related to Politically Exposed Person

Photo

Signature

Address Details (Mandatory In case the KYC number of Related Person is not available)

Line 1* :

Line 2 :

Line 3 : City / Town / Village :

State/U.T.* : Pin / Post code : Country :

☐ Addition of Related Person ☐ Deletion of related Person KYC Number (if Available)

Related person type* : ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Authorised Signatory ☐ Court appointed official

Personal Detail (Mendatory in case the KYC Number of related person is not available)

☐ Name

☐ PAN ☐ UID (Aadhar)

☐ DIN

Tick if applicable ☐ Politically Exposed Person ☐ Related to Politically Exposed Person

Photo

Signature

Address Details (Mandatory In case the KYC number of Related Person is not available)

Line 1* :

Line 2 :

Line 3 : City / Town / Village :

State/U.T.* : Pin / Post code : Country :

☐ Addition of Related Person ☐ Deletion of related Person KYC Number (if Available)

Related person type* : ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Authorised Signatory ☐ Court appointed official

Personal Detail (Mendatory in case the KYC Number of related person is not available)

☐ Name*

☐ PAN ☐ UID (Aadhar)

☐ DIN

Tick if applicable ☐ Politically Exposed Person ☐ Related to Politically Exposed Person

Photo

Signature

Address Details (Mandatory In case the KYC number of Related Person is not available)

Line 1* :

Line 2 :

Line 3 : City / Town / Village :

State/U.T.* : Pin / Post code : Country :

APPLICANT DECLARATION

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

I would like to share my personal / KYC details with Central KYC Registry.

(Signature / thumb Impression)

☐ Signature / thumb Impression of applicant

Place :

Date : D D M M Y Y Y Y

ATTESTATION / FOR OFFICE USE ONLY

Document Required : ☐ Self-Certified ☐ True Copies ☐ Notary

Risk category : ☐ High ☐ Medium ☐ Low

IN PERSON VERIFICATION DETAILS

Identity Verification : ☐ Done

Date : D D M M Y Y Y Y

Emp. Name :

Emp. Code :

Emp. Designation :

Emp. Branch :

[Employee Signature]

INSTITUTION DETAILS

Name :

Code :

Stamp :

[Institution Stamp]

In Case of Controlling Person(s), Resident for tax purpose outside India, Please Fill This Form. **Annexure C2**

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity | Annexure C2 for Controlling Person Details

Instructions :

A) Fields marked with '*' are mandatory fields.

B) Please Fill the form in English and in BLOCK Letters.

C) Please read guidelines / detailed instructions overleaf

D) List of two character ISO-3166 country codes are available overleaf

Application Type : ☐ New ☐ Update

KYC Number :

☐ DETAILS OF CONTROLLING PERSON RESIDENT OUTSIDE INDIA

☐ Addition of Controlling Person ☐ Deletion of Controlling Person

Type of Control

In Case of Legal person : ☐ Ownership ☐ Other Means ☐ Senior Managing official

In Case of Trust : ☐ Settlor ☐ Trustee ☐ Protector ☐ Beneficiary ☐ Other

In Case of other legal arrangement : ☐ Settlor-Equivalent ☐ Trustee-Equivalent ☐ Protector-Equivalent ☐ Beneficiary-Equivalent ☐ Other-Equivalent

PERSONAL DETAILS

Name* FIRST NAME MIDDLE NAME LAST NAME

ISO - 3166 Country code of jurisdiction of residence* I N

Tax Identification Number of equivalent (if issued by jurisdiction)*

(Please Read guideline / details for "Jurisdiction of residence" and "tax identification number")

Place / City of Birth* : ISO -3166 Country Code of Birth* : I N Date of Birth* D D M M Y Y Y Y

Address Details

Line 1* :

Line 2 :

Line 3 : City / Town / Village :

State/U.T.* : Pin / Post code : ISO -3166 Country Code of Birth* : I N

☐ Addition of Controlling Person ☐ Deletion of Controlling Person

Type of Control

In Case of Legal person : ☐ Ownership ☐ Other Means ☐ Senior Managing official

In Case of Trust : ☐ Settlor ☐ Trustee ☐ Protector ☐ Beneficiary ☐ Other

In Case of other legal arrangement : ☐ Settlor-Equivalent ☐ Trustee-Equivalent ☐ Protector-Equivalent ☐ Beneficiary-Equivalent ☐ Other-Equivalent

PERSONAL DETAILS

Name*

ISO - 3166 Country code of jurisdiction of residence* I N

Tax Identification Number of equivalent (if issued by jurisdiction)*

(Please Read guideline / details for "Jurisdiction of residence" and "tax identification number")

Place / City of Birth* : ISO -3166 Country Code of Birth* : I N Date of Birth* D D M M Y Y Y Y

Address Details

Line 1* :

Line 2 :

Line 3 : City / Town / Village :

State/U.T.* : Pin / Post code : Country :

APPLICANT DECLARATION

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

I would like to share my personal / KYC details with Central KYC Registry.

(Signature / thumb Impression)

☐ Signature / thumb Impression of applicant

Place :

Date : D D M M Y Y Y Y

ATTESTATION / FOR OFFICE USE ONLY

Document Required : ☐ Self-Certified ☐ True Copies ☐ Notary

IN PERSON VERIFICATION DETAILS

Identity Verification : ☐ Done

Date : D D M M Y Y Y Y

Emp. Name :

Emp. Code :

Emp. Designation :

Emp. Branch :

[Employee Signature]

INSTITUTION DETAILS

Name :

Code :

Stamp :

[Institution Stamp]

INSTRUCTION

Important Points

a) Application should be completed in **ENGLISH** and in **BLOCK** letters

b) KYC Number is Mandatory for UPDATE Application.

c) Tick '✓' wherever applicable.

d) Tick '✓' in the respective section heading for updation.

e) Please fill the form in **legible handwritings** so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the client.

f) You are required to submit a **Proof of Identity** and **Proof of Address** for Current / Permanent / Overseas address provided by you.

g) **Name :** Please state your name as Prefix (Mr./Mr./Ms/Dr/etc.), First, Middle and Last Name in the space provided. This should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.

h) **Pin/Post Code** is not mandatory if country is other than India.

I) Please provide required additional details if **resident for Tax Purposes outside India or No Residence for Tax purpose.**

j) For Legal Entity:

a. Please fill 'Annexure A2' for **multiple addresses** Details.

b. Please fill 'Annexure B2' for **Related Person** Details.

c. Please fill 'Annexure C2' for **Controlling Person** Details.

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	Uthuanla	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	ER	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (MaMnas)	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	S8
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	GE	Moldova, Republic of	MD	Spain	ES
Bclaurs	BY	Ghana	GI	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	LIT	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	Gulnea-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 Lcstc	TL
Brunei Darussalam	RN	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	Orman	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	U A
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	CU	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	TN
Costa Rica	CR	Kiribatl	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire Icote d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion	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 !Curacao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	IAP People's Democratic Republic	LA	Saint Barthelemy !Saint Barthelemy	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	DI	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		

Foot Notes

(A) **Jurisdiction (s) of Residences :** It may be mentioned that since US taxes the global income of its citizen, every US citizen if whatever nationality, is also a resident fo tax purpose in USA.

(B) **Tax Identification Number (TIN) :** In the footnote it may be mentioned that TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued by high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of umber for individual include. a social security / insurance number, citizen / personal identification / service code / Number, and resident registration number,