



# The Maharashtra State Co-operative Bank Ltd., Mumbai

(Incorporating The Vidarbha Co-operative Bank Ltd.)

## Know your Customer Application form for Non-Individuals

Please fill this form in English and Block letters.

(All information is sought under the prevention of money laundering Act-2002)

Name of the Branch \_\_\_\_\_ Date : \_\_\_\_\_

Type of A/c SB A/c. : \_\_\_\_\_ C/A A/c. : \_\_\_\_\_

Term Deposit : \_\_\_\_\_ Other : \_\_\_\_\_

### A. IDENTITY DETAILS :

1. Name \_\_\_\_\_
2. Nature of Business \_\_\_\_\_
3. Date of Incorporation \_\_\_\_\_ Registration No. : \_\_\_\_\_
5. reletaion & Authority \_\_\_\_\_ Palce of Reg. \_\_\_\_\_
7. Status Sale Propriator  Firm  HUF  Pvt. Ltd. Co.  Public Ltd. Co   
Society  Bank  Association  Trust  Other

### B. ADDRESS DETAILS :

1. Address for correspondence : \_\_\_\_\_  
City/Town/Village \_\_\_\_\_ Postal Code : \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Fax No. : \_\_\_\_\_ E-mail : \_\_\_\_\_
2. Permanent / Registered Address : \_\_\_\_\_  
City/Town/Village \_\_\_\_\_ Postal Code : \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Fax No. : \_\_\_\_\_ E-mail : \_\_\_\_\_
3. List of Authorised related persons :

Sr. No.	Name	Address	Tel. No.	Mobile No.	Fax No.

Contact Person Mr./Mrs. \_\_\_\_\_

Address : \_\_\_\_\_

Tel.No. : \_\_\_\_\_ Mobile : \_\_\_\_\_ Fax \_\_\_\_\_

C GROSS ANNUAL INCOME : \_\_\_\_\_

**D. MANDATORY CERTIFICATE DOCUMENTS TO BE SUBMITTED :**

1. HUF : Deed of declaration, Latest Bank Passbook, A/C Statement, Authorised Signatory with specimen Signature & Photo
2. Company : Certificate of Incorporation, Memorandum & Articles of Association Resolution of the Board of Director, Authorised Signatory with specimen signature & Photo
3. Trust, Foundation NGO's Charitable Bodies, Club : Certificate of registration, Trust deed, Authorised signatory list with specimen Signature & Photo
4. Partnership Firms : Certificate of registration, Partnership deed, Authorised Signatory list with specimen Sign & Photo.
5. Society : Certificate of registration, General body resolution Bye-law copy, Authorised Signature with specimen signature & Photo

**Declaration :**

I/We hereby declare that the particulars given herein are correct and complete to the best of My/our knowledge.

\_\_\_\_\_  
Authorised Signatory

**For Bank use only**

A/C No. \_\_\_\_\_

**MANDATORY CERTIFIED DOCUMENTS SUBMITTED**

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2. Company : Certificate of Incorporation, Memorandum & Articles of Association Resolution of the Board of Director, Authorised Signatory with specimen signature & Photo
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4. Partnership Firms : Certificate of registration, Partnership deed, Authorised Signatory list with specimen Sign & Photo.
5. Society : Certificate of registration, General body resolution Bye-law copy, Authorised Signature with specimen signature & Photo
6. Certified that the document submitted by A/c holder is personally verified by me & found correct as per KYC norms

Name & Signature of concern Officer : \_\_\_\_\_

7. Risk Classification of the Account

A. Low Risk

B. Medium Risk

C. High Risk

\_\_\_\_\_  
Branch Manager

\_\_\_\_\_  
Branch