

**ANNEXURE-1**  
**CUSTOMER PROFILE FORM - INDIVIDUALS**

To,  
 The Branch Manager,  
 The Gujarat State Co-op. Bank Ltd.  
 Branch \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y	Y
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Name of Account Holder			
Account No.			
CIF No.			
Mobile No.			
Email ID			
Mother Name			
PAN No.			
Aadhar No.			

Occupation (Pls. tick):

<input type="checkbox"/> Salaried	<input type="checkbox"/> Housewife	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Retired
<input type="checkbox"/> Student	<input type="checkbox"/> Politician	<input type="checkbox"/> Business	<input type="checkbox"/> Professional
<input type="checkbox"/> Other - Please specify: _____			

Educational Qualification (Pls. tick):

<input type="checkbox"/> Below SSC	<input type="checkbox"/> SSC	<input type="checkbox"/> HSC	<input type="checkbox"/> Graduate
<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Professional	<input type="checkbox"/> Other - Please specify: _____	

If in service – Name of the Organization: \_\_\_\_\_

If self-employed / Business - Nature of business (Pls. specify): \_\_\_\_\_

Annual Income (Rs.): \_\_\_\_\_ Incase of Business Annual Turnover (Rs.): \_\_\_\_\_

Source of Income (Pls. tick):

<input type="checkbox"/> Salary	<input type="checkbox"/> Business	<input type="checkbox"/> Other - Please specify _____
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Multiple Tax Residency:  Yes  No

(If Yes, Please fill separate FATCA/CRS form along with this form)

**ACKNOWLEDGEMENT**

Customer Profile – Re-KYC (Individual) for CIF No. \_\_\_\_\_ received.

Branch Name: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y	Y
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\_\_\_\_\_  
 Branch Official's Sign & Stamp

આથી, હું/અમે પ્રમાણિત કરીએ છે કે, મારી/અમારી KYC data ને લગતી માહિતી માં કોઈ પણ ફેરફાર કરેલ નથી (જેમ કે નામ, સરનામું, મોબાઈલ નંબર, વગેરે), તેથી PAN Card, Aadhaar Card અથવા અન્ય કોઈ KYC Documents વગેરેની કોપી આપવાની જરૂર જણાતી નથી.

આથી હું/અમે બાહેંધરી આપીએ છે કે, ભવિષ્યમાં મારા/અમારા KYC ડેટાની માહિતીમાં જો કોઈ પણ ફેરફાર થશે તો તુરંત જ ધી ગુજરાત સ્ટેટ કો-ઓપરેટીવ બેંક લિમિટેડ ને જાણ કરીશું.

આપત્રને તમારા રેકૉર્ડ ઉપર લઈને મારા/અમારા ઉપર મુજબના ખાતામાં RE-KYC અપડેટ કરવા વિનંતી છે.

Date: 

D	D	M	M	Y	Y	Y	Y
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Signature of Account Holder

FOR BRANCH OFFICE USE ONLY

Annexure has been personally submitted by the customer. I have satisfied myself about the identity of the customer by verifying his/her KYC documents and signature as per our Bank's record. I have done proper due diligence for updating the records of the customer.

Request Date: 

D	D	M	M	Y	Y	Y	Y
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Employee Name: \_\_\_\_\_

Employee Code: \_\_\_\_\_

Branch Official's Sign & Stamp