



The Gujarat State Co-op. Bank Ltd.

(Scheduled Apex Bank)

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
---	---	---	---	---	---	---	---

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 _____ |
|---------------------------------|-----------------------------------|---|

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
---	---	---	---	---	---	---	---

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 બાહેધરી 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.

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

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of Account Holder

FOR BRANCH OFFICE USE ONLY

Annexure has been personally submitted by the customer. I have satisfied my self 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
---	---	---	---	---	---	---	---

Employee Name : _____

Employee Code : _____

Branch Official's Sign & Stamp